

Permit No. _____

City of Vineland Health Department

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www.vldhealth.org

Application for a Permit to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System

Form 1 – General Information

Type of Permit Needed (Check Applicable Category):

- ☐ New Construction
- ☐ New System (Existing Structure)
- ☐ Repair – *Malfunctioning System (In-Kind Replacement)
- ☐ Repair – No Malfunction (In-Kind Replacement)
- ☐ Alteration – No Expansion or Change in Use
- ☐ Alteration – Expansion or Change in Use
- ☐ Alteration – *Malfunctioning System
- ☐ Deviation from Standards
- ☐ System Abandonment

Location of Project:

Address _____ Block _____ Lot _____

Name of Applicant (Print): _____ Ph. _____

Applicant's Address: _____

Type of Facility:

Residential _____

Commercial / Institutional _____ Specify _____

Type of Waste: Sanitary Sewage Only

***Indicate the type of malfunction and its cause (check all that apply):**

- ☐ 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)
- ☐ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent

Describe the cause of the malfunction: _____

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Form 4 – General Design Data

Street Address _____ Block _____ Lot _____

1. Volume of Sanitary Sewage, gals/day _____

___ Residential: _____ No. of Dwelling Units _____ Total Number of Bedrooms _____

(Circle one) Ejector Pump: Yes / No Garbage Grinder: Yes / No Expansion Attic: Yes / No

___ Commercial / Institutional – Indicate Type of Establishment and Show Method of Calculation.

2. Alterations or Repairs

a) Reason for Alteration or Repair (check appropriate categories)

___ Expansion or Change in Use

___ Upgrade Existing Facility

___ Correct Malfunctioning System

___ Other – Specify: _____

b) Describe Nature of Alteration or Repair: _____

3. System Components

a) Grease Trap Capacity (gals) _____ Show Calculations 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 Capacity (gals): Total Gals _____ 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): _____

Bed: Length _____ Width _____ Area _____

Trenches: Width _____ Total Length _____

i) Seepage Pits: Design Perc Rate _____ Number of Pits _____ Total Perc Area Provided _____

4. Attachments (check items included)

___ General Plan of System Showing Location of All System Components

___ Cross Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

___ Pump Performance Curve

___ Soil Survey Map of Area

___ General Area Location Map

___ 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-8.

(Circle one)

Signature of NJ Licensed Professional Engineer (seal required) / Applicant / Septic Contractor

Date _____

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Please ✓ 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/Certifications/Waivers/Exemptions required for this project (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 _____

I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ Date _____

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- ☐ Application Denied – Reason(s) for Denial / Citation of Rules attached
- ☐ Application Approved Subject to Approval by NJDEP

☐ Application Approved **Expiration Date:** _____

Signature of Authorized Agent _____ Date _____

Name and Title: _____