



Phone: (856) 218-4170 Fax: (856) 218-4161
Email: envhealth@co.gloucester.nj.us
CME: gchd@cmeusa1.com

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. The septic application packet shall be emailed to CME for review to the following:

Ed D'Armiento edarmiento@cmeusa1.com , Liz Cooney ecooney@cmeusa1.com, and Judea Alexander jalexander@cmeusa1.com Also CC Matt Olejarski molejarski@co.gloucester.nj.us and the applicant. If the applicant is not copied, the application will be required to be re-submitted.

Payment will be submitted to GCHD in the form of a check or money order made payable to "The County of Gloucester". Payment can be made via mail or hand delivery to the office. Septic permit applications will not be reviewed until the payment has been submitted to GCHD.

Our goal is to review new septic plans as soon as possible, within 7-10 business days of receipt of the septic application packet and payment. CME reviews plans in the order that they are received, and initial submissions will get reviewed before a re-submission is re-reviewed.

When your septic application packet has been reviewed and approved, CME will email out an electronic copy of the approved plans to the applicant, GCHD, the design Engineer, and the Municipal Construction Office. The design Engineer will then provide CME with two hard copies to be signed and sealed. CME will keep one copy and mail the second hard copy to the applicant at the address provided on the application.

If the septic application packet is denied, CME will reply all to the septic application packet submission email 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. The job is not complete until this license to operate has been issued.

**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
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

- New Construction (\$350.00)
 Alteration (\$300.00) Expansion/Change of use Malfunction No Expansion/Change of use
 Repair In-Kind (Engineer required) (\$135.00)
 Revision (\$175.00) -Garbage Disposal Incorporated: YES / NO
 Permit Renewal (\$135.00) - Ejector Pump Incorporated: YES / NO Convenience use YES / NO
-Expansion Attic Incorporated: YES / NO

Property for Sale: YES / NO Settlement Date: _____ -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/Convenience Basement Bathroom
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 _____

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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.) _____ 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: 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 Structure: Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; (inches) Moist or Dry Consistence; Mottling--Abundance, Size and Contrast, If Present	Estimated Volume % Coarse Fragment, 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 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	Time, End of Test	Length of Test Interval, T, Interval, T1	Interval, T2	minutes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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 # _____

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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, 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.

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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 = $a/6 = \frac{\text{_____}}{6} = \text{_____} \text{ min/in}$

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

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

6. Value of A-parameter _____

7. Calculation of Permeability:

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

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

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

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: 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):

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

t	d (in.)	law (ft.)	A (ft)	h (in.)	A (ft)	h (ft)	K
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____
t _____	t _____	_____	_____	_____	_____	_____	_____

CONTINUED ON FOLLOWING PAGE

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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:

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

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

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

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:

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 # _____

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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 _____

l) 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

___ Convenience Waiver

___ Cross-Sections of Each System Component Including Grease Trap, Septic

___ MUA Waiver

___ Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor

___ Buoyancy Calculations

___ Drains

___ Commercial Flow Calculations

___ Pump Performance Curve

___ NJDEP Approvals

___ 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
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PAYMENT SHALL BE SUBMITTED TO GCHD

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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(in) _____ 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. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer _____ Date _____