



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

SEPTIC SYSTEM APPLICATION

SEPTIC LOCATION

Town: _____
 Block: _____ Lot: _____
 Location: _____

Property Owner

Name: _____
 Address: _____
 Town: _____
 Phone: _____

Licensed Engineer

Name: _____
 License no.: _____
 Address: _____
 Phone: _____

Installer

Name: _____
 Address: _____
 Town: _____
 Phone: _____

Septic appl 12/08

SEPTIC INFORMATION

Type of structure/establishment: _____

 No. of bedrooms: _____
 No. of fixture: _____
 Gals/day: _____
 Seating Cap: _____
 Soil K Value: _____
 Type of System: _____

 New Repairs Alteration
 Tank size & type
 (Tinton Falls only, min. 2 compartment 1250 gals.)
 Gals _____
 Bed dimension: _____
 Trench dimension: _____
 No. of Laterals: _____ Length: _____
 Type of water supply?: _____
 Well Depth?: _____
 Distance well from field: _____

Depth to water table: _____
 Soil log available: _____

Office use only

Date Plans approved _____

Date plans disapproved _____

Inspections

FINAL APPROVAL

Date: _____

Inspector: _____

Engineer & seal: _____

Paid _____

Check # _____

Date _____