

application #SAG
2/14/17

Board of Health
Manalapan Township

Septic System Application Form

New Construction Application Fee: \$150.00
Alteration/Repair Application/Permit Fee: \$300.00
Non-engineered Repair Application Fee: \$75.00

Permit No. _____
Date 2/8/2017

APPLICATION FOR (check one):

Type of Permit Needed (Check and Fill-in applicable categories):

- ☒ a. New Construction
☐ b. Alteration/ No Expansion or Change in Use
☐ c. Alteration/Expansion or Change in Use
☐ d. Alteration/Malfunctioning System
☐ e. Repair (in-kind replacement)/ Malfunctioning system
☐ f. Repair (in-kind replacement) System is not malfunctioning
☐ g. Deviation from Standards

Location Address 61 Highland Ridge Road Block 8404 Lot 4

Owner Robertson Douglas Group Contractors, LLC Phone Number 732-578-0960

Jasm

Present Address 788 Shrewsbury Ave 104 Tinton Falls, NJ 07727

Name of Contractor Robertson Douglas Contractors, LLC Phone Number 732-578-0960

Address of Contractor 788 Shrewsbury Ave 104 Tinton Falls, NJ 07727

Type of Building to be Served Residential Use: Yearly ☒ Summer ☐

Dwelling Unit: No. of Bedrooms 4 Expansion Attic?: Yes ☐ No ☒

Non Residence: Type of Business _____ No. Realty Improvements _____

For Commercial Construction - Sq. Feet of Improvement(s) _____

Type of Waste to be Discharged: Sanitary Sewage ☒ Industrial Waste ☐ Other ☐

If d. or e. in the Type of Permit Needed are checked, indicate the type of malfunction and its cause (check all that apply):

- ☐ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
☐ Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
☐ Seepage of sanitary sewage or effluent into portions of building below ground
☐ Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
☐ Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
☐ Direct discharges to ground water (no zone of treatment)

Describe the cause of the malfunction: _____

Please check if any of the following apply:

- ☐ A privy, outhouse, latrine or pit toilet is present, a system must be installed
☐ A system must be upgraded as part of a real property transfer
☐ A cesspool has been identified during a real property transfer and a conforming system must be installed
☐ A malfunctioning cesspool has been identified and a conforming system must be installed

General Design Data

1. Volume of Sanitary Sewage, gal. 1,000 gallons

Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4

Commercial/Institutional—Indicate in an attachment the type of establishment and show method of flow calculation.

2. Alterations or Repairs

a) Reason for Alteration or Repair (Check appropriate categories):

- ☐ Expansion or Change in Use ☐ Upgrade Existing Facilities
☐ Correct Malfunctioning System ☐ Other—Specify _____

b) Describe Nature of Alteration or Repairs: _____

System Components:

- a) Grease Trap Capacity, gals _____
Show Calculation Used: _____
- b) Septic Tank Capacity(ies), gals: 1,250 Single Tank or First Compartment
_____ Second Compartment _____ Third Compartment
- c) Effluent Distribution
Method: ☒ Gravity Flow _____ Gravity Dosing _____ Pressure Dosing
Dosing Device: _____ Pump _____ Siphon
- d) Dosing Tank Capacities, gals: Total Capacity _____ Dose Volume _____ Reserve Capacity _____
- e) Laterals: Number 11 Total Length 41 Pipe Size 4" Spacing 3'
- f) Connecting Pipe: Size 4" Length 35 LF
- g) Manifold: Size 4" Length 32'
- h) Disposal Field: Type of Installation: Trenches _____ Bed _____ Alt. Technology _____
Design Permeability (Percolation Rate) ☒
Trenches: Width _____ Total Length _____ Bed: Area _____
- i) Seepage Pits: Design Percolation Rate _____
Number of Pits _____ Total Percolating Area Provided _____

OIL CHARACTERISTICS

Ground Water Observations:

- Seepage - Indicate Depth _____
- Pit/Boring Flooded - Depth after _____ Hours _____
- Mottling - Indicate Depth Not observed during soil borings. SHWT provided by Manalapan Board of Health

Soil Limiting Zones (Check Appropriate Categories):

- Fractured Rock Substratum - Depth to Top _____
- Massive Rock Substratum - Depth to Top _____
- Excessively Coarse Horizon - Depth Top to Bottom _____
- Excessively Coarse Substratum - Depth to Top _____
- Hydraulically Restrictive Horizon - Depth Top to Bottom _____
- Hydraulically Restrictive Substratum - Depth to Top _____
- Perched Zone of Saturation - Depth Top to Bottom _____
- Regional Zone of Saturation - Depth to Top _____

Soil Suitability Classification

I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date 2-8-17

Signature of Professional Engineer _____ License # 42579

Address _____ Telephone _____

PLEASE ATTACH THE FOLLOWING

- Plot Plan - location of all soil logs and perc tests
 - existing and proposed grades, bench mark
 - cross section of disposal area
 - elevations of all inverts, outlets, level of infiltration and limiting zones
 - location of wells, water courses, storm drains footing drains with invert elevations
- Detail description of soil profiles including:
 - limiting zones
 - observed ground water, perched water, seasonal high water table and explanation of soil mottles
- Permeability data (Use applicable Chapter 199 Forms)

NOTE: Backwash from a water softener may not discharge into a septic system

