

Application Receipt #: _____
Date Received _____
Fee Collected _____

**HEALTH DEPARTMENT
Manalapan Township**

**Phone: 732-446-8345
Fax: 732-446-1576**

**120 Route 522
Manalapan, NJ 07726**

Fee: \$60.00

Checks Payable To: Manalapan Township

**APPLICATION FOR
CERTIFICATE OF CONTINUED OCCUPANCY
WELL AND/OR SEPTIC ONLY**

Address of Property _____ Block _____ Lot _____

Owner of Property _____ Phone # _____

Owner's Address (if different) _____

Type of Structure: Residential _____ Apt/Condo _____ Business _____

Occupancy Change Due To: Sale _____ Rent _____ Other (explain) _____

Name, Phone # of Contact Person _____

Name of Buyer or Tenant _____

Realtor's Name, Address & Phone # for Owner, if Applicable:

Date of Closing/Occupancy: _____

____ Check Here if Served by Individual Well (Attach copy of PWTA test results)

____ Check Here if Served by Septic System

_____ Date of Last Septic Tank Pump Out (Must submit copy of pump receipt and buyer letter)

I understand that the septic tank pump out information is reviewed for compliance with applicable maintenance requirements only for determination that the septic system is functioning properly. I understand that I must arrange for this privately. I further understand that the water supply is being tested for only those parameters required per Local Ordinance (by reference NJAC 7:10-12.31). Any further testing must be arranged privately with an independent testing laboratory. Any necessary re-testing for failed parameters will incur additional cost.

Signature of Buyer

Signature of Seller or Landlord (rental unit)

For department use only
CCO Compliance Activity

A.. Septic System Maintenance Activity:

_____ Septic Tank pumping receipt submitted and reviewed to be less than two (2) years prior to anticipated date of closing.
Main Tank _____ Laundry tank/dry well _____ Buyer letter _____

B. Well Water Analysis Activity:

_____ Water Test results received and reviewed and deemed satisfactory (Township Ordinance).
Approval date _____ Initial _____ Date of satisfactory bacteria test _____

_____ PWTA testing requirements compliance.
Approval Date _____ Initial _____

_____ For multiple entity buildings – reports on proper functioning of septic system and description of new business and current occupancy submitted and reviewed
Approval date _____ Initial _____

C. CCO Issuance

_____ Date CCO requirements met (Permit issued)

D. Expiration

_____ Date at which main septic tank pump out expires (2 years from date of tank pumping)

_____ Date at which laundry septic tank pump out expires (2 years from the date of tank pumping)

_____ Date at which water test expires (6 months from date of satisfactory bacteria test)

_____ Date at which PWTA water test results expires (1 year from satisfactory results)

_____ For multiple entity buildings – date of private septic system certification (3 months)

_____ Date at which C/O expires (earliest of preceding activities)

CCO Application Package

Dear CCO Applicant:

Enclosed are documents pertaining to your application to the Manalapan Township Health Department for a Continued Certificate of Occupancy (CCO). An application is required if your property is served by a septic system and/or well. The documents enclosed are:

1. Application form
2. List of water testing laboratories
3. Review letter from buyer for verification of septic tank(s) cleaning

APPLICATION FORM

The application form should be fairly self-explanatory. The application must be completed in full. A fee of **\$60.00** is required with submission of the application.

WELL

The department requires that the well water be tested by an NJDEP certified testing laboratory for the following parameters: Total Coliform, pH, iron, manganese and nitrates. The sample of water must be collected by the laboratory. The results must meet the NJ drinking water standards for each of these parameters. **A list of laboratories that perform these analysis services is attached.** If testing has already been performed, these results may be satisfactory if it meets the above procedures and was collected within six (6) months of anticipated closing date.

Be advised that the NJ Private Well Testing Act became effective on September 14, 2002. This act requires testing beyond the above referenced parameters. Specifically the act requires testing for fecal coliform, volatile organics, lead and mercury. For more information on these requirements you are encouraged to call the NJ Department of Environmental Protection at 1-866-4P W-TEST or via Internet at www.state.nj.us/dep/pwta. This department will require proof that the water has been tested for these parameters. Any exceedences of the drinking water for these parameters will require remediation or acknowledgement of the exceedences and a written plan for remediation including who will bear responsibility to remediate.

SEPTIC SYSTEM

The department requires that the septic tank(s) be cleaned within two (2) years of the proposed closing date as proof of proper maintenance. This may be accomplished by submitting a copy of the receipt for services or a letter on the cleaning company letterhead documenting the service. It is important that if you have more than one (1) septic tank (including dry wells for laundry systems) that each one is cleaned.

This department requires that the buyer acknowledge the proof of pumping submitted to this department. **The letter to be used for this purpose is attached.** You should note that if the receipt or statement from the cleaning service identifies anything out of the ordinary this may become a topic of discussion/negotiation with the other party. There are some exceptions whereby this department may order resolution. These exceptions include:

- 1) A statement of malfunction according to the definition in the septic system regulations (i.e. sewage backing up into house or sewage flowing onto the surface of the ground);
- 2) The determination that a component of the septic system is in disrepair and needs to be repaired to bring it back in compliance with original construction. This may include a cracked cover, missing or broken baffle(s), or cracked or broken pipe to name a few.

Any work required to repair a septic system will need a permit issued by this department before any work is performed. The fee for this permit is **\$175.00** irregardless of the cost of the work.

If you have any questions please feel free to contact this office and speak to one of the department's environmental health specialists.

Buyer Letter

To: Manalapan Health Department
Re: Continued Certificate of Occupancy Application –
Acknowledgement of Septic Tank(s) Cleaning/Evaluation

Please be advised that I/we are the buyer of property as listed below. I/we understand the Health Department only requires proof of septic tank(s) pumping. An evaluation of the current working condition of the septic system is completely my/our choice and I/we understand that it is general practice to have this work performed. Further, I/we are aware that the New Jersey Department of Environmental Protection has developed an evaluation tool that is available at http://www.state.nj.us/dep/dwq/pdf/inspection_guidance.pdf

I/we have reviewed the documentation submitted to the Manalapan Township Health Department as proof of septic tank(s) cleaning and reference it below. I/we understand that if there are any observations or determinations documented on the proof of cleaning, beyond the service of cleaning the septic tank(s), or on the evaluation, that I/we bear responsibility for resolving this/these issue(s) with the seller of the property. I/we understand the Manalapan Township Health Department can only intercede when an evaluation or pumping report clearly identifies a malfunction of the septic system (per NJAC 7:9A).

Lastly, I/we understand that I/we have open access to the Manalapan Township Health Department files for this property (if they exist) in accordance with the open public records act.

Property Address _____ Block _____ Lot _____
Buyer Name _____

Description of proof being offered (include name of company/date/of service or letter/reference # if available):

Pumping Receipt information _____

Evaluation Report information _____

By signature I/we, the buyer(s), acknowledge and accept the conditions as described above.

Signature(s)

Date(s)

Water Testing Laboratories

(Certified by the State of New Jersey)

Garden State Labs
Hillside, NJ
1-800-625-7200

J. R. Henderson Labs
Beachwood, NJ
732-341-1211

Precision Analytical Services
Toms River, NJ
1-800-806-8378

Ocean Well Testing-Ocean Environmental
Toms River Area
732-240-7004

The State of New Jersey certifies laboratories to perform environmental analysis. Analysis required by Manalapan Ordinance are:

Total Coliform
pH, Iron, Manganese, Nitrates

You must verify that the laboratory is certified for each of those parameters at the time of contracting the service. The laboratory must collect the sample because pH must be analyzed within fifteen (15) minutes of collection (State law). Manalapan Ordinance requires that the results for these parameters meet State standards.

Be advised that the NJ Private Well Testing Act requires testing for the following additional parameters:

Fecal Coliform, Volatile Organics, Lead, Mercury

This department requires proof that these parameters have been tested. Any exceedences of the drinking water standards will require remediation or acknowledgement of the exceedences and a written plan for remediation including who will bear responsibility to remediate.