FREEHOLDER DIRECTOR
Robert M. Damminger

FREEHOLDER LIASON
Adam J. Taliaferro

Demolition/Abandonment Inspection Application Requirements

Provide a written explanation of what type of inspection you need- such as an inspection of a decommissioned well, sewage disposal system abandonment or both.

Provide the Municipality, Block, Lot, Property Address, Mailing Address, Contact Person's Name and Contact Person's Phone Number.

Provide a sketch of the property showing the road, location of all existing structures, location of the well and sewage system to be abandoned and any other information which may be helpful. Directions to the property may also be needed.

Septic system abandonment

- Pumping receipts from a licensed septic pumper will be needed for sewage disposal systems.
- If the septic system is to be removed from the site then receipts from an appropriate disposal facility will be required.
- For commercial sites the material must be tested prior to removal to determine waste classification and appropriate disposal facility.

Well Decommissioning

- Must be performed by a New Jersey Licensed well driller.
- You must submit a NJDEP Well Decommissioning Report for each well decommissioned.

Once you have provided the above information you will then need to call this department at (856) 218-4180 to arrange a date for an inspector to meet the contact person on site to show us the abandonment has been completed.

GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR & DISABILITY SERVICES
SEPTIC SYSTEM ABANDONMENT INSPECTION REQUEST

NAME OF PROPERTY OWNER _____

MAILING ADDRESS _____

PROPERTY LOCATION (Street Address) _____

NAME and ADDRESS OF **CONTACT PERSON** (If different than property owner)

_____
_____
_____
_____

CONTACT PERSON'S PHONE NUMBER: _____

MUNICIPALITY: _____ BLOCK _____ LOT _____

SEWAGE DISPOSAL SYSTEM DETAILS (Attach sketch of property if available)

NUMBER OF SEPTIC SYSTEMS ON THE PROPERTY: _____.
YEAR WHEN EACH SEPTIC SYSTEM INSTALLED: (Indicate unknown if you do not know the date of installation)
_____.

WHAT TYPE OF SEWAGE DISPOSAL METHOD IS USED AT THE PROPERTY? (circle the appropriate method).

- MUNICIPAL SEWAGE
- CESSPOOL(S)
- SEPTIC TANK WITH:
  - DISPOSAL TRENCHES
  - DISPOSAL BED
  - SEEPAGE PIT

LOCATION OF SEPTIC SYSTEM RELATIVE TO BUILDING (e.g. front of house, behind house etc.):

_____
_____
_____

REASON FOR SEPTIC SYSTEM ABANDONMENT:(e.g. new septic system installed, connected to municipal sewer, etc.)

_____
_____
_____

SIGNATURE OF PROPERTY OWNER: _____ Date signed: _____

Office Use Only

Septic system abandonment completed to the satisfaction of the GCDHS&DS: Yes / No

Date of Septic system abandonment inspection: _____.

Signature of inspector: _____.

ADDITIONAL COMMENTS: _____

_____

_____

_____.

GLOUCESTER COUNTY DEPARTMENT OF HEALTH,SENIOR & DISABILITY SERVICES
DECOMMISSIONED WATER SUPPLY SYSTEM INSPECTION REQUEST

NAME OF PROPERTY OWNER _____

MAILING ADDRESS _____

PROPERTY LOCATION (Street Address) _____

NAME and ADDRESS OF **CONTACT PERSON** (If different than property owner)

_____
_____
_____
_____

CONTACT PERSON'S PHONE NUMBER: _____

MUNICIPALITY _____ BLOCK _____ LOT _____

WATER SUPPLY SYSTEM DETAILS (Attach sketch of property if available)

NUMBER OF WATER SUPPLY SYSTEMS ON THE PROPERTY _____.

NJDEP Water Supply ID number (PWSID): _____. Year PWSID number obtained. _____.

LOCATION OF WATER SUPPLY WELL RELATIVE TO BUILDING (e.g. front of house, behind house etc.):

_____
_____
_____

REASON FOR WATER SUPPLY TO BE DECOMMISSIONED:(e.g. new well installed, connected to municipal water etc)

_____
_____
_____

SIGNATURE OF PROPERTY OWNER: _____ Date signed: _____

Office Use Only

Water Supply decommissioned to the satisfaction of the GCDHSDS: Yes / No

Name of NJDEP certified Well Sealer: _____.

Date of Well Decommissioning inspection: _____.

Date Decommissioning Report Received: _____.

Signature of inspector: _____.

ADDITIONAL COMMENTS: _____

_____

_____.