

**GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM**

(Revised January 9, 2020)

5 COMPLETE COPIES OF APPLICATION REQUIRED FOR PROCESSING

MUNICIPALITY _____

Form 1-General Information **(Complete ALL Items on this page)**

1. Type of Permit Needed (Check applicable categories)

New Construction (\$350)

Alteration: No Expansion or Change of Use (\$300)

Alteration/Expansion or Change in Use (\$300)

Alteration/Malfunctioning System (\$300)

Repairs to Existing System (\$100)

Revision (\$175)

Septic Permit Renewal (\$100)

Is existing dwelling for sale: Yes or No

2. Location of Project: Municipality _____ Block No. _____ Lot No. _____

Street Address _____ Zip _____

3. Name of Applicant (print) _____

Present Address: _____

Applicant's Phone Number: _____

Applicant's Agent Name and Phone Number: _____

Applicant's Email address: _____

4. Type of Facility:

Residential: Number of Bedrooms _____

Commercial/Institutional, Specify below

Specify Type of Establishment: _____

5. Type of Wastes to be discharged:

Sanitary Sewage

Industrial Waste

Other-Specify Type: _____

6. Water Supply: Individual Municipal

7. Other Approvals/Certification/Waivers/Exemptions (Attach to application)

Pinelands Commission

U.S. Army Corps of Engineers

NJDEP-Bureau of Flood Plain Management

Other-Specify: _____

8. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ Date _____

FOR AGENCY USE ONLY

Application Denied-Reason for Denial: _____

Application Approved

Application Approved Subject to Approval by NJDEP

Date of Action _____ Signature _____

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Form 2a-General Site Evaluation Data Block _____ Lot _____

1. Name of Site Evaluator (print): _____

2. Business Address: _____

3. Business Phone: _____

4. Special Site Limitations Identified (Check appropriate categories):

- Flood Plains Bedrock Outcrop Wetlands
- Excessively Stony Disturbed Ground Sink Holes
- Sand Dunes Steep Slopes
- Other-Specify _____

5. Soil Logs-Enter on Form 2b-Use one sheet for each soil log.

6. Considerations Relating to Disturbed Ground:

- a) Type of Disturbance (Check appropriate categories)
- Filled Area Excavated Area Re-graded Area
 - Subsurface Drains Other-Specify _____

- b) Pre-existing Natural Ground Surface
- Elevation Relative to Existing Ground Surface _____
- Method of Identification _____

- c) Suitability of Disturbed Ground
- Unsuitable: Objects Subject to Disintegration or Change in Volume
 - Excessively Coarse
 - Proctor Test performed-% Standard Proctor Density = _____

7. Hydraulic Head Test:

- a) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
- b) Piezometer A: Depth to Bottom _____ Depth of Water Level(24 hrs) _____
- c) Piezometer B: Depth to Bottom _____ Depth of Water Level(24 hrs) _____

d) Witnessed by _____ Signature _____ Date _____

8. Attachments (Check items included):

- Site Plan
- Key Map Showing Location of Site on U.S.G.S. Quadrangle or Other Accurate Map
- Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
- Other-Specify _____

9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is in violation of the Water Pollution Control Act (N.J.A.C. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

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Form 2b - Soil Log and Interpretation Lot _____ Block _____

1. Log Number _____ Method (Check One): _____ Profile Pit _____ Boring

2. Soil Log

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure: Moist or Dry Consistence; Mottling--Abundance, Size and Contrast, If Present
---------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. Ground Water Observations:

_____ Seepage-Indicate Depth _____
_____ Pit /Boring Flooded--Depth after _____ Hours _____

4. Soil Limiting Zones (Check Appropriate Categories):

_____ Fractured Rock Substratum - Depth to Top _____
_____ Massive Rock Substratum - Depth to Top _____
_____ Excessively Coarse Horizon - Depth Top to Bottom _____
_____ Excessively Coarse Substratum - Depth to Top _____
_____ Hydraulically Restrictive Horizon - Depth Top to Bottom _____
_____ Hydraulically Restrictive Substratum - Depth to Top _____
_____ Perched Zone of Saturation - Depth Top to Bottom _____
_____ Regional Zone of Saturation - Depth to Top _____

5. Soil Suitability Classification:

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

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Form 3a. Soil Permeability Data Lot _____ Block _____

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

1. Summary of Date - Enter date for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Results*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*For tube permeameter, pit-bailing and piezometer tests report results in inches per hour. For Soil permeability class rating give soil permeability class number. For percolation test report in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number _____
_____ Average of Test Replicates _____ Single Replicate
_____ Slowest of Replicates

3. Type of Limiting Zone Identified Test Number

4. Attachments (Check items included):
_____ Form 3b - Tube Permeameter Test Data - Number of Sheets _____
_____ Form 3c - Soil Permeability Class Rating Test Data -
 Number of Sheets _____
_____ Form 3d - Percolation Test Data - Number of Sheets _____
_____ Form 3e - Pit-Bailing Test Data - Number of Sheets _____
_____ Form 3f - Piezometer Test Data - Number of Sheets _____
_____ Form 3g - Basin Flooding Test Data - Number of Sheets _____

5. I hereby certify that the information furnished on Form 3a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

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Form 3b. Tube Permeameter Test Data

1. Test Number _____ Replicate (Letter) _____ Date Collected _____

2. Material Tested _____ Fill _____ Test in Native Soil - Indicate Depth _____

3. Type of Sample: _____ Undisturbed _____ Disturbed

4. Sample Dimensions: Inside Radius of Sample Tube, R, in cm _____
Length of Sample, L, in inches _____

5. Bulk Density Determination (Disturbed Samples Only):
Sample Weight (Wt. Tube Containing Sample - Wt. of Empty Tube), grams _____
Sample Volume (L x 2.54 cm./inch x 3.14R), cc _____
Bulk Density (Sample Wt./Sample Volume), grams/cc _____

6. Standpipe Used: _____ No _____ Yes
--Indicate Internal Radius, cm _____

7. Height of Water Level Above Rim of Test Basin, in inches:
At the Beginning of Each Test Interval, H _____
At the End of Each Test Interval, H _____

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, T1	Time, End of Test Interval, T2	Length of Test Interval, T, minutes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Calculation of Permeability:
 $K, (\text{in/hr}) = 60 \text{ min/hr} \times r / R \times L(\text{in})/T(\text{min}) \times \ln(H/H)$
 $= 60 \text{ min/hr} \times \text{_____/_____} \times \text{_____/_____} \times \ln \text{_____/_____}$
 $= \text{_____}$

10. Defects in the Sample (Check appropriate items):
_____ None _____ Cracks _____ Worm Channels _____ Root Channels
_____ Soil/Tube Contact _____ Large Gravel _____ Large Roots
_____ Dry Soil _____ Smearing _____ Compaction
_____ Other---Specify _____

11. I hereby certify that the information furnished on Form 3b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et. seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator _____ Date _____

Signature of Professional Engineer _____ Date _____

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Form 3c. Soil Permeability Class Rating Data

1. Test Number _____ Replicate (Letter) _____

2. Sample Depth _____ Soil Pit/Boring Number _____ Date Collected _____

3. Coarse Fragment Content:
Total Weight of Sample, W.T., grams _____
Weight of Material Retained on 2mm sieve, W.C.F., grams _____
Wt. % Coarse Fragment (W.C.F./W.T. x 100): _____

4. Oven Dry Weight (24 hrs, 105 C) of 40 Gram Air Dry Sample,
grams, Wt _____

5. Hydrometer Calibration, R_c _____

6. Hydrometer Reading--40 seconds, grams, R₁ _____
Temperature of Suspension, F _____

7. Corrected Hydrometer Reading, grams, R₁' _____

8. Hydrometer Reading -- 2 hours, grams, R₂ _____
Temperature of Suspension, F _____

9. Corrected Hydrometer Reading, grams, R₂' _____

10. % sand = (Wt. - R₁')/Wt. x 100 = (_____ - _____) / _____ x 100 = _____

11. % clay = R₂'/Wt. x 100 = _____ / _____ x 100 = _____

12. Sieve Analysis:
 - a. Oven Dry Wt. (2 hrs., 105 C) Total Sand Fraction
(Soil Retained in 0.047 mm Sieve), grams _____
 - b. Wt. of Fine Plus Very Fine Sand Fraction
(Sand Passing 0.25 mm Sieve), grams _____
 - c. % Fine Plus Very Fine Sand (b/a) _____

13. Soil Morphology (Natural Soil Samples Only):
Structure of Soil Horizon Tested _____
Consistence of Soil Horizon Tested: Dry _____ Moist _____

14. Soil Permeability Class Rating (Based upon average textural analysis of this
replicate and other replicate samples _____)

15. I hereby certify that the information furnished on Form 3c of this
application is true and accurate. I am aware that falsification of data is
a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.)
and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

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Form 3d. Percolation Test Data

1. Test Number _____ Replicate (Letter) _____ Date Tested _____

2. Depth _____

3. Pre-soak: _____

_____ Sandy Textured Soil Only, Shortened Pre-soak -- Indicate Time
Required for 12 inches of Water to Drain After Second Filling, Minutes

_____ Four Hour Pre-soak Completed - Indicate Result:

_____ Test Hole Drained Within 16 to 24 Hours After Pre-soak

_____ Test Hole Did Not Drain Within 24 Hours After Pre-soak

4. Rate of Fall Data:

a. Time Interval Selected, Minutes _____

b. Record the Drop in Water Level During Each Time Interval to the Nearest
1/10th - Inch On the Lines Below:

Depth of Water, Start of Interval (inches)	Depth of Water, End of Interval (inches)	Drop in Water Level (inches)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Percolation Rate:

a. Time, minutes, Required for a Six-inch Drop in Water Level _____

b. Percolation Rate = $a/6 = \text{____}/6 = \text{____} \text{ min/in}$

6. I hereby certify that the information furnished on Form 3d of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

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Form 3e. Piezometer Test Data

1. Test Number _____ Reference Soil Log _____ Date Tested _____

2. Diameter of Soil Auger, in. _____ Depth of Test Hole, in _____
Inside Radius of Pipe, R, in. _____

3. Depth to Apparent Static Water Level, in. _____

4. Measure and Record:

Water Depth, Start of Interval inches, d	Time at Start of Interval,	Water Depth, End of Interval inches, d	Time at End of Interval	Length of Interval min, t
---------------------------------------------------	----------------------------------	-------------------------------------------------	-------------------------------	---------------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Depth of Water Level After 24 Hour Stabilization Period, D _____, in. _____

6. Value of A-parameter _____

7. Calculation of Permeability:

$$K, \text{ in/hr} = [(3.14R)(A \times t)] \times [1n(d - D / d - D)] \times 60 \text{ min/hr}$$

$$= [(3.14 \text{ _____}) / (\text{_____} \times \text{_____})] \times [1n(\text{_____} - \text{_____} / \text{_____} - \text{_____})]$$

$$\times 60 \text{ min/hr} = \text{_____}$$

8. I hereby certify that the information furnished on Form 3e of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

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Form 3f. Pit-Bailing Test Data

1. Test Number _____ Reference Soil Log _____ Date Tested _____

2. Using the reference level established, measure and record the following:

---Depth to Bottom of Pit, ft, D _____

---Depth to Water Level after 2 hr. Stabilization Period, ft, D _____

---Depth to Impermeable Stratum, ft, D _____

(If depth is unknown assume it to be 1.5 times the depth of the pit.)

---Height of Water Level Above Impermeable Stratum, ft, H _____

($H = D - D$)

---Length of Time Interval, T, in minutes _____

3. At the interval chosen, record the following data in the table below:

---Time of Measurement, t, minutes _____

---Depth of Water Level Below Reference Level, d, inches _____

---Water Surface Dimensions, ft: l,w _____

4. Calculate the following values and enter in the table below:

---Water Surface Area, ft², A _____

---Water level Rise, h (Subtract current value of d from previous value)

---Ave. Water Surface Area, ft², A (Take average of A and previous A)

---Ave. Height of Water Level Above Impermeable Stratum, ft, h (Take ave. of d and previous value of d, convert to ft, and subject from D)

---Permeability, in/hr, K (Calculate using formula):

$$K = [h / T] \times [A / 2.27 (H - h)] \times 60 \text{ min/hr}$$

t d (in.) l,w (ft.) A (ft²) h (in.) A (ft²) h (ft) K

t _____ t _____ XXXXXXXXXXXX XXXXXXXXXXXX XXXXXX XXXXX

t _____ t _____ _____

t _____ _____

t _____ t _____ XXXXXXXXXXXX XXXXXXXXXXXX XXXXXX XXXXXX

t _____ t _____ _____

t _____ _____

t _____ t _____ XXXXXXXXXXXX XXXXXXXXXXXX XXXXXX XXXXXX

t _____ t _____ _____

t _____ _____

CONTINUED ON FOLLOWING PAGE

**GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Form 3f. Pit-Bailing Test Data (continued)

5. Record the Following Data:

- Final Depth of Pit, D ,ft _____
- Depth to Impermeable Stratum, ft, D _____
(If no impermeable stratum is encountered assume D = D)
- Height of Standpipe Above Reference Level, ft, h _____
- Depth to Water Level after 24 hr. Stabilization Period, ft, D _____
(Take measurement from top of standpipe. Subtract h)
- Height of Static Water Level Above Impermeable Stratum, ft, H _____
(H = D - D)
- Average Height of Water Level Above Impermeable Stratum, ft, h _____
(Take average of d from beginning and end of last time interval recorded
in section 4, convert this to ft., subtract from D)

6. Re-calculation of K using data from section 5 above and from final time interval of section 4:

$$K = [h / t] \times [A / 2.27(H - h)] \times 60 \text{ min/hr}$$

$$= [\text{_____} / \text{_____}] \times [\text{_____} / 2.27$$

$$(\text{_____} - \text{_____})] \times 60 \text{ min/hr} = \text{_____}$$

7. I hereby certify that the information furnished on Form 3f of this _____ application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

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Form 3g. Basin Flooding Test Data

1. Test Number _____ Reference Soil Log _____ Date Tested _____

2. Depth of Pit, ft _____

3. Area of Pit, ft _____

4. Description of Rock Substratum Within Test Zone:

Type of Rock _____

Name of Formation _____

Average Fracture Spacing _____

Type of Fractures (Check Appropriate Category):

_____ Open (Wide), Clean -- Width of Openings, mm _____

_____ Open (Wide), Infilled with Fines -- Width of Openings, mm _____

_____ Tight (Closed)

Orientation of Fractures:

_____ Horizontal (Parallel to Pit Bottom Or Nearly So)

_____ Inclined

_____ Vertical (Parallel to Sides of Pit) Or Nearly So

Hardness of Rock:

_____ Rippable with Hand Tools

_____ Not Rippable with Hand Tools, Rippable by Machine

_____ Not Rippable by Machine, Explosives Used

5. Time of First Basin Flooding _____

Volume of Water Added, Gal. _____

6. Result of First Basin Flooding:

_____ Basin drained within 24 Hrs. - Indicate Time: _____

_____ Basin Not Drained within 24 Hrs.

7. Time of Second Basin Flooding _____

Volume of Water Added, Gal. _____

8. Result of Second Basin Flooding:

_____ Basin Drained within 24 Hrs. --Indicate Time _____

_____ Basin Not Drained within 24 Hrs.

9. I hereby certify that the information furnished on Form 3g of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date _____

Signature of Professional Engineer _____ License # _____

**GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. _____ (200 gallons for first bedroom, 150 each additional)
____ Residential: No. of Dwelling Units _____ Total No. of Bedrooms _____
____ Commercial/Industrial - Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading

2. Alterations or Repairs

- a) Reason for Alteration or Repair (Check appropriate categories):
____ Expansion or Change in Use ____ Upgrade Existing Facilities
____ Correct Malfunctioning System ____ Other -- Specify _____
b) ____ Describe Nature of Alteration or Repairs: _____

3. System Components:

- a) Grease Trap Capacity, gals _____
Show Calculation Used: _____
b) Septic Tank Capacities, gals: ____ First (Single) Compartment ____ gal
____ Second Compartment ____ gal ____ Third Compartment ____ gal
c) Effluent Distribution
Method: ____ Gravity Flow ____ Gravity Dosing ____ Pressure Dosing
Dosing Device: ____ Pump ____ Siphon
d) Dosing Tank Capacities, gals: Total Capacity _____ Dose Volume _____
Reserve Capacity _____
e) Laterals: Number ____ Total Length ____ Pipe Size ____ Spacing ____
f) Connecting Pipe: Size _____ Length _____
g) Manifold: Size _____ Length _____
h) Disposal Field: Type of Installation _____
Design Permeability (Percolation Rate) _____
Trenches: Width _____ Total Length _____
Bed: Area _____
i) Seepage Pits: Design Percolation Rate _____
Number of Pits _____ Total Percolating Area Provided _____

4. Attachments (Check items included):

- ____ General Plan of System Showing Location of All System Components
____ Cross-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
____ Pump Performance Curve
____ Other -- Specify _____

5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer _____ Date _____

GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR & DISABILITY SERVICES
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
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(Revised February 17, 2015)

MUNICIPALITY _____

Form 5. Design of Pressure Dosing System

1. Configuration of Distribution Network:

Type of Manifold: ____End ____ Central
Distribution Laterals: Number ____ Length(ft) ____ Spacing(ft) ____

Hole Diameter(ins) ____ Hole Spacing(in) ____
Diameter of Laterals(in) ____

2. Lateral Discharge Rate:

Design Pressure Head at Supply End of Laterals, H , ft ____
Hole Discharge Rate, Q, gpm ____
Number of Holes per Lateral, n ____
Lateral Discharge Rate, (Q x n) gpm ____

3. Manifold Length(ft) ____ Manifold Diameter(in) ____

4. System Discharge Rate, gpm ____

5a. Pump Section:

Diameter of Delivery Pipe ____ Length of Delivery Pipe ____
Friction Loss in Delivery Pipe, H , ft ____
Elevation of Dosing Tank Low Water Level ____
Elevation of Lateral Invert ____
Elevation Head, H , ft ____
Total Operating Head, H (H + H + H), ft ____
Pump Model ____ Rate Horsepower ____
Pump Discharge Rate at Total Operating Head, gpm ____

5b. Siphon Elevation:

Diameter of Delivery Pipe ____ Length of Delivery Pipe ____
Friction Loss in Delivery Pipe, H , ft ____
Velocity Head, H , ft ____
Total Operating Head, H (H + H + H) ft ____
Elevation of Lateral Invert ____
Elevation of Siphon Invert ____

6. Dose Volume:

Design Volume of Sewage, gal/day ____
Design Permeability, in/hr ____ or Percolation Rate, min/in ____
Interval Volume of Distribution Network ____
Dose Volume ____

7. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer _____ Date _____