



Township of Old Bridge  
 Township Clerk's Office  
 One Old Bridge Plaza  
 Old Bridge, NJ 08857  
 (732)721-5600 Ext 2200

# Application to Construct or Alter An Individual Subsurface Sewage Disposal System

Date of Application \_\_\_\_\_

## Address Where Work Will Take Place

\_\_\_\_\_ Street Address \_\_\_\_\_ Town \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

## Contractor Information

**Contractor Information**  
 \_\_\_\_\_ Company Name \_\_\_\_\_ Contractor \_\_\_\_\_ State Permit Number \_\_\_\_\_ State License Number \_\_\_\_\_  
 \_\_\_\_\_ Street Address \_\_\_\_\_ Suite/ PO Box \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contractor E-mail Address \_\_\_\_\_ Contractor Phone Number \_\_\_\_\_

## Owner Information

**Owner Information**  
 \_\_\_\_\_ Name of Owner \_\_\_\_\_  
 \_\_\_\_\_ Street Address \_\_\_\_\_ Suite/ PO Box \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner E-mail Address \_\_\_\_\_ Owner Phone Number \_\_\_\_\_

The fee for review of each application to construct or alter an individual subsurface sewage disposal system is **two hundred dollars (\$200)**, which includes witnessing soil logs and percolation tests, review of engineer plans and inspection during construction. The fee shall be payable upon the filing of the application (Old Bridge Ordinance 160-34). Checks are to be made out to Old Bridge Health Department.

Acceptance of this fee in no way grants approval for construction or alterations. The undersigned agrees to conform to the provisions of the State regulations.

Plans must be submitted and any questions directed to Middlesex County Public Health Department, Environmental Division, 711 Jersey Ave., New Brunswick, NJ 08901. They may be reached at 732-745-8480.

Sketch of the property must show the following:

- Size Of Lot
- Location Of All Buildings
- Location Of Proposed Water Supply
- Location Of Sewerage Facilities
- Estimated Depth Of Well
- Method Of Installation
- Type Of Screen To Be Used (Material, Length, Slot Size)
- Type Of Casing And Size To Be Installed
- Method Of Disinfection
- Domestic
- Irrigation
- Type Of Pump Proposed

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

***Application will not be accepted if it is not signed***

Please submit application and fee to Old Bridge Township Clerk's Office. Checks should be made payable to **Old Bridge Township Health**

For Office Use Only:

Application Submitted	Date	Application Scanned and Saved	Date	Initials	Date Sent to Health Dept.	Date
	Date Completed		Fee Paid to Old Bridge	Date		Check #/ Cash