

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1
1540 West Park Avenue, Suite 1
Ocean Twp., NJ 07712
732-493-9520

SEPTIC SYSTEM APPLICATION

New Construction _____ Abandonment (Pump Receipt Provided Yes/No) _____
 Alteration _____ Repair _____

SEPTIC LOCATION

INFORMATION

FEES

Town: _____

Block: _____ Lot: _____

Location: _____

Property Owner

Name: _____

Address: _____

Town: _____

Phone: _____

Septic System Designer/Engineer

Name: _____

Address: _____

Phone: _____

Installer/Contractor/Septic Hauler

Name: _____

Address: _____

Town: _____

Phone: _____

Soils Analyst

Name/Phone: _____

Type of structure/establishment:

Design Gallons/day: _____

No. of Bedrooms or Sq Ft.: _____

Tank Sizes & Types: _____

(Tinton Falls only, min. 2 compartment 1250 gals.)

Capacity: _____

Pre-Treatment Device: _____

Bed or Trench Dimension: _____

No. of Laterals/Chambers _____

Type of Water Supply _____

Well Depth: _____

Distance of Well to Septic Field & Tank

Depth to Water Table _____

Soil Log Test Date _____

Witness _____

Please Note: The applicant is responsible for obtaining all other required federal, state or local approvals prior to commencement of work under this approval, including but not limited to NJDEP Permits to conduct activities in freshwater wetlands, wetland transition areas or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the system and or the assessment of significant civil penalties.

Soil Log (2 holes) \$160.00

Additional Hole \$40.00/hole

Plan Review \$295.00
 (New const., Alteration or repair requiring Licensed P.E.)

Inspection Fees \$370.00
 (New const., Alteration or repair requiring Licensed P.E.)

Repairs not requiring P.E. \$195.00

Abandonment Witness \$160.00

Office use only

Date Plans approved _____

Date plans disapproved _____

Inspections/Witness

Dates & Type

FINAL APPROVAL

Date:

Inspector:

Fees: _____

Paid _____

Check # _____

Date _____