

Permit No. \_\_\_\_\_

**City of Vineland Health Department**

640 E. Wood Street, Vineland, NJ 08360  
(856) 794-4131 (ph.) / (856) 405-4608 (fax)  
*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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**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: \_\_\_\_\_

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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** \_\_\_\_\_