

Fee Enclosed

- New Design \$250.00
- Alteration \$225.00
- Redesign \$ 90.00 (Of previously approved design)
- Re-Review \$ 15.00 (after initial plan rejection)

Receipt # _____

1st Re-Review Receipt # _____

2nd Re-Review Receipt # _____

Municipality _____ Block _____ Lot _____

**HUNTERDON COUNTY HEALTH DEPARTMENT
 APPLICATION FOR PERMIT TO CONSTRUCT/ALTER
 AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
 Form 1 - General Information**

1. Name of Applicant (print): _____
2. Applicant's Present Address: _____
3. Applicant's Phone Number: Day _____ Night _____
4. Applicant's email address: _____

BUILDING LOCATION MUST BE STAKED. DATE STAKED _____

4. Type of Permit Needed (Check applicable categories):
 - a. New Construction
 - b. Alteration/No expansion or Change of Use
 - c. Alteration/Expansion or Change in Use
 - d. Alteration/Malfunctioning System
 - e. Repair (in-kind replacement)/Malfunctioning System
 - f. Repair (in-kind replacement) System is not malfunctioning
 - g. Deviation from Standards
 - h. New system installed (existing structure)

5. Location of Project:
 - Street Address _____ Zip Code _____

6. Type of Facility:
 - Residential Commercial/Institutional _____
 - Specify Type of Establishment: _____

7. Type of Wastes to be Discharged:
 - Sanitary Sewage Industrial Wastes Other – Specify Type _____

8. If d. or e. in 4. Above are checked, indicate the type of malfunction and its cause (check all that apply):
 - Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
 - 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)
 Describe the cause of the malfunction: _____

9. Please expand on Question #4, above, by checking 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

10. Other Approvals/Certification/Waivers/Exemptions (attach to application):
 - U.S. Army Corps of Engineers N.J.D.E.P. – Bureau of Flood Plain Management
 - Other - Specify: _____

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

Signature of Applicant _____ Date _____

NOTE:

The applicant is responsible for obtaining all other required Federal, State or local approvals prior to the commencement of work under this approval, including but not limited to, NJDEP permits to conduct activities in freshwater wetlands, freshwater wetland transition areas, or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the system and or the assessment of significant civil penalties

FOR HUNTERDON COUNTY HEALTH DEPARTMENT USE ONLY

_____ Application Denied, see attached letter

_____ Application Approved

_____ Application Approved Subject to Approval of NJDEP

_____ Date of Action Signature of Authorized Agent _____

Name and Title _____

EXPIRATION DATE: _____

HUNTERDON COUNTY HEALTH DEPARTMENT
10/93 APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 2a - General Site Evaluation Data

MUNICIPALITY: _____ 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 _____ Regrade/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 hours) _____

C) Piezometer B: Depth to Bottom _____
Depth of Water Level (24 hours) _____

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. 7:14-9.

Signature of Soil Evaluator _____ Date _____

Signature of Professional Engineer _____ Date _____

N.J. License No. _____ Seal _____

Sa 2b 05/2012

HUNTERDON COUNTY HEALTH DEPARTMENT
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 2b - Soil Log and Interpretation

MUNICIPALITY: _____ BLOCK _____ LOT _____

1. Log Number _____ Method: Profile Pit _____ Boring _____

2. Soil Log: Date Recorded _____

Depth (Inches) _____ Description:

2a. If mottling give reason for mottling: _____

3. Ground Water Observations:

_____ Seepage - Indicate Depth _____

_____ Pit/Boring Flooded _____ Depth after _____ Hours

4. Soil Limiting Zones:

_____ 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 _____ Date

Seal

N.J. License No. _____

HUNTERDON COUNTY HEALTH DEPARTMENT
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 3a - Soil Permeability Data

MUNICIPALITY: _____ BLOCK _____ LOT _____

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 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 Date | Test Number | Replicate (letter) | Depth (inches) | Result* |
|--------------|-----------|-------------|--------------------|----------------|---------|
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*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

3. Type of Limiting Zone Identified Test Number

4. 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 _____

5. 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 _____ Date

Seal

N.J. License No. _____

HUNTERDON COUNTY HEALTH DEPARTMENT
APPLICATION FOR PERMIT TO CONSTRUCT ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 3b - Tube Permeameter Test Data

MUNICIPALITY _____ BLOCK _____ LOT _____

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 2.54 cm./inch x 3.14R²), 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, H₁ _____

At the End of Each Test Interval, H₂ _____

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:

$K, (\text{in/hr}) = 60 \text{ min/hr} \times r^2/R^2 \times L(\text{in})/T(\text{min}) \times \ln(H_1/H_2)$

= 60 min/hr x _____ / _____ x _____ / _____ x ln (_____ / _____) = _____

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 _____ Date _____

Seal

N.J. License No. _____

HUNTERDON COUNTY HEALTH DEPARTMENT
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 3c - Soil Permeability Class Rating Test Data

MUNICIPALITY: _____ BLOCK _____ LOT _____

I. Test Number _____ Replicate (letter) _____

II. Sample Depth _____ Soil/Pit Boring Number _____ Date Collected _____

111. Coarse Fragment Content:

Total Weight of Sample, W.T., grams _____
Weight of Material Retained on 2mm sieve, W.C.F., grams _____
Wt. % Coarse Fragment (W.C.F. / W.T. x 100): _____

IV. Oven Dry Weight (24 hrs., 105E C) of 40 Gram Air Dry Sample, grams, Wt. _____

V. Hydrometer Calibration, Rc _____

VI. Hydrometer Reading - 40 seconds, grams, R1 _____
Temperature of Suspension, EF _____

VII. Corrected Hydrometer Reading, grams, R1' _____

VIII. Hydrometer Reading - 2 hours, grams, R2 _____
Temperature of Suspension, EF _____

IX. Corrected Hydrometer Reading, grams, R2' _____

X. % sand = (Wt. - R1') / Wt. x 100 = (_____ - _____) / _____ x 100 = _____

XI. % clay = R2' / Wt. x 100 = _____ / _____ x 100 = _____

XII. Sieve Analysis:

- a. Oven Dry Wt. (2 hrs., 105EC) Total Sand Fraction
(Soil Retained in 0.047 mm Sieve), grams _____
- b. Wt. of Fine Plus Very Fine Sand Fraction
(Sand Passing 0.25 mm Sieve), grams _____
- c. % Fine Plus Very Fine Sand (b / a) _____

XIII. Soil Morphology (Natural Soil Samples Only):

Structure of Soil Horizon Tested _____
Consistence of Soil Horizon Tested: Dry _____ Moist _____

XIV. Soil Permeability Class Rating (Based upon average textural analysis of the replicate and other replicate samples) _____

XV. 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 _____ Date _____

Seal

N.J. License No. _____

Sa 3d
05/2012

HUNTERDON COUNTY HEALTH DEPARTMENT
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 3d - Percolation Test Data

MUNICIPALITY: _____ BLOCK _____ LOT _____

I. Test Number _____ Replicate (Letter) _____ Date Tested _____

II. Depth _____

III. 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 results:

- a. _____ Test hole drained within 16 - 24 hours after pre - soak.
- b. _____ Test hole did not drain within 24 hours after pre - soak

IV. 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) |
|--|--|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

V. Percolation Rate:

- a. Time, minutes, required for a six-inch drop in water level _____
- b. Percolation Rate = $a/6 = \text{_____} / 6 = \text{_____} \text{ min/in}$

1. I hereby certify that the information furnished on Form 3d of this application is true and accurate. I am aware the 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 _____ Date _____

Seal

N.J. License No. _____

HUNTERDON COUNTY HEALTH DEPARTMENT
10/93 APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
FORM 3e-PIEZOMETER TEST DATA

MUNICIPALITY: _____ BLOCK: _____ LOT: _____

1. Test Number _____ Reference Soil Log _____ Date Tested _____
2. Diameter of Soil Auger, in. _____ Depth of the Test Hole, in. _____
Inside Radius of Pipe, R, in. _____
3. Depth to Apparent Static Water Level, in. _____
4. Measure and Record:

| Water Depth, start of Interval inches. d ₁ | Time at Start of Interval | Water Depth, End of Interval inches, d ₂ | Time at End of Interval | Length of Interval min, t |
|--|---------------------------------|--|-------------------------------|---------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

5. Depth to Water Level After 24 Hour Stabilization Period, D_{static} in. _____
6. Value of A-parameter _____
7. Calculation of Permeability:

$$K, \text{ in/hr} = [(3.14R^2)/(A \times t)] \times [1n(d_1 - D_{\text{stat}}/d_2 - D_{\text{stat}})] \times 60 \text{ min/hr}$$

$$=[(3.14 \text{ _____})/(\text{_____} \times \text{_____})] \times [1n(\text{_____} - \text{_____}/\text{_____} - \text{_____})]$$

$$\times 60 \text{ min/hr} = \text{_____}$$

8. I hereby certify that the information furnished on Form 3e 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 Evaluator _____ Date _____

Signature of Professional Engineer _____ Date _____

Seal

License No. _____

5. Record the Following Data:

-Final Depth of Pit, ft, D_{pit} = _____

- _____ Check here if digging was stopped due to machine refusal or machine limitations.
{(See step 6 of Pitbail Test N.J.A.C. 7:9A-6.5(c))}.

-Final Depth to Impermeable Stratum, ft, $D_{stratum}$ = _____
(If no impermeable stratum is encountered assume $D_{stratum} = D_{pit}$)

-Height of Standpipe Above Reference Level, ft, h_{pipe} = _____

-Depth to Water Level after 24 hr. Stabilization Period, ft, D_{water} = _____
(Take measurement from top of standpipe. Subtract h_{pipe})
(enter 0 if standpipe not used)

-Height of Static Water Level Above Impermeable Stratum, ft, H = _____
($H = D_{stratum} - D_{water}$)

-Average Height of Water Level Above Impermeable Stratum, ft, h = _____
(Take average d_a from beginning and end of last time interval recorded in Section 4, convert to ft., subtract final $D_{stratum}$)

6. Re-calculation of K using data from Section 5 above and from final time interval of Section 4:

$$K = [h_r / T] \times [A_{av} / 2.27(H^2 - h^2)] \times 60 \text{ min/hr}$$
$$= [\text{_____} / \text{_____}] \times [\text{_____} / 2.27 (\text{_____} - \text{_____})] \times 60 \text{ min/hr} = \text{_____} \text{ in/hr}$$

7. I hereby certify that the information furnished on Form 3f 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 _____ Date _____

Seal

N.J. License No. _____

HUNTERDON COUNTY HEALTH DEPARTMENT
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 3g - Basin Flooding Test Data

MUNICIPALITY: _____ BLOCK _____ LOT _____

I. Test Number _____ Reference Soil Log _____

II. Depth of Pit, ft. _____

III. Area of Pit, ft² _____

IV. Description of Rock Substratum Within Test Zone:

Type of Rock _____

Name of Formation _____

Average Fracture Spacing _____

Type of Fractures: (Check Appropriate Category):

_____ Open (Wide), Clean - Width of Openings, mm _____

_____ Open (Wide), Infilled with Fines - Width of Openings, mm _____

_____ Tight (Closed)

Orientation of Fractures:

_____ Horizontal (Parallel to Pit Bottom) or Nearly So

_____ Inclined

_____ Vertical (Parallel to Sides of Pit) or Nearly So

Hardness of Rock:

_____ Rippable with Hand Tools

_____ Not Rippable with Hand Tools, Rippable by Machine

_____ Not Rippable by Machine, Explosives Required

V. Time of First Basin Flooding _____ Date: _____

Volume of Water Added, Gal. _____

VI. Result of First Basin Flooding:

_____ Basin Drained within 24 Hours - Indicate Time _____ Date: _____

_____ Basin Not Drained within 24 Hours

VII. Time of Second Basin Flooding _____ Date: _____

Volume of Water Added, Gal. _____

VIII. Result of Second Basin Flooding:

_____ Basin Drained within 24 Hours - Indicate Time _____ Date: _____

_____ Basin Not Drained within 24 Hours

IX. I hereby certify that the information furnished on Form 3g of this application is true and accurate. I am aware the 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 _____

Date _____

N.J. License No. _____

Seal

HUNTERDON COUNTY HEALTH DEPARTMENT
0/93 APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 4 - General Design Data

MUNICIPALITY: _____ BLOCK _____ LOT _____

I. Volume of Sanitary Sewage, gal. _____

_____ Residential: No. of Dwelling Units _____ Total No. of Bedrooms: _____
Expansion attic (y or n) _____

_____ Commercial/Institutional - 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 _____

II. 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: _____

III. a. Grease Trap Capacities, gals. _____

Show Calculation Used: _____

b. Ejector/grinder pump or garbage disposal
Existing: Yes _____ No _____
Proposed: Yes _____ No _____

Note: If marked yes, tank and field must be enlarged by 50%

c. Septic Tank Capacities, gals. _____ First (Single) Compartment _____
_____ Second Compartment _____ Third Compartment _____

d. Effluent Distribution
Method: _____ Gravity Flow _____ Gravity Dosing
_____ Pressure Dosing
Dosing Device: _____ Pump _____ Siphon

e. Dosing Tank Capacities, gals: Total Capacity _____ Dose Volume _____
Reserve Capacity _____

f. Laterals: Number _____ Total Length _____ Pipe Size _____ Spacing _____

g. Connecting Pipe: Size _____ Length _____

h. Manifold: Size _____ Length _____

i. Disposal Field: Type of Installation _____

Design Permeability (Percolation Rate) _____
Trenches: Width _____ Total Length _____ Bed: Area _____

j. Seepage Pits: Design Percolation Rate _____ Number of Pits: _____
Total Percolating Area Provided: _____

IV. Attachments (Check items included):

- _____ General Plan of System Showing Location of All System Components, No Larger Than 8 1/2 Inches X 14 1/2 Inches, Unless Prior Approval Given.
- _____ X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
- _____ Pump Performance Curve
- _____ Other - Specify _____

1. 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 _____ Date _____

N.J. License No. _____

Seal

05/2012
SA5

HUNTERDON COUNTY HEALTH DEPARTMENT
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 5 - Design of Pressure or Gravity Dose System

MUNICIPALITY _____ BLOCK _____ LOT _____

I. Configuration of Distribution Network:

Type of Manifold: _____ End _____ Central
Distribution Laterals: Number _____ Length, ft _____ Spacing, ft _____ Volume: _____
Hole Diameter, ins. _____ Hole Spacing, ins. _____
Diameter of Laterals, ins. _____

II. Lateral Discharge Rate:

Design Pressure Head at Supply End of Laterals, H, ft. _____
Hole Discharge Rate, Q, gpm _____
Number of Holes per Lateral, n _____
Lateral Discharge Rate, (Q x n) gpm _____

III. Manifold Length, ft. _____ Manifold Diameter, ins. _____ Volume: _____

IV. System Discharge Rate, gpm _____

V. a. Pump Selection:

Pump displacement volume: _____
Diameter of Delivery Pipe _____ Length of Delivery Pipe _____ Volume: _____
Friction Loss in Delivery Pipe, H_f, ft. _____
Elevation of Dosing Tank Low Water Level _____
Elevation of Lateral Invert _____
Elevation Head, H_e, ft. _____
Total Operating Head, H_t, (H_p + H_f + H_e), ft. _____
Pump Model _____ Rated Horsepower _____
Pump Discharge Rate at Total Operating Head, gpm _____

b. Siphon Elevation:

Diameter of Delivery Pipe _____ Length of Delivery Pipe _____ Volume: _____
Friction Loss in Delivery Pipe, H_f, ft. _____
Velocity Head, H_v, ft. _____
Total Operating Head, H_t (H_p + H_f + H_v), ft. _____
Elevation of Lateral Invert _____
Elevation of Siphon Invert _____
Internal horizontal area of dosing tank in (ft²) _____

VI. Dose Volume:

Design Volume of Sewage, gal/day _____
Design Permeability, in/hr _____ or Percolation Rate, min/in _____
Internal Volume of Distribution Network _____
Dose Volume _____
Pump tank size in (ft²) _____

VII. 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 _____

N.J. License No. _____

Seal