



Phone: (856) 218-4170

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CME: REIReviews@cmeusa1.com

Submission Requirements for Sewage Disposal System Repairs

Repairs to existing septic systems must be submitted to this Department for review and approval. Repairs are limited to replacement or repair to existing system components, like for like. The permit must be signed by the homeowner or their authorized agent. The permit shall be approved prior to the start of any repair. The cost of the permit is \$125.00 and is payable to the "County of Gloucester" by check or money order. Please submit **one** completed hard copy of the application for processing and review. We kindly ask that all communications and interactions with all parties involved remain courteous and respectful as we work together throughout the review and installation process.

In an effort to improve efficiency, please assure that the application submitted is completely and properly filled out or this will cause delays in the approval process.

- Provide a completed Form I and Form 4 (enclosed)
- Provide a sketch of the property showing the following features:
 1. Property lines
 2. All existing structures such as house, garage, pools etc.
 3. All existing sewage disposal system components. Provide distance of existing components to the house and property lines.
 4. Existing well or wells and distance to existing sewage disposal system components.
 5. Provide manufacturer specification sheets for all proposed components
- Provide a survey of the property from the owner even if it is from the purchase of the property. If no survey can be found this office may consider waiver of this requirement.
- Provide all the details of the existing sewage disposal system. This would include the following items:
 1. If a seepage pit, provide the diameter and depth of the seepage pit. The elevation below the ground surface the inlet pipe enters the seepage pit and the diameter of the inlet pipe.
 2. Provide the size of the septic tank and the material with which it is constructed.
 3. For a bed or trench system, provide the number of lines, length and width of the bed or trenches, and the depth of the bottom of the stone.

This office will research the request and determine if a repair is permissible. A site visit may be conducted to evaluate the existing site. If a repair permit is not issued, you will be directed to hire a Licensed Professional Engineer to design an alteration to the existing system that will be appropriate for the property.

GLOUCESTER COUNTY DEPARTMENT OF HEALTH

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

REPAIR APPLICATIONS NOT REQUIRING AN ENGINEER ARE SUBMITTED TO CME:

REIReviews@cmeusa1.com and jalexander@cmeusa1.com

PAYMENT SHALL BE SUBMITTED TO GCHD (CHECK OR MONEY ORDER ONLY)

ONSITE INSPECTIONS MUST BE SCHEDULED VIA EMAIL: GCHD@cmeusa1.com

MUNICIPALITY _____

Form 1-General Information

1. Type of Permit Needed

Repair In-Kind (NO Engineer required) (\$125.00)

-Property for Sale: YES / NO Settlement Date: _____

Revision (\$200.00)

-Garbage Disposal Incorporated: YES / NO

Permit Renewal (\$160.00)

-Ejector Pump Incorporated: YES / NO

-Expansion Attic Incorporated: YES / NO

-In-Law Suite Incorporated: YES / NO Attached / Detached

2. Location of Project: Municipality _____ Block _____ Lot _____

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 Dwelling Units: _____ Number of Bedrooms _____ Duplex: Yes _____ No _____

Commercial/Institutional: Specify Type of Establishment: _____

5. Type of Wastes to be discharged:

Sanitary Sewage _____ Industrial Waste _____ (NJDEP Approval required)

Other-Specify Type:

6. Water Supply: _____ Individual _____ Municipal If individual, will existing well be utilized? Yes _____ No _____

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

Pinelands Commission: Provide certificate of filing

Municipal MUA Waiver/Municipal Ordinance Review Letter/Municipal Stamp on plans

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: _____

Date of Action _____

Signature _____

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

APPLICATION SHALL BE SUBMITTED ELECTRONICALLY TO CME FOR REVIEW BY DESIGN ENGINEER
REPAIRS NOT REQUIRING AN ENGINEER ARE SUBMITTED WITH PAYMENT TO GCHD
PAYMENT SHALL BE SUBMITTED TO GCHD (CHECK OR MONEY ORDER ONLY)
ONSITE INSPECTIONS MUST BE SCHEDULED VIA EMAIL: GCHD@CMEUSA1.COM

MUNICIPALITY _____

Form 4. General Design Data

1. Volume of Sanitary Sewage, gallons per day. _____ (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.

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):

<input type="checkbox"/> General Plan of System Showing Location of All System Components	<input type="checkbox"/> Convenience Waiver
<input type="checkbox"/> Cross-Sections of Each System Component Including Grease Trap, Septic	<input type="checkbox"/> MUA Waiver
<input type="checkbox"/> Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor	<input type="checkbox"/> Buoyancy Calculations
<input type="checkbox"/> Drains	<input type="checkbox"/> Commercial Flow Calculations
<input type="checkbox"/> Pump Performance Curve	<input type="checkbox"/> NJDEP Approvals
<input type="checkbox"/> 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 _____

Signature of Professional Contractor _____ Date _____