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 $135.00 if an Engineer is required to prepare the septic permit application. The cost is $100.00 if no Engineer is required to prepare the septic permit application. Payment 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. 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.

1. Provide a completed Form I and Form 4 (enclosed)
2. Provide a sketch of the property showing the following features:
   - Property lines
   - All existing structures such as house, garage, pools etc.
   - All existing sewage disposal system components.
   - Provide the distances of existing components to the house and property lines
   - Locations of existing well or wells and distance to existing sewage disposal system components.
3. Provide manufacturer specification sheets for all proposed components
4. 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.
5. Provide all the details of the existing sewage disposal system including the following items:
   - For a seepage pit:
     - Provide the diameter and depth of the seepage pit.
     - The elevation of the inlet invert and the distance from the inlet invert to effluent
   - For a bed or trench system:
     - Provide the number of laterals, overall length and width of the bed or trenches.
     - Provide a profile showing the elevations of inverts of the septic tank and distribution box.

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

APPLICATIONS REQUIRING AN ENGINEER 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

REPAIR APPLICATIONS NOT REQUIRING AN ENGINEER ARE SUBMITTED WITH PAYMENT TO GCHD FOR REVIEW

MUNICIPALITY __________________________

Form 1-General Information

1. Type of Permit Needed
   ____ Repair (No Engineer required) ($100.00)
   ____ Revision ($175.00)
   ____ Permit Renewal ($135.00)

   - Property for Sale: YES / NO Settlement Date: __________
   - Ejector Pump Incorporated: YES / NO
   - Garbage Disposal Incorporated: YES / NO
   - Convenience use YES / NO
   - In-Law Suite Incorporated: YES / NO
   - Expansion Attic Incorporated: YES / NO

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 ______________________________________________________________________________________________________
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 ________
   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 ________ Total Percolating Area Provided ________
      Number of Pits ________

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
   ________ Convenience Waiver
   ________ MUA Waiver
   ________ Buoyancy Calculations
   ________ Commercial Flow Calculations
   ________ 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 ______________

Signature of Professional Contractor ______________________________ Date ______________