

FREEHOLD AREA
HEALTH DEPARTMENT

SERVING
FREEHOLD TOWNSHIP **FREEHOLD BOROUGH
**** UPPER FREEHOLD TOWNSHIP ****

1 MUNICIPAL PLAZA
FREEHOLD, NEW JERSEY 07728-3099

TELEPHONE: 732-294-2060
FAX: 732-462-2340

Septic Suitability Evaluation

APPLICANT:

Block _____ Lot _____

Owner: _____ Phone: _____

Address: _____

I am the owner of the property listed above and I am applying for a construction permit to add to or alter a dwelling on this property.

The number of bedrooms or rooms that can be used as bedrooms (for example: dens, studies, home offices, libraries etc.) are as follows:

Existing _____ Proposed _____ Construction will result in an increase of _____ bedrooms or rooms that can be used as bedrooms.

Signature: _____ Date: _____ Phone: _____

HEALTH DEPARTMENT:

Based on a review of the construction plans the number of bedrooms or rooms that can be used as bedrooms (dens, studies, home offices, libraries etc.) are as follows:

Existing _____ Proposed _____ Construction will result in an increase of _____ bedrooms or rooms that can be used as bedrooms.

_____ **The Health Department has no objection** to the project for the following reason(s):

_____ The dwelling is served by public sewer. No Health Department approval is necessary.

_____ The proposed construction does not require an upgrade to the septic system.

_____ **An upgrade to the septic system will be required prior to issuance of a construction permit** for the following reason(s):

_____ The existing septic system is not adequate for the proposed change.

_____ The existing septic system is not operating properly.

Reviewed by: _____ Date: _____