Phone: (856) 218-4170
Email: envhealth@co.gloucester.nj.us
Homeowners Septic Plan Review Process

Gloucester County is required to follow the septic regulations set forth by the New Jersey Department of Environmental Protection, N.J.A.C. 7:9A.

We recognize that this can be a time sensitive process, so to avoid unnecessary delays, we urge you to make sure your Engineer submits a complete review package to our Engineer, CME. We kindly ask that all communications and interactions with all parties involved remain courteous and respectful as we all work together throughout the review and installation process.

The complete septic application packet shall be submitted online via the QR Code above. The packet should include but are not limited to the following: outside agency approvals, municipal utilities authority waiver, pinelands certificate of filing, NJDEP Wetlands.

Payment can also be submitted online via the portal

Our goal is to review new septic plans within 10-14 business days of receipt of the septic application packet and payment. Revisions will be reviewed within 5 business days of its submission. CME reviews plans in the order that they are received.

When your septic application packet has been reviewed and approved, CME will upload an electronic copy of the approved plans to the online portal. The design Engineer will then provide one hard copy to the applicant at the address provided on the application. The applicant would be responsible for adding their contractor as a contact on the portal so they can access their plans.

If the septic application packet is denied, CME will reply to the septic application packet submission via the online portal and outline the necessary revisions to gain approval. The design Engineer will need to make the necessary corrections and re-submit the septic application packet.

Once you receive your approved plans, please assure you check the permit conditions of approval sheet as that outlines of the onsite inspections and other documentation that will be required prior to a final License to Operate or Repair Approval letter being issued. A final License to Operate will be issued once the system has been installed and ALL required information has been submitted and reviewed.

A License to Operate will not be issued if there are outstanding re-inspection fees for that job until they have been paid in full.

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

APPLICATION SHALL BE SUBMITTED ELECTRONICALLY via the online portal. Use the QR Code below

PAYMENT SHALL BE SUBMTTED TO GCHD via the online portal as well.

MUNICIPALITY _____

Form 1-General Information

1. Type of Permit Needed

____ New Construction ($600.00)
____ Alteration ($500.00) __ Expansion/Change of use ___ Malfunction ___No Expansion/Change of use
____ Repair In-Kind (Engineer required) ($300.00)
____ Revision ($400.00 New construction/alteration)
____ Permit Renewal ($250.00)

-Garbage Disposal Incorporated: YES / NO
- Ejector Pump Incorporated: YES / NO
-Expansion Attic Incorporated: YES / NO
-In-Law Suite Incorporated: YES / NO Attached / Detached

Property for Sale: YES / NO Settlement Date: _____

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
SepticReviews@cmeusa1.com and jalexander@cmeusa1.com
PAYMENT SHALL BE SUBMTTED TO GCHD (CHECK OR MONEY ORDER ONLY)
ONSITE INSPECTIONS MUST BE SCHEDULED VIA EMAIL: GCHD@CMEUSA1.COM
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.) _____ Depth of Water Level (24 hrs.)
c) Piezometer B: Depth to Bottom

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
Another 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: l0A-l et seq.) and is subject to penalties as prescribed in N.J.A.C. 7: l4-8.

Signature of Soil Evaluator _____Date

Signature of Professional Engineer _____ License #

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
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MUNICIPALITY _____

Form 2b - Soil Log and Interpretation Lot _____ Block

1. Log Number _____Method (Check One): _____Profile Pit _____Boring

Existing Grade Elevation: _____

2. Soil Log
Depth Munsel Color Name and Symbol; Estimated Textural Class; (inches) Estimated Volume % Coarse Fragment, If Present;
Structure:
Top-Bottom 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: l0A-l et seq.) and is subject to penalties as prescribed in N.J.A.C. 7: l4-8.

Signature of Site Evaluator _____
Date _____

Signature of Professional Engineer_____ License # _____

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MUNICIPALITY _____

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.

Test Type of Test	Replicate (number)	(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: l0A-l et seq.) and is subject to penalties as prescribed in N.J.A.C. 7: l4-8.

Signature of Site Evaluator _____
Date _____

Signature of Professional Engineer_____ License # _____

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
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MUNICIPALITY _____

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. l4R), 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	Time, End of Test	Length of Test Interval, T, Interval, T1 Interval, T2 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 Site Evaluator _____
Date _____
Signature of Professional Engineer_____ License # _____

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
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MUNICIPALITY _____

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, Rs

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 # _____

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
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MUNICIPALITY _____

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 = _____/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 # _____

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
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MUNICIPALITY _____

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

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

6. Value of A-parameter

7. Calculation of Permeability:

K, in/hr. = [(3.14R) (A x t)] x [1n (d -D /d -D)] x 60 min/hr.

= [(3.14 _____)/ (x_____)] x [1n (-_____/_____-___)]

x 60 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 #

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
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MUNICIPALITY _____

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: law

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

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

t	d (in.)	law (ft.)	A (ft)	h	(in.)	A (ft)	h (ft)	K
t ____	_____	t ____	_____		XXXXXXXXXXX	XXXXXXXXXX	XXXXXX X X X X X	_____	_____
t ____	_____	t ____	_____		_____	_____	_____	_____	_____
t			_____		_____	_____	_____	_____	_____
			_____		_____	_____	_____	_____	_____
			_____						
t ____	_____	t ____	_____		XXXXXXXXXX	XXXXXXXXX	XXXXXX		
t ____	_____	t ____	_____		_____	_____	_____	_____	_____
t			_____		_____	_____	_____	_____	_____
			_____		_____	_____	_____	_____	_____
			_____						
t ____	_____	t ____	_____		XXXXXXXXXX	XXXXXXXXX	XXXXXX		
t ____	_____	t ____	_____						
t			_____		_____	_____	_____	_____	_____
			_____		_____	_____	_____	_____	_____
			_____		_____	_____	_____	_____	_____
			_____						

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 = [h /t] x [A /2.27(H -h)] x 60 min/hr.
= [_____/_____] x [/2.27
(- _____)] x 60 min/hr. =

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 #

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
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ONSITE INSPECTIONS MUST BE SCHEDULED VIA EMAIL: GCHD@CMEUSA1.COM
MUNICIPALITY _____

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:
Ropable with Hand Tools
Not Ropable with Hand Tools, Ropable by Machine
Not Ropable 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
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PAYMENT SHALL BE SUBMTTED 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_____

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
PAYMENT SHALL BE SUBMTTED TO GCHD

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, gym
   Number of Holes per Lateral, n _____ Lateral Discharge Rate, (Q x n) gym

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

   4. System Discharge Rate, gym

   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, gym

   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: l0A-1 et seq.) and is subject to penalties as prescribed in
   N.J.A.C. 7:14-8.

   Signature of Professional Engineer _____Date