

FREEHOLD AREA
HEALTH DEPARTMENT

SERVING

FREEHOLD TOWNSHIPFREEHOLD BOROUGH**MANALAPAN TOWNSHIP**WALL TOWNSHIP**

APPLICATION FOR A SEPTIC SYSTEM PERMIT

New Construct: _____ Alter: _____ Repair (no fee): _____

 ___ Freehold Township (\$350) ___ Freehold Borough (no fee)

 ___ Wall Township (\$350- payable to Wall Twp.) ___ Manalapan Township (\$-payable to Manalapan Twp.)

Property Address: _____ Block: _____ Lot: _____

Property Owner: _____ Date of Tests: _____

Owner Address: _____ 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: