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)

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: __________________________________________


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 ________________________________
GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
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(Revised January 9, 2020)
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MUNICIPALITY ________________________________

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-I 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 # __________
GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
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MUNICIPALITY ________________________________

Form 2b - Soil Log and Interpretation   Lot ________ Block __________

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

2. Soil Log

<table>
<thead>
<tr>
<th>Depth</th>
<th>Munsel Color Name and Symbol; Estimated Textural Class:</th>
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<tbody>
<tr>
<td>(inches)</td>
<td>Estimated Volume % Coarse Fragment, If Present; Structure:</td>
</tr>
<tr>
<td>Top-Bottom</td>
<td>Moist or Dry Consistence; Mottling--Abundance, Size and Contrast, If Present</td>
</tr>
</tbody>
</table>

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 # __________
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.

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Test (number)</th>
<th>Replicate (letter)</th>
<th>Depth (inches)</th>
<th>Results*</th>
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</table>

*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 # ________
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, (in/hr) = 60 min/hr x r /R x L(in)/T(min) x in (H/H )
   = 60 min/hr x _____ / _____ x _____ / _____ x in _____ / _____
   = _______

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_________________
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, Rc_____________________________________________________

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 # __________________
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)

      ____________ | ____________ | ____________
      ____________ | ____________ | ____________
      ____________ | ____________ | ____________
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5. Percolation Rate:
   a. Time, minutes, Required for a Six-inch Drop in Water Level ____________
   b. Percolation Rate = a/6 = ____ / 6 = _______ 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 # ____________
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:

<table>
<thead>
<tr>
<th>Water Depth, Start of Interval, inches</th>
<th>Water Depth, End of Interval, inches</th>
<th>Time at Start of Interval, min, t</th>
<th>Time at End of Interval, min, t</th>
<th>Length of Interval, in</th>
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5. Depth of Water Level After 24 Hour Stabilization Period, D, in. __________

6. Value of A-parameter ________________

7. Calculation of Permeability:

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

   \[ = [(3.14 _____) / (_____ \times _____)] \times [1/n(____ - _____) / ____ - ____)] \times 60 \text{ min/hr} = \frac{____}{____} \times 60 \text{ min/hr} \]

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 # ___________
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: I,w ____________________________________

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

---Water Surface Area, ft, A
---Water level Rise, h \( (\text{Subtract current value of } d \text{ from previous value}) \)
---Ave. Water Surface Area, ft, A \( (\text{Take average of } A \text{ and previous } A) \)
---Ave. Height of Water Level Above Impermeable Stratum, ft, h \( (\text{Take ave. of } d \text{ and previous value of } d, \text{ convert to ft, and subject from } D) \)
---Permeability, in/hr, K \( (\text{Calculate using formula):} \)
   \[ K = \frac{h}{T} \times \frac{A}{2.27 (H - h)} \times 60 \text{ min/hr} \]

<table>
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<tr>
<th>t</th>
<th>d (in.)</th>
<th>l,w (ft.)</th>
<th>A (ft)</th>
<th>h (in.)</th>
<th>A (ft)</th>
<th>h (ft)</th>
<th>K</th>
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CONTINUED ON FOLLOWING PAGE
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:

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

\[ = \frac{[\_\_\_\_]^{2}}{[\_\_\_\_]} \times \frac{[\_\_\_\_]}{[\_\_\_\_]} \times 60 \text{ min/hr} = \frac{[\_\_\_\_]}{[\_\_\_\_]} \]

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 # ___________
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 # ____________
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 ____________________________
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, \( Q \times n \) 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________
   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 ______
   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_____________