



**Phone: (856) 218-4170**

**Email: [envhealth@co.gloucester.nj.us](mailto:envhealth@co.gloucester.nj.us)**

**CME: [REIReviews@cmeusa1.com](mailto: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](mailto:REIReviews@cmeusa1.com) and [jalexander@cmeusa1.com](mailto:jalexander@cmeusa1.com)

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

ONSITE INSPECTIONS MUST BE SCHEDULED VIA EMAIL: [GCHD@CMEUSA1.COM](mailto:GCHD@CMEUSA1.COM)

MUNICIPALITY \_\_\_\_\_

Form 1-General Information

1. Type of Permit Needed

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

\_\_\_\_\_ Revision (\$200.00)

\_\_\_\_\_ Permit Renewal (\$160.00)

-Property for Sale: YES / NO Settlement Date: \_\_\_\_\_

-Garbage Disposal Incorporated: YES / NO

-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):

\_\_\_ 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 \_\_\_\_\_

\_\_\_ Convenience Waiver

\_\_\_ MUA Waiver

\_\_\_ Buoyancy Calculations

\_\_\_ Commercial Flow Calculations

\_\_\_ NJDEP Approvals

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 \_\_\_\_\_