

**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 \_\_\_\_\_