

<p>For Office Use Only:</p> <p>Application # _____</p> <p>Date Received _____</p> <p>Fee Collected _____</p>
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**HEALTH DEPARTMENT
Manalapan Township**

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

120 Route 522
Manalapan, NJ 07726

Fee: \$40.00

Checks Payable: Manalapan Township

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

- 1. Address of Property _____ 2. Block _____ 3. Lot _____
- 4. Owner of Property _____ Phone # _____
- 5. Owner's Address (if different) _____
- 6. Type of Structure: Residential _____ Apt/Condo _____ Business _____
- 7. Occupancy Change Due To: Sale _____ Rent _____ Other (explain) _____
- 8. Name, Phone # of Contact Person _____
- 9. Name of Buyer _____ Phone # _____
- 10. Realtor's Name, Address & Phone # for Owner, if Applicable:

- 11. Date of Contract Signing: _____ 12. Date of Closing: _____
- 13. Date of Closing/Occupancy: _____
- 14. ___ Check Here if Served by Septic System
- 15. ___ Check Here if Served by Individual Well

I understand that only a receipt for septic tank pump out is required by the department in order to demonstrate proper maintenance of the system. I understand that I must arrange for this privately. Any other certification of the septic system is a private matter. I further understand that the water supply must be tested for those parameters required by Local Ordinance (by reference NJAC 7:10-12.31) and the NJ Private Well Testing Act. All testing is to be arranged privately using a State certified testing laboratory.

Signature of Buyer

Signature of Seller or Landlord (rental unit)

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. Water Analysis Activity:

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

_____ PWTA testing requirements compliance.
Approval Date _____ Initial _____ Date sample collected _____

_____ 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 issued

D. Expiration

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

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

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

_____ Date at which PWTA 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)