

\$15.00 fee - East Greenwich Twp.

An application for permit to construct/alter/repair an individual subsurface sewage disposal system can be obtained from the

Gloucester County Department of Health  
204 E. Holly Avenue  
Sewell, NJ 08080

856-218-4180

Septic designs are first approved by James Sabetta, the East Greenwich Health Officer. We need two copies of the design.

After approval you will be called that the design is approved and you can pick this up from us and take the paperwork to the Gloucester County Board of Health.

East Greenwich Construction Department



**FREEHOLDER DIRECTOR**  
Robert M. Damminger

**FREEHOLDER LIASON**  
Jim Jefferson

## Submission Requirements for Sewage Disposal System Repairs

Repairs to existing septic systems must be submitted to this Department for review and approval. Repairs are limited to replacement or repair to existing system components. The person who will be performing the work is required to submit the permit. The permit must be signed by the homeowner. The permit must be approved prior to the start of any repair. The cost of the permit is \$100.00 and is payable to the "County of Gloucester" by check or money order. Please submit 5 completed copies of the application for processing and review.

- Provide a completed Form I and Form 4 (enclosed)
- Provide a sketch of the property showing the following features:
  1. Property lines
  2. All existing structures such as house, garage, pools etc.
  3. All existing sewage disposal system components. Provide distance of existing components to the house and property lines.
  4. Existing well or wells and distance to existing sewage disposal system components.
- Provide a survey of the property from the owner even if it is from the purchase of the property. If no survey can be found this office may consider waiver of this requirement.
- Provide a written explanation of the work that will be performed including what will be done with the existing sewage disposal system components. Include the number of bedrooms and if the system is a single-family dwelling or a duplex. Provide contact information for the homeowner and the installer including name, phone numbers and mailing address.
- Provide all the details of the existing sewage disposal system. This would include the following items:
  1. If a seepage pit provide the diameter and depth of the seepage pit. The elevation below the ground surface the inlet pipe enters the seepage pit and the diameter of the inlet pipe.
  2. Provide the size of the septic tank and the material with which it is constructed.
  3. For a bed or trench system, provide the number of lines, length and width of the bed or trenches, and the depth of the bottom of the stone.

This office will research the request and determine if a repair is permissible. A site visit may be conducted to evaluate the existing site. If a repair permit is not issued, you will be directed to hire a Licensed Professional Engineer to design an alteration to the existing system that will be appropriate for the property.

GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR  
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

(Revised February 1, 2018)

5 COMPLETE COPIES OF APPLICATION REQUIRED FOR PROCESSING

MUNICIPALITY \_\_\_\_\_

Form 1-General Information (Complete ALL Items on this page)

1. Type of Permit Needed (Check applicable categories):

- Preliminary review (\$175)  Septic Permit Renewal (\$100)  
 New Construction (preliminary review) (\$175)  
 New Construction (\$325)  
 Alteration: No Expansion or Change of Use (\$250)  
 Alteration/Expansion or Change in Use (\$250)  
 Alteration/Malfunctioning System (\$250)  
 Deviation from Standards (\$250) Is existing dwelling for sale: Yes or No  
 Repairs to Existing System (\$100)  
 Revision (after initial approval) (\$175)

2. Location of Project:

Municipality \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

3. Name of Applicant (print) \_\_\_\_\_

Present Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's Agent Name and Phone Number: \_\_\_\_\_

4. Type of Facility:

- Residential: Number of Bedrooms \_\_\_\_\_  
 Commercial/Institutional, Specify below  
Specify Type of Establishment: \_\_\_\_\_

5. Type of Wastes to be discharged:

- Sanitary Sewage  Industrial Waste

Other-Specify Type: \_\_\_\_\_

6. Water Supply:  Individual  Municipal

7. Other Approvals/Certification/Waivers/Exemptions (Attach to application)

- Pinelands Commission  
 U.S. Army Corps of Engineers  
 NJDEP-Bureau of Flood Plain Management  
 Other-Specify: \_\_\_\_\_

8. 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 for Denial: \_\_\_\_\_

Application Approved  Application Approved Subject to Approval by NJDEP

Date of Action \_\_\_\_\_ Signature \_\_\_\_\_

**GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
APPLICATION FOR PERMIT TO REPAIR AN INDIVIDUAL  
SUBSURFACE SEWAGE DISPOSAL SYSTEM**

(Revised February 1, 2018)

**5 COMPLETE COPIES OF APPLICATION REQUIRED FOR PROCESSING**

MUNICIPALITY \_\_\_\_\_

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. \_\_\_\_\_ (200 gallons for first bedroom, 150 each additional)  
\_\_\_\_ Residential: No. of Dwelling Units \_\_\_\_\_ Total No. of Bedrooms \_\_\_\_\_  
\_\_\_\_ Commercial/Industrial - 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 \_\_\_\_\_ gal  
\_\_\_\_ Second Compartment \_\_\_\_\_ gal \_\_\_\_\_ Third Compartment \_\_\_\_\_ gal  
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: Size \_\_\_\_\_ 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  
\_\_\_\_ Cross-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 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 or Contractor \_\_\_\_\_

Date \_\_\_\_\_