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 #: _____

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 INDIVIDUALSUBSURFACE SEWAGE DISPOSAL SYSTEM

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: _____

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 INDIVIDUALSUBSURFACE SEWAGE DISPOSAL SYSTEM

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):
   _____ 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) 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):
   ____ 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: _____
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 #: _____

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 2b—Soil Log and Interpretation

1. Log Number: _____

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

2. Soil Log (see attached)
   Depth (inches)
   Top-Bottom
   Munsel 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 #: _____

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 INDIVIDUALSUBSURFACE SEWAGE DISPOSAL SYSTEM

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 #: _____

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 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 x 2.54cm./inch x $3.14R^2$), 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, (in/hr) = 60 min/hr x r^2/R^2 x L(in)/t(min) x In (H_1/H_2)
   = 60 min/hr x _____ / _____ x _____ / _____
   x in (_____ / _____) = _____

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 #: _____

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 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 #: _____

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 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 #: _____

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 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, in/hr = [$(3.14R^2)$ / (A x t)] x [In(d_1-D_{stat} / d_2-D_{stat})] x 60 min / hr =
   [(3.14 ____) / (____ x ____)] x [In(____ - ____ / ____ - ____)] x 60 min/hr = _____

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 #: _____

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 INDIVIDUALSUBSURFACE SEWAGE DISPOSAL SYSTEM

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

t_n	d_n (in.)	l, w (ft_2)	A_n,(ft_2)	h_{rise} (in)	A_{ay} (ft_2)	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							

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 3f. Pit-Bailing Test Data (Con't)

5. Record the Following Data:
   a. Final Depth of Pit, D_{pit}, ft _____
   b. Depth to Impermeable Stratum, ft, $D_{stratum}$ _____ (If no impermeable stratum is encountered assume $D_{stratum} = D_{pit}$)
   c. Height of Standpipe Above Reference Level, ft, h_{pipe} _____
   d. Depth to Water Level after 24 hr. Stabilization Period, ft, D_{water} _____ (Take measurement from top of standpipe. Subtract h_{pipe})
   e. Height of Static Water Level Above Impermeable Stratum, ft, H _____ ($H = D_{stratum} - D_{water}$)
   f. Average Height of Water Level Above Impermeable Stratum, ft, h _____ (Take average of d_n from beginning and end of last time interval recorded in section 4, convert this to ft., subtract from $D_{stratum}$)

6. Re-calculation of K using data from section 5 above and from final time interval of section 4:
   $K = [h_{rise} / t] \times [A_{av} / 2.27 (H^2 - h^2)] \times 60 \text{ min / hr} =$

   [____ / ____] x [____ / 2.27 (____ - ____)] x 60 min / hr = _____

7. I hereby certify that the information furnished on **Form 3f** 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 #: _____

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 INDIVIDUALSUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3g. Basin Flooding Test Data

1. Test Number _____ Reference Soil Log _____ Date Tested _____

2. Depth of Pit, ft _____

3. Area of Pit, ft^2 _____

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 #: _____

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 INDIVIDUALSUBSURFACE SEWAGE DISPOSAL SYSTEM

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 #: _____

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 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, (Hp), ft _____
   Hole Discharge Rate, gpm _____
   Number of Holes per Lateral, n _____ Lateral Discharge Rate, (Q x 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, (He), 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, Hv, 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 #: _____

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 INDIVIDUALSUBSURFACE SEWAGE DISPOSAL SYSTEM

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, Hf, ft _____

   Elevation of Dosing Tank Low Water Level _____

   Invert elevation of D-box, ft _____

   Elevation Head, He, ft _____

   Total Operation Head, Ht (Hf + Hc), 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 Questionaire

1. Have any addional 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 #: _____