

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 \_\_\_\_\_ Individual(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** \_\_\_\_\_

**FOR AGENCY USE ONLY**

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**