CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.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: _____
_____
_____

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

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

Page 2

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 _____

FOR AGENCY USE ONLY

___ 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: _____

CITY OF VINELAND
HEALTH DEPARTMENT

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

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

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_____
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 #_____

CITY OF VINELAND
HEALTH DEPARTMENT

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

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

Form 2b – Soil Log and Interpretation Block_____ Lot_____

1. Log Number_____ Method (Check One):☐Profile Pit ☐Boring
2. Soil Log
   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 Site Evaluator_____ Date_____

Signature of Professional Engineer_____ License #_____

CITY OF VINELAND
HEALTH DEPARTMENT

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

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

Form 3a. Soil Permeability Data 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.

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 filling, 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 #_____

CITY OF VINELAND
HEALTH DEPARTMENT

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

Application for a 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 Site Evaluator_____ Date_____

Signature of Professional Engineer_____ License #_____

CITY OF VINELAND
HEALTH DEPARTMENT

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

Application for a 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. % of 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 = _____
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 0.047mm Sieve), grams_____
    b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25mm 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 Site Evaluator_____ Date_____

Signature of Professional Engineer_____ License #_____

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

Application for a 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
4. 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 Site Evaluator_____ Date_____

Signature of Professional Engineer_____ License #_____

CITY OF VINELAND
HEALTH DEPARTMENT

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

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

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** _____

CITY OF VINELAND
HEALTH DEPARTMENT

CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

Application for a 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_____ 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. Dose Volume:
   Design Volume of Sewage, gal/day_____
   Design Permeability, in/hr_____ or Percolation Rate, min/in_____
   Internal Volume of Distribution Network_____
   Dose 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_____
   Elevation Head, He, ft_____
   Total Operating Head, Ht (Hp + Hf + He), 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, 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 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_____