

Salem County Department of Health and Human Services

ENVIRONMENTAL DIVISION

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

Form 1—General Information

Municipality _____

1. Type of Permit Needed (Check and Fill-in applicable categories):

- a. New Construction
- b. Alteration/ No Expansion or Change in Use
- c. Alteration/Expansion or Change in Use
- d. Alteration/Malfunctioning System
- e. Repair (in-kind replacement)/ Malfunctioning system
- f. Repair (in-kind replacement) System is not malfunctioning
- g. Deviation from Standards
- h. New system installed (existing structure)

2. Location of Project:

Municipality _____ Block No. _____ Lot No. _____
Street Address Zip _____

3. Name of Applicant (print): _____

4. Applicant's Present Address: _____

5. Applicant's Phone Number: _____

6. Applicant's Email Address: _____

7. Type Of Facility:

- Residential
 - Commercial/Institutional
- Specify Type of Establishment: _____

8. Type of Wastes to be Discharged:

- Sanitary Sewage
- Industrial Wastes
- Other—Specify Type

9. If d. or e. in 1. above are checked, indicate the type of malfunction and its cause (check all that apply):

- Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
- Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
- Seepage of sanitary sewage or effluent into portions of building below ground
- Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
- Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
- Direct discharges to ground water (no zone of treatment)

Describe the cause of the malfunction: _____

10. Please expand on Question #1, above, by checking if any of the following apply):

- A privy, outhouse, latrine or pit toilet is present, a system must be installed,
- A system must be upgraded as part of a real property transfer,
- A cesspool has been identified during a real property transfer and a conforming system must be installed,
- A malfunctioning cesspool has been identified and a conforming system must be installed.

11. Other Approvals/Certification/Waivers/Exemptions (Attach to Application):

- Pinelands Commission
- Highlands Water Protection and Planning Act
- U.S. Army Corps of Engineers
- NJDEP—Bureau of Flood Plain Management
- Other—Specify:

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 _____

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- Application Denied—Reason for Denial/Citation of Rules Violated: _____
- Application Approved **PERMIT NUMBER** _____ **EXPIRATION DATE** _____
- Application Approved Subject to Approval by NJDEP

Date of Action _____ Signature of Authorized Agent _____

Name and Title _____

COUNTY/MUNICIPALITY _____

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. _____
_ Residential: No. of Dwelling Units _ Total No. of Bedrooms _
Ejector Pump YES NO Garbage Grinder YES NO Expansion Attic YES NO
_ Commercial/Institutional—Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading _____

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 ___ Second Compartment ___

Third Compartment _

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

_ X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

_ Pump Performance Curve

_ 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** _____

Form 2a—General Site Evaluation Data Block _____ Lot _____

- 1. Name of Site Evaluator (print): _____
- 2. Business Address of Site Evaluator: _____
- 3. Business Phone Number of Site Evaluator: _____
- 4. Special Site Limitations Identified (Check appropriate Categories): Flood Plains Bedrock Outcrops
 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) Existing Ground Surface
Elevation Relative to 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) _
- c) Piezometer B: Depth to Bottom _ Depth of Water Level (24 hrs) _
- 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 Other Accurate Map
- Key Map Showing Location of Site on U.S.D.A. Soil Survey Map_ Other—
Specify _____

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 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 Soil Evaluator _____ **Date** _____
Signature of Professional Engineer _____ **License #** _____
COUNTY/MUNICIPALITY _____

Site Sketch--- Structures/Street/System Components