

Form 1—General Information

Type of Permit Application and System Needed (Check applicable category and system):

Permit Application Type:

- New Construction
- New System (Existing Structure; Cesspool)
- Alteration no Expansion/Change in Use
- Alteration with Expansion/Change in Use
- Alteration of Malfunctioning System
- Repairs to Existing System
- Deviation from Standards (TWA)

Is Existing Dwelling/ Structure for Sale: Yes: _____ No: _____

Type of System:

Standard (Tank and Disposal Area) (\$260): _____ ATU (\$385): _____

Location of Project:

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

Applicant Information:

Name of Applicant (print): _____ Applicant's Present _____

Address: _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

Type Of Facility:

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

Type of Wastes to be Discharged:

Sanitary Sewage Industrial Wastes Other (Specify Type): _____
Water Supply: Municipal _____ Individua(Well): _____

Malfunctioning System: Yes _____ No _____ Engineering Required: Yes _____ No _____

***If Malfunctioning selected above, 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: _____

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.

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

- 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 Subject to Approval by NJDEP

Application Approved **PERMIT NUMBER** _____ **EXPIRATION DATE** _____

Signature of Authorized Agent _____ **Date of Action** _____

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