BOARD OF HEALTH OF THE TOWNSHIP OF WEST WINDSOR APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

DA	ATE			
GE	NERAL INFORMATION – FORM 1			
1.	Deviation from StandardsA	lteration/Expar lteration/Malfu	nsion or Change in Use unctioning System xpansion or Change in Use	
2.	Location of Project:			
	Municipality	_Block:	Lot:	
	Street Address		Zip	
	Subdivision			
3.	Name of Applicant (Print):			
4.	Applicant's Present Address:			
5.	Phone Number:	<u> </u>		
6.	Lot Size:	Area Sq. I	Ft.:	
7.	Type of Facility:	8. Type of	Wastes to be Discharged:	
	ResidentialCommercial/InstitutionalSpecify Type of Establishment:	I1	anitary Sewage ndustrial Wastes Other – Specify	
9.	Public Water	Well		
10.	Other Approvals/Certification/Waivers/Exemptions (Attach to Application)			
	Pinelands CommissionNJDEP Bureau of Flood Plain MngmtNJDEP Bureau of Freshwater WetlandsOther Specify	NJDEP N		
11.	I hereby certify that the information furnished I am aware that false swearing is a crime in th			
Sig	gnature of Applicant	Dar	te	
	FOR AGENCY U	JSE ONLY		
	_ Application Approved _Application Approved Subject to Approval by _Application Denied/Reason For Denial/Citatio		lated:	
Da	plication Fee Paid check te of action Signature of Authoriting & Title	k# zed Agent		

GENERAL SITE EVALUATION DATA – FORM 2A

1.	Name of Site Evaluator (print)				
2.	Business Address of Site Evaluator				
3.	Business Phone:				
4.	Special Site Limitations Identified (Check Appropriate Categories): Flood PlainsBedrock OutcropWetlandsExcessively StonySink HolesSand DunesSteep SlopesOther/Specify				
5.	Soil Logs – Enter on Form 2B – Use one sheet for each soil log				
6.	Considerations Relating to Disturbs Ground:				
	 a) Type of Disturbance (Check appropriate categories):Filled AreaExcavated AreaRe-graded AreaSubsurface DrainsOther - Specify				
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				
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.				
Sig	gnature of Site EvaluatorDate				
Sig	gnature and Seal of Professional Engineer				
T iz	rense Number				

			DATE:
SC	OIL LOG & INTERPRETATION – FOR	M 2B	
Μι	unicipality	Block	Lot
	Log Number Soil Log Depth (inches) Top-Bottom	Volume % Coarse F Structure; Moist or I	e & Symbol; Estimated Gragment, if present;
3.	Ground Water Observations:Seepage – Indicate DepthPit/Boring Flooded – Depth after		_
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 top to Bottom Perched Zone of Saturation – Depth top to Bottom Regional Zone of saturation – Depth to Top		m
5.	Soil Suitability Classification:		
6.	I hereby certify that the information fur attachments thereof) is true and accurat violation of the Water Pollution Contro to penalties as prescribed in N.J.A.C. 7	te. I am aware that fal ol Act (N.J.S.A. 58:10	sification of data is a A-1 et seq.) and is subject
Sig	gnature of Site Evaluator		Date
Sig	enature & Seal of Professional Engineer		License #

SOIL PERMEABILITY DATA – FORM 3A 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, 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 Replicate Depth (number) (letter) (inches) Results* *For tube permeameter, test report results in inches per hours. For percolation test, report results in minutes per inch. For basin flooding test, report results as positive if basin drains completely within 24 hours after second filling, negative otherwise. 2. Design Permeability/Percolation Rate: Specify Test Number ___Slowest of Replicates ___Slowest Percolation Rate ___Single Replicate ___Select Fill (30 min/in) 3. Type of Limiting Zone Identified Test No. 4. Attachment (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 Site Evaluator______Date____ Signature and Seal of Professional Engineer_____ License Number: _____ Date_____

PERCOLATION TEST DATA – FORM 3B

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 to the Nearest 1/10th – Inch on the Lines Below: 				
	Depth of Water Start of Interval (inches)	Depth of Wat End of Interva (inches)			
_					
_					
5.	Percolation Rate:				
	a. Time, Minutes, require	ed for a Six – Inch Drop in W	Vater Level		
	b. Percolation Rate = $a/6$	=/6 =	min/in		
6.	I hereby certify that the information on Form 3D of this application (and the attachmen 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.				
Sig	gnature of site Evaluator		Date		
Sig	gnature and Seal of Professi	onal Engineer			
Lio	cense Number:	DATE	_		

GENERAL DESIGN DATA – FORM 4

1.	V (olume of Sanitary Sewage, gai.		
		Residential: No. of Dwelling Units Total No. of bedrooms		
		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.		
2.	Al	terations or Repairs		
	a.	Reason for Alteration or Repair (Check appropriate categories): Expansion or Change in UseUpgrade Existing facilities Correct Malfunctioning SystemOther Specify		
	b.	Describe Nature of Alteration or Repairs:		
3.		Show Calculations Used		
	h	Show Calculations Used		
	υ.	second compartment		
		third compartment		
	c.	Effluent Distribution		
		Method:Gravity FlowGravity DosingPressure Dosing		
		Dosing Device: Pump Sinhon		
	d.	Dosing Tank Capacities, gal: Total Capacity		
		Dose Volume Reserve Capacity		
	e.	Laterals: Number Total Length Width		
	_	Pipe Size Spacing		
	f.	Connecting Pipe: Size Length		
	g.	Manifold: Size Length Length		
	h.	Disposal Field: Type of Installation Special Board of Health Permission Granted:		
		Design Permeability (Percolation Rate)		
		Trenches: Width Total Length		
		Bed 1: Area Bed 2: Area Reserve: Area		
	i.	Seepage Pits: Design Percolation Rate		
		Seepage Pits: Design Percolation Rate Number of Pits Total Percolating Area Provided		
1	۸.	tachments (Check items included):		
4.		General Plan Showing Location of ALL System Components		
		Sections of Each System Component Including grease Traps, Septic Tank, Dosing		
		ink, Disposal Field, Seepage Pits and Interceptor Drains		
		Pump Performance Curve		
		Other – Specify		
5.	Ιh	dereby certify that the information furnished on Form 4 of this application (and the achments thereto) is true and accurate. I am aware that falsification of data is a		
		plation of the Water Pollution Control Act (N.J.A.C. 58:10A-1 et seq.) and is subject penalties as prescribed in N.J.A.C. 7:14-8.		
Sig	gnat	ture and Seal of Professional Engineer		
Lio	ens	se Number		