

FREEHOLD AREA
HEALTH DEPARTMENT

SERVING

FREEHOLD TOWNSHIPFREEHOLD BOROUGH**MANALAPAN TOWNSHIP**WALL TOWNSHIP***TINTON
FALLS BOROUGH**

APPLICATION FOR A SEPTIC SYSTEM PERMIT

Freehold Twp.____
(Made payable to FT)

Freehold Borough____

Wall Twp.____
(Made payable to WT)

Manalapan Twp.____
(Made payable to MT)

New Construction (\$350)____
Alteration (\$350)____
Repair **NO FEE**____

NO FEE____
NO FEE____
NO FEE____

New Construction (\$350)____
Alteration (\$350)____
Repair **NO FEE**____

New Construction(\$350)____
Alteration (\$350)____
Repair (Engineer \$350)____
Repair (No Engineer \$100)____

Tinton Falls Borough.(\$5) ____ New Construction ____ Alteration____ Repair____
(Made payable to TF)

Property Address: _____ Block: _____ Lot: _____

Property Owner: _____ Date of Tests: _____

Owner Address: _____ Phone: (____) _____

Contractor/Date: _____ Phone: (____) _____

Soils Investigator: _____ Phone: (____) _____

Certifying Engineer: _____ Phone: (____) _____

Health Department Witness: _____ Installer: _____ Phone: (____) _____

Number of Bedrooms: _____ **Expansion Room/Den:** Yes: ____ No: ____ **Design Gallons/ Day:** _____

Garbage Grinder: Yes: ____ No: ____ **Ejector Pump:** Yes____ No____ ***Include calculations with application**

Treatment Specifications:

Septic Tank Capacity: _____ Grease Trap Capacity: _____ Dosing Tank Capacity: _____

***Specify material of construction if other than commercial pre-cast**

Disposal Specifications:

Disposal Bed: Width: _____ Length: _____ Required Area: _____ Design Area: _____

Pits: Width: _____ Length: _____ Diameter: _____ Required Area: _____ # of Pits: _____

Include form # 5 from Chapter N.J.A.C. 7:9A "Standards for Individual Subsurface Sewage Disposal Systems" for Pressure Dosing Systems

Repair Details:

