



Atlantic County Division of Public Health
201 S. Shore Road, Northfield, NJ 08225
Phone: 609-645-5971 ext. 4371 Fax: 609-645-5923

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

Municipality: _____ **Block No.:** _____ **Lot No.:** _____

Form 1 - General Information

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:

Street Address: _____ Zip: _____

3. Name of Applicant (print): _____

4. Applicant's Present Address: _____ Zip: _____

5. Applicant's Phone Number: _____

6. Name and Address of Design Engineer: _____

7. Type Of Facility: ___ Residential ___ Commercial / Institutional ___ Other

Specify Type of Establishment: _____

FOR AGENCY USE ONLY

STAMP OF APPROVAL

___ Application Received. Date: _____

___ Application Approved. Date: _____

___ Application Denied (See attached letter). Date: _____

___ TWA Application signed off, awaiting DEP permit; Date: _____

___ Application Approved Pending NJDEP Approval. Date: _____

___ Application Approved Pending Pinelands Appr. Date: _____

Name of Authorized Agent: _____

Signature of Authorized Agent: _____

Title: _____ License #: _____



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Municipality: _____ **Block No.:** _____ **Lot No.:** _____

Form 1—General Information (Cont.)

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: _____

12. 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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Municipality: _____ **Block No.:** _____ **Lot No.:** _____

Form 2a—General Site Evaluation Data

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):

<input type="checkbox"/> Flood Plains	<input type="checkbox"/> Bedrock Outcrops	<input type="checkbox"/> Wetlands
<input type="checkbox"/> Excessively Stony	<input type="checkbox"/> Disturbed Ground	<input type="checkbox"/> Sink Holes
<input type="checkbox"/> Sand Dunes	<input type="checkbox"/> Steep Slopes	
<input type="checkbox"/> 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):

<input type="checkbox"/> Filled Area	<input type="checkbox"/> Excavated Area	<input type="checkbox"/> Re-graded Area
<input type="checkbox"/> Subsurface Drains <input type="checkbox"/> Other – Specify _____		
 - b) Existing Ground Surface
Elevation Relative to Ground Surface _____
Method of Identification _____
 - c) Suitability of Disturbed Ground

<input type="checkbox"/> Unsuitable: Objects Subject to Disintegration or Change in Volume
<input type="checkbox"/> Excessively Coarse
<input type="checkbox"/> Proctor Test performed - % Standard Proctor Density = _____
7. Hydraulic Head Test:
 - a) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
 - b) Pyrometer A: Depth to Bottom _____ Depth of Water Level (24 hrs) _____
 - c) Pyrometer B: Depth to Bottom _____ Depth of Water Level (24 hrs) _____
 - d) Witnessed by: _____ Signature: _____ Date: _____
8. Attachments (Check items included):

<input type="checkbox"/> Site Plan
<input type="checkbox"/> Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map
<input type="checkbox"/> Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
<input type="checkbox"/> 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 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 #: _____



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Municipality: _____ **Block No.:** _____ **Lot No.:** _____

Form 2b—Soil Log and Interpretation

1. Log Number: _____

Method (Check One): _____ Profile Pit _____ Soil Boring

2. Soil Log (see attached)

Depth (inches)

Top-Bottom

Munsell Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse
 Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and
 Contrast, 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 Soil Evaluator: _____ Date: _____

Signature of Professional Engineer: _____ License #: _____



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Form 3a. Soil Permeability Data

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

1. Summary of Data - Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*

* For tube permeameter, pit-bailing and piezometer tests report results in inches per hour. For Soil permeability class rating give soil permeability class number. For percolation test report result in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filing, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number _____
 ____ Average of Test Replicates
 ____ Single Replicate
 ____ Slowest of Replicates

Type of Limiting Zone Identified	Test Number

3. Attachments (Check items included):
 ____ Form 3b - Tube Permeameter Test Data - Number of Sheets _____
 ____ Form 3c - Soil Permeability Class Rating Test Data - Number of Sheets _____
 ____ Form 3d - Percolation Test Data - Number of Sheets _____
 ____ Form 3e - Pit-Bailing Test Data - Number of Sheets _____
 ____ Form 3f - Piezometer Test Data - Number of Sheets _____
 ____ Form 3g - Basin Flooding Test Data - Number of Sheets _____

4. I hereby certify that the information furnished on **Form 3a** 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 #: _____



**APPLICATION FOR PERMIT TO CONSTRUCT / ALTER / REPAIR AN
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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 ($L \times 2.54\text{cm./inch} \times 3.14R^2$), 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_1 _____
At the End of Each Test Interval, H_2 _____
8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, t_1	Time, End of Test, Interval t_2	Length of Test Interval, t, minutes

9. Calculation of Permeability:
 $K, (\text{in/hr}) = 60 \text{ min/hr} \times r^2/R^2 \times L(\text{in})/t(\text{min}) \times \ln(H_1/H_2)$
= 60 min/hr x _____ / _____ x _____ / _____
x ln (_____ / _____) = _____

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 Soil 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, Rc _____
6. Hydrometer calibration temperature (°F) _____
7. Hydrometer Reading—40 seconds, grams, R1 _____
Temperature of Suspension, °F _____
8. Corrected Hydrometer Reading, grams, R1' _____
9. Hydrometer Reading—2 hours, grams, R2 _____
Temperature of Suspension, °F _____
10. Corrected Hydrometer Reading, grams, R2' _____
11. % sand = (Wt. - R1') / Wt. x 100 = (_____ x _____) / _____ x 100 = _____
12. % clay = R2' / Wt. x 100 = _____ / _____ x 100 = _____
13. Sieve Analysis:
a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.045 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) _____
14. Soil Morphology (Natural Soil Samples Only):
Structure of Soil Horizon Tested _____
Consistence of Soil Horizon Tested: Dry _____ Moist _____
15. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) _____

16. 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.

Signature of Soil Evaluator: _____ Date: _____

Signature of Professional Engineer: _____ License #: _____



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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

3. 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 = $a / 6 =$ _____ / 6 = _____ 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 Soil Evaluator: _____ Date: _____

Signature of Professional Engineer: _____ License #: _____



**APPLICATION FOR PERMIT TO CONSTRUCT / ALTER / REPAIR AN
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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 Interval inches, d ₁	Time at Start of Interval	Water Depth, End of Interval inches, d ₁	Time at End of Interval	Length of Interval, min, t

5. Depth to Water Level After 24 Hour Stabilization Period, D_{static} in. _____
6. Value of A-parameter _____

7. Calculation of Permeability:

$$K, \text{ in/hr} = [(3.14R^2) / (A \times t)] \times [\ln(d_1 - D_{\text{stat}} / d_2 - D_{\text{stat}})] \times 60 \text{ min / hr} =$$

$$[(3.14 \text{ ______}) / (\text{______} \times \text{______})] \times [\ln(\text{______} - \text{______} / \text{______} - \text{______})] \times 60 \text{ min/hr} = \text{______}$$

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 Soil 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:
 - a. Depth to Bottom of Pit, ft, D_{pit} _____
 - b. Depth to Water Level after 2 hr. Stabilization Period, ft, D_{water} _____
 - c. Depth to Impermeable Stratum, ft, $D_{stratum}$ _____ (If depth is unknown assume it to be 1.5 times the depth of the pit.)
 - d. Height of Water Level Above Impermeable Stratum, ft, H _____ ($H = D_{stratum} - D_{water}$)
 - e. Length of Time Interval, T , in minutes _____

3. At the interval chosen, record the following data in the table below:
 - a. Time of Measurement, t_n , minutes
 - b. Depth of Water Level Below Reference Level, d_n , inches
 - c. Water Surface Dimensions, ft: l, w

4. Calculate the following values and enter in the table below:
 - a. Water Surface Area, ft^2 , A_n
 - b. Water level Risen h_{rise} (Subtract current value of d_n from previous value)
 - c. Ave. Water Surface Area, ft^2 , A_{av} (Take average of A_n and previous A_n)
 - d. Ave. Height of Water Level Above Impermeable Stratum, ft, h (Take ave. of d_n and previous value of d_n , convert to ft., and subtract from $D_{stratum}$)
 - e. Permeability, in/hr, K_a (Calculate using formula):

$$K_a = [h_{rise} / T] \times [A_{av} / 2.27 (H^2 - h^2)] \times 60 \text{ min} / \text{hr}$$

t_n	d_n (in.)	l, w (ft2)	$A_n, (ft2)$	h_{rise} (in)	A_{ay} (ft2)	H (ft)	K_a
t_0				XXXX	XXXX	XXXX	XXXX
T_1							
T_2							
T_3							
T_4							
T_0				XXXX	XXXX	XXXX	XXXX
T_1							
T_2							
T_3							
T_4							
T_0				XXXX	XXXX	XXXX	XXXX
T_1							
T_2							
T_3							
T_4							



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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, ft² _____
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:
____ Rippable with Hand Tools
____ Not Rippable with Hand Tools, Rippable by Machine
____ Not Rippable 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 Soil Evaluator: _____ Date: _____

Signature of Professional Engineer: _____ License #: _____



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Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. _____
 ____ Residential: No. of Dwelling Units _____ Total No. of Bedrooms _____
 ____ 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 ____ Resale Evaluation _____
 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: Diameter _____ 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
 - ____ Dry Well(s)
 - ____ Non-Residential Form
 - ____ TWA Permit
 - ____ 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: _____ License #: _____



**APPLICATION FOR PERMIT TO CONSTRUCT / ALTER / REPAIR AN
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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 _____ Diameter, ins _____
Total Lateral Volume (V_l) gals. _____ Hole Diameter, ins. _____
Hole Spacing, ins _____ Number of Laterals, n _____

2. Lateral Discharge Rate:

Design Pressure Head at Distal End of Laterals, (H_p), ft _____
Hole Discharge Rate, gpm _____
Number of Holes per Lateral, n _____ Lateral Discharge Rate, ($Q \times n$) gpm _____

3. Manifold Length, ft _____ Manifold Diameter, ins _____ Total Manifold Volume (V_m) _____

4. System Discharge Rate, gpm _____

5. Dose Volume:

Design Volume of Sewage, (Q), gal/day _____
Design Permeability, in/hr _____ or Percolation Rate, min/in _____
Internal Volume of Distribution Network (V), ($V_p + V_m + V_l$) _____

Dose Volume (V_d) _____

6a. Pump Selection:

Length of Delivery Pipe _____, Diameter of Delivery Pipe _____
Friction Loss in Delivery Pipe, (H_f), ft _____
Elevation of Dosing Tank Low Water Level _____
Elevation of Lateral Invert _____
Elevation Head, (H_e), ft _____
Total Operating Head, (H_t), ($H_p + H_f + H_e$), ft _____
Pump Model _____ Rated Horsepower _____
Pump Discharge Rate at Total Operating Head, gpm _____

6b. Siphon Elevation:

Diameter of Delivery Pipe _____ Length of Delivery Pipe _____
Friction Loss in Delivery Pipe, (H_f), ft _____
Velocity Head, H_v , ft _____
Total Operating Head, (H_t) ($H_p + H_f + H_v$), ft _____
Elevation of Lateral Invert _____ Elevation of Siphon Invert _____

7. I hereby certify that the information furnished on **Form 5** 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: _____ License #: _____



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Form 6. Design of Gravity Dosing System

1. Dose Volume:

Design Volume of Sewage, gal/day _____

Design Permeability, in/hr _____ or Percolation Rate, min/in _____

Internal Volume of Distribution Network _____ Dose Volume _____

2. Pump Selection:

Diameter of delivery pipe _____ Length of delivery pipe _____

Friction loss in delivery pipe, H_f, ft _____

Elevation of Dosing Tank Low Water Level _____

Invert elevation of D-box, ft _____

Elevation Head, H_e, ft _____

Total Operation Head, H_t (H_f + H_c), ft _____

Pump Model _____ Rated Hp _____

3. Pump discharge after 15 minutes _____

4. Total Volume(V): 25 Q _____ 75 V _____

5. Drainback _____ Pump displacement _____ Dose volume _____ Total pump volume _____

6. I hereby certify that the information furnished on **Form 6** 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: _____ License #: _____



Atlantic County Division of Public Health
201 S. Shore Road, Northfield, NJ 08225
Phone: 609-645-5971 ext. 4371 Fax: 609-645-5923

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

Form 7. Repair, Alteration, Malfunction or Change of Use Certification Questionnaire

1. Have any additional bedrooms been added to the structure since last septic system approval? _____
2. Are sump pump(s) and / or roof gutter drains directed away from the disposal field? _____
3. Is there a garbage grinder installed? _____ If so, was system designed for one? _____
4. Does laundry waste discharge into the system in question? _____
5. Is current estimated volume of laundry wastewater generated within the volume expected for the number of bedrooms or use of structure? _____
6. Any there any dry well(s) located on property: _____ If so, where are they located? _____
7. Are there any root invading trees with in area of system? _____
8. Are all existing portions of the system intended to remain in use still in good repair and will function as intended when new components are installed? _____
9. Are there any wetlands indicators (soil, vegetation) or water drainage systems (retention basins, drainage ditches, ponding water areas, etc) onsite? _____
10. Is there a required Zone of Treatment within the area of the existing disposal system?: _____
11. Are there any obvious plumbing leaks?: _____
12. Is there a well water treatment system in place? _____
If so, what type of system(s) are in place? _____
Is backwash directed into septic system? _____
If so what is the backwash cycle (day / time)? _____
13. Are there any other sewage disposal locations on property? _____
14. Are all known well(s) located on property and adjacent properties?: _____
15. Are there any types of grinder pumps attached to any portion of disposal system?: _____
16. Does current grading cause surface water to accumulate on or around the system? _____
17. Is the disposal field free of encroachments like driveways, swimming pools, fences, etc.? _____

Name of Professional Engineer: _____ Date: _____

Signature of Professional Engineer: _____ License #: _____