



Jersey Shore Regional Health Commission

628 Shrewsbury Avenue

Tinton Falls, NJ 07701

PHONE:(732) 493-9520 • FAX (732) 493-9521



PERMIT APPLICATION: Construct/Alter/Repair an Individual Subsurface Sewage Disposal System

CONTACT DETAILS

Property Owner

Owner's Name: _____
Last, First, M.I.

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Septic System Designer, Engineer

Person's Name: _____
Last, First, M.I.

Business Name: _____ License #: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Installer Contractor Septic Hauler

Person's Name: _____
Last, First, M.I.

Business Name: _____ License #: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Soil Analyst

Person's Name: _____
Last, First, M.I.

Business Name: _____ License #: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Fees	Office Use Only
• Soil Log (2 Holes) _____ \$160.00	Plans Received on ___ / ___ / ___
• Additional Hole _____ \$40.00 per hole	<input type="checkbox"/> Approved <input type="checkbox"/> Denied, on ___ / ___ / ___
• Plan Review _____ \$295.00 (New Construction, Alteration or Repair Requiring Licensed P.E.)	Inspection/Witness Name: _____
• Inspection Fee _____ \$370.00 (New Construction, Alteration or Repair Requiring Licensed P.E.)	Observations, Date, Time: _____
• Repairs not requiring P.E. _____ \$195.00	FINAL APPROVAL on ___ / ___ / ___
• Abandonment Witness _____ \$160.00	Signature: _____

Note: The applicant is responsible for obtaining all other required federal, state or local approvals prior to commencement of work under this approval, including but not limited to NJDEP Permits to conduct activities in freshwater wetlands, wetland transition areas or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the system and or the assessment of significant civil penalties.

The details of pages 2-14 come from **NJAC 7:9A - Appendix B**, which is a required to be filled out and submitted to the local Health authority NJAC 7:9A. Failure to provide the appropriate documentation, along with indicated fees above may results in delay of construction and/or denial of application with no refund of fees.



FORM 1 – GENERAL INFORMATION

County: _____ **Municipality:** _____ **Block:** _____ **Lot:** _____

1. Type of Permit (check applicable Categories):
 New Construction New System installed (existing structure) Deviation from Standards
 Repair (in-kind replacement) Malfunctioning System Repair (in-kind replacement) System not malfunctioning
 Alteration/ NO Expansion or use Change Alteration/Expansion or use Change Alteration/Malfunctioning System

2. Location of Project: _____ **Block No.:** _____ **Lot NO.:** _____
Municipality: _____ **Street Address:** _____ **Zip Code:** _____
NJ State Plane Feet Coordinates: (optional) **X-Coord.:** _____ **Y-Coord.:** _____

3. Name of Applicant: _____

4. Applicant Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

5. Applicant Phone Number: _____ **Email:** _____

6. Type of Facility: Residential, Commercial/Industrial
Specify type of establishment: _____

7. Type of Waste to be discharged: Sanitary sewage, Industrial Wastes
 Other (Specify): _____

8. If a Malfunction was indicated in 1. above, please describe the type and 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 a building below ground
 Back-up of sanitary sewage into the building served, which is not caused by a 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 groundwater (no zone of treatment)
Describe the cause of the malfunction: _____

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

10. Other approvals/certifications/waivers/exemptions (attach to application):
 Pinelands Commission, U.S Army Corps of Engineers, NJDEP-Bureau of Flood Plain Management
 Other (Specify): _____

11. I hereby certify that the information furnished on Form 1 of this application (and the attachments thereto) 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: _____
Date of Action ___ / ___ / ___ Application Approved Application Approved Subject to Approval by NJDEP
Authorized Agent: Signature _____ **Printed Name and Title** _____



FORM 2A – GENERAL SITE EVALUATION DATA

County: _____ Municipality: _____ Block: _____ Lot: _____

1. Name of Site Evaluator: _____

2. Business Address of Site Evaluator: _____

3. Business Phone Number of Site Evaluator _____

4. Special site limitation 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"/> Steep Slopes
<input type="checkbox"/> Sand Dunes	<input type="checkbox"/> Sink Holes	
<input type="checkbox"/> Other (specify) _____		

5. Spil logs - Enter on Form 2B – Use one (1)sheet for each Soil Log

6. Considerations related 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. Pre-existing Natural Ground Surface

Elevation Relative to the Existing 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 Course	<input type="checkbox"/> Proctor test performed _____ % Standard Proctor Density = _____

7. Hydraulic Head Test:

a. Hydraulic Restrictive Horizon: Depth top to Bottom _____

b. Piezometer A: Depth to water level _____ Depth of level (24hrs.) _____

c. Piezometer B: Depth to water level _____ Depth of level (24hrs.) _____

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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____

Printed name of Site Evaluator _____ Date ____/____/____

Signature of Professional Engineer _____ License # _____

Printed name of Professional Engineer _____ Date ____/____/____



FORM 2B – SOIL LOG AND INTERPRETATION

County: _____ **Municipality:** _____ **Block:** _____ **Lot:** _____

1. Log Number: _____ **Method (check one):** Profile Pit, Boring

2. Soil Log:
Depth: _____ Inches
Top-Bottom: _____

[Include: Munsel Color Name, and Symbol; Estimated Textural Class; Estimated Volume Percent (%) Coarse Fragment, if present; Structure; Moist or Dry Consistent; Mottling – Abundance, Size, and Contrast, if present]

3. Ground Water Observation:
Seepage, Indicate depth: _____ Inches
Pit/Boring Flooded: Yes No Depth _____ Inches after _____ hours

4. Soil Limiting Zones (check appropriate categories):
 Fractured Rock Substratum – Depth to Top: _____ Inches
 Massive Rock Substratum – Depth to Top: _____ Inches
 Excessively Coarse Horizon – Depth Top to Bottom: _____ Inches
 Excessively Coarse Substratum – Depth Top: _____ Inches
 Hydraulically Restrictive Horizon – Depth Top to Bottom: _____ Inches
 Hydraulically Restrictive Substratum – Depth Top: _____ Inches
 Perched Zone of Saturation – Depth Top to Bottom: _____ Inches
 Regional Zone of Saturation – Depth to Top: _____ Inches

5. Soil Suitability Classification:

6. I hereby certify that the information furnished on Form 2B 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____

Printed name of Site Evaluator _____ Date ____ / ____ / ____

Signature of Professional Engineer _____ License # _____

Printed name of Professional Engineer _____ Date ____ / ____ / ____



FORM 3A – SOIL PERMEABILITY DATA

County: _____ Municipality: _____ Block: _____ Lot: _____

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.

Table with 5 columns: Type of Test, Test (Number), Replicate (Letter), Depth (Inches), Result*

* For Tube Permeameter, Pit-bailing, and Piezometer Test 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 the second filing, otherwise indicate as negative.

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

3. Identification and Classification

Table with 2 columns: Type of Limiting Zone Identified, Test Number

4. Attachments (Check items included):

- Form 3B – Tube Permeameter Test Data
Form 3C – Soil Permeability Class Rating Test Data
Form 3D – Percolation Test Data
Form 3E – Pit-Bailing Test Data
Form 3F – Piezometer Test Data
Form 3G – Basine Flood Test Data

5. 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator
Printed name of Site Evaluator
Date
Signature of Professional Engineer
License #
Printed name of Professional Engineer
Date



FORM 3B – TUBE PERMEAMETER TEST DATA

County: _____ Municipality: _____ Block: _____ Lot: _____

1. Test Number _____ Replicate (Letter) _____ Date Collected ____ / ____ / ____

2. Material Tested: Fill Tested 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 (Weight of Tube Containing Sample - Weight of Empty Tube), _____ grams
Sample Volume (L x 2.54cm / inch x 3.14R^2), _____ cc
Bulk Density (Sample Wight / Sample Volume), _____ grams/cc

6. Standpipe Used: No Yes – Indicate Internal Radius, _____ cm

7. Height of Water Level Above Rime of Test Basin, in inches:
At the Beginning of Each Test Interval, H1 _____ At the End of Each Test Interval, H2 _____

8. Rate of Water Level Drop (Add additional lines if needed)
Table with 3 columns: Time, Start of Test Interval, t1; Time, End of Test Interval, t2; 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 ln (H1 / H2)
= 60 min / hr x ____ / ____ x ____ / ____ x ln (____ / ____)

10. Defects in Sample (Check appropriate items)
 None Cracks Worm Channels
 Root Channels Soil/Tube Contract Dry Soil
 Large Gravel Smearing Compaction
 Large Roots Other (Specify): _____

11. I hereby certify that the information furnished on Form 3B 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 prescribed in N.J.A.C. 7:14-8.
Signature of Site Evaluator _____
Printed name of Site Evaluator _____ Date ____ / ____ / ____
Signature of Professional Engineer _____ License # _____
Printed name of Professional Engineer _____ Date ____ / ____ / ____



FORM 3C – SOIL PERMEABILITY CLASS RATING DATA

County: _____ **Municipality:** _____ **Block:** _____ **Lot:** _____

1. Test Number: _____ **Replicate (Letter)** _____

2. Sample Depth: _____ **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 100 = _____ % sand

12. % clay = R2' / Wt. x 100 = _____ / _____ x 100 = _____ % clay

13. Sieve Analysis:
a. Oven dry Wt. (2hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 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: _____
Consistency of Soil Horizon Tested: Dry: _____ Moist: _____

15. Soil Permeability class rating (Based upon average textural analysis of this Replicate and other Replicate Samples):
K Value = _____

16. I hereby certify that the information furnished on Form 3C 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____
Printed name of Site Evaluator _____ Date ____ / ____ / ____
Signature of Professional Engineer _____ License # _____
Printed name of Professional Engineer _____ Date ____ / ____ / ____



FORM 3D – PERCOLATION TEST DATA

County: _____ **Municipality:** _____ **Block:** _____ **Lot:** _____

1. Test Number: _____ **Replicate (Letter)** _____ **Date Collected** ___ / ___ / ___

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 Results:

Test Hole drained within 16 – 24 hours after Pre-Soak

Test Hole did not drain within 24 hours after Pre-Soak

4. Rate of Fall Data:

a. Time Interval Selected, Minutes _____

b. Record 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 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 (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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____

Printed name of Site Evaluator _____ Date ___ / ___ / ___

Signature of Professional Engineer _____ License # _____

Printed name of Professional Engineer _____ Date ___ / ___ / ___



FORM 3E – PIEZOMETER TEST DATA

County: _____ Municipality: _____ Block: _____ Lot: _____

1. Test Number: _____ Replicate (Letter) _____ Date Collected ____ / ____ / ____

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 ₂	Time at End of Interval	Length of Interval, min, t

5. Depth of Water Level after 24-Hour Stabilization Period, D_{static} in.: _____

6. Value of A-parameter _____

7. Calculation of Permeability:

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

$[(3.14 _2)/(_ \times _)] \times [\ln(_ - _ / _ - _)] \times 60 \text{ min/hr} = _$

8. I hereby certify that the information furnished on Form 3E 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____

Printed name of Site Evaluator _____ Date ____ / ____ / ____

Signature of Professional Engineer _____ License # _____

Printed name of Professional Engineer _____ Date ____ / ____ / ____



FORM 3F – PIT-BALLING TEST DATA

part 1 of 2

County: _____ Municipality: _____ Block: _____ Lot: _____

1. Test Number: _____ Replicate (Letter) _____ Date Collected ____ / ____ / ____

2. Using the reference level established, measure and record the following:

- a. Depth to Bottom of Pit D_{pit} _____
- b. Depth to Water Level after 2hr. 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 found below "4":

- 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 Rise h_{rise} (Subtract the current value of d_n from the previous value)
- c. Average water surface area, ft^2 , A_{av} (take the average of A_n and previous A_n)
- d. Average height of water level above impermeable stratum, ft, h
(take average of d_n and the previous value of d_n , convert to ft., and subtract from $D_{stratum}$)
- e. Permeability, in/hr, K_a (Calculate using formula): $K_a = [h_{rise}/T] \times [A_{av} / 2.27 (H_2 - h_2)] \times 60 \text{ min/hr}$

t_n	d_n (in.)	l, w (ft ²)	A_n (ft ²)	H_{rise} (in.)	A_{av} (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							



**FORM 3F – PIT-BALLING TEST
DATA**

part 2 of 2

County: _____ Municipality: _____ Block: _____ Lot: _____

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 24hr. 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 $D_{stratum}$)

6. Re-calculation of K using data from section 5 above and from final time interval of 4:

$$K = [h_{rise} / t] \times [A_{av} / 2.27(H_2 - h_2)] \times 60 \text{ min/hr} = [_ / _] \times [_ / 2.27 (_ - _)] \times 60 \text{ min/hr} = _$$

7. I hereby certify that the information furnished on Form 3F 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____

Printed name of Site Evaluator _____ Date ____ / ____ / ____

Signature of Professional Engineer _____ License # _____

Printed name of Professional Engineer _____ Date ____ / ____ / ____



FORM 3G – BASIN FLOODING TEST DATA

County: _____ **Municipality:** _____ **Block:** _____ **Lot:** _____

1. Test Number: _____ **Replicate (Letter)** _____ **Date Collected** ___ / ___ / ___

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 Pit Bottom) 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. Results of First Basin Flooding: _____

- Basin Drained within 24hr. – Indicated Time _____
- Basin Not Drained within 24hr.

7. Time of Second Basin Flooding: _____ **Volume of Water Added, Gal.:** _____

8. Results of Second Basin Flooding: _____

- Basin Drained within 24hr. – Indicated Time _____
- Basin Not Drained within 24hr.

9. I hereby certify that the information furnished on Form 3G 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____

Printed name of Site Evaluator _____ Date ___ / ___ / ___

Signature of Professional Engineer _____ License # _____

Printed name of Professional Engineer _____ Date ___ / ___ / ___



FORM 4 – GENERAL DESIGN DATA

County: _____ **Municipality:** _____ **Block:** _____ **Lot:** _____

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
- 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, gals.: _____
Second Compartment, gals.: _____ Third Compartment, gals.: _____
- c. Effluent Distribution – Method: Gravity Flow Gravity Dosing Pressure Dosing
Dosing Device: Pump Siphon
- d. Dosing Tank Capacities, gals: Total Capacity _____ Does Volume _____ Reserve Capacity _____
- e. Laterals: Total 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 _____
- 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 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____

Printed name of Site Evaluator _____ Date ____ / ____ / ____

Signature of Professional Engineer _____ License # _____

Printed name of Professional Engineer _____ Date ____ / ____ / ____



FORM 5 – DESIGN OF PRESSURE DOSING SYSTEM

County: _____ Municipality: _____ Block: _____ Lot: _____

1. Configuration of Distribution Network: Type of Manifold: End Central
 Distribution Laterals: Number: _____ Length, ft.: _____ Spacing, ft.: _____
 Hole Diameter, ins.: _____ Hole Spacing, ins.: _____ Diameter of Laterals, ins.: _____

2. Lateral Discharge Rate: Design Pressure Head at Supply End of Laterals, Hp, ft.: _____
 Hole Discharge Rate, Q, gpm: _____ Number of Holes per Lateral, n: _____
 Lateral Discharge Rate, (Q x n) gpm: _____

3. Manifold Length, ft.: _____ Manifold Diameter, ins.: _____

4. System Discharge Rate, gpm: _____

5. Does Volume: Design Volume of Sewage, gal/day: _____
 Design Permeability, in/hr _____ or Percolation Rate, min/in _____
 Internal Volume of Distribution Network _____ Does Volume _____

6a. Pump Selection:
 Diameter of Delivery Pipe: _____ Length of Delivery Pipe: _____
 Friction Loss in Delivery Pipe, Hf, ft.: _____
 Elevation of Dosing Tank Low Water Level: _____
 Elevation of Lateral Invert: _____
 Total Operating Head, Ht (Hp +Hf +He), ft.: _____
 Pump Model: _____ Rated Horse Power: _____
 Pump Discharge Rat at Total Operating Head, gpm: _____

6b. Siphon Elevation:
 Diameter of Delivery Pipe: _____ Length of Delivery Pipe: _____
 Friction Loss in Delivery Pipe, Hf, ft.: _____
 Velocity Head, Hv, ft.: _____
 Total Operating Head, Ht (Hp + Hf + Hv), ft.: _____
 Elevation of Lateral Invert: _____
 Elevation of Siphon Invert: _____

7. I hereby certify that the information furnished on Form 5 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 prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____
 Printed name of Site Evaluator _____ Date ____ / ____ / ____

Signature of Professional Engineer _____ License # _____
 Printed name of Professional Engineer _____ Date ____ / ____ / ____