$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
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 1 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)
   ____ 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

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: __________________________________________


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 __________________________

1
MUNICIPALITY ____________________________

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal __________________________ (200 gallons for first bedroom, 150 each additional)
   (Check appropriate categories):
   _____ 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 __________________________