

TOWNSHIP OF MENDHAM

Health Department
 P.O. Box 520, 2 West Main Street
 Brookside, NJ 07926

**APPLICATION FOR PERMIT TO
 CONSTRUCT/ALTER/REPAIR
 AN INDIVIDUAL SUBSURFACE
 SEWAGE DISPOSAL SYSTEM**

Form 1 – General Information

Fee Enclosed		
<input type="checkbox"/>	\$560	New Design
<input type="checkbox"/>	\$560	Alteration (new disposal field)
<input type="checkbox"/>	\$390	Alteration (no new disposal field)
<input type="checkbox"/>	\$225	Alteration
<input type="checkbox"/>	\$120	Repair

Receipt #:
1 st Re-review receipt #
2 nd Re-review receipt #

DATE:	STREET:		BLOCK:	LOT:
OWNER/APPLICANT:			PHONE #:	
MAILING ADDRESS:			CITY:	STATE/ZIP:
LOCATION OF PROJECT (No. and Street):				
BUILDING LOCATION MUST BE STAKED. DATE STAKED:				
1.	Type of Permit Needed (Check applicable categories):	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration/Expansion or change in Use <input type="checkbox"/> Repair (in-kind replacement)/Malfunctioning System <input type="checkbox"/> Deviation from Standards	<input type="checkbox"/> Alteration/No expansion or Change of Use <input type="checkbox"/> Alteration/Malfunctioning System <input type="checkbox"/> Repair (in-kind replacement) System is not malfunctioning <input type="checkbox"/> New system installed (existing structure)	
2.	Type of Facility: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Institutional <input type="checkbox"/> Specific Type of Establishment			
3.	Type of Wastes to be Discharged:	<input type="checkbox"/> Sanitary Sewage	<input type="checkbox"/> Industrial Wastes	<input type="checkbox"/> Other, Specify:
4.	<input type="checkbox"/> If you indicate a malfunction (in No. 1), indicate the type of malfunction and its cause (check all that apply) <input type="checkbox"/> Contamination of nearby wells or surface water bodies by sanitary sewage or effluent <input type="checkbox"/> Ponding or breakout of sanitary sewage or effluent onto the surface of the ground <input type="checkbox"/> Seepage of sanitary sewage or effluent into portions of building below ground <input type="checkbox"/> Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing <input type="checkbox"/> Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent <input type="checkbox"/> Direct discharges to ground water (no zone of treatment) Describe the cause of the malfunction:			
5.	Please expand on Question #1, above, by checking if any of the following apply: <input type="checkbox"/> A privy, outhouse, latrine or pit toilet is present, a system must be installed <input type="checkbox"/> A system must be upgraded as part of a real property transfer <input type="checkbox"/> A cesspool has been identified during a real property transfer and a conforming system must be installed <input type="checkbox"/> A malfunctioning cesspool has been identified and a conforming system must be installed.			
6.	Other Approval/Certifications/Waivers/Exemptions (attach to application): <input type="checkbox"/> U.S Army Corps of Engineers <input type="checkbox"/> NJDEP – Bureau of Flood Plain Management <input type="checkbox"/> Other, Specify:			
7.	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 Application:			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 MENDHAM 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: _____

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**APPLICATION FOR PERMIT TO
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Form 2a – General Site Evaluation Data

DATE:

BLOCK: LOT:

1.	Name of Site Evaluator:	
2.	Business Address of Site Evaluator:	
3.	Phone Number of Site Evaluator:	
4.	Special Site Limitations Identified (Check Appropriate Categories): <input type="checkbox"/> Flood Plains <input type="checkbox"/> Bedrock Outcrops <input type="checkbox"/> Wetlands <input type="checkbox"/> Excessively Stony <input type="checkbox"/> Disturbed Ground <input type="checkbox"/> Sink Holes <input type="checkbox"/> Sand Dunes <input type="checkbox"/> Steep Slopes <input type="checkbox"/> Other, Specify:	
5.	Soil Logs - Separate Form Provided; Please attach.	
6.	Considerations Relating to Disturbed Ground: A. Type of Disturbance (Check appropriate categories): <input type="checkbox"/> Filled Area <input type="checkbox"/> Excavated Area <input type="checkbox"/> Regrade/Area <input type="checkbox"/> Subsurface Drains <input type="checkbox"/> Other, Specify:	
	B.	Existing Ground Surface Elevation Relative to Ground Surface: _____ Method of Identification: _____
	C.	Suitability of Disturbed Ground <input type="checkbox"/> Unsuitable: Objects Subject to Disintegration or change in Volume <input type="checkbox"/> Excessively Coarse <input type="checkbox"/> 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 (print name): _____ Signature: _____ Date: _____
8.	Attachments (Check Items Included): <input type="checkbox"/> Site Plan <input type="checkbox"/> Key Map Showing Location of Site on U.S.G.S. Quadrangle or Other Accurate Map <input type="checkbox"/> Key Map Showing Location of Site on U.S.D.A Soil Survey Map <input type="checkbox"/> 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as described in N.J.A.C. 7:14-9.	
	Signature of Soil Evaluator	Date:
	Signature of Professional Engineer	Date:
	N.J. License No.	

Seal

Form 3a – Soil Permeability Data

DATE:

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*

*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 filing, 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
 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as described in N.J.A.C. 7:14-9.

Signature of Soil Evaluator	Date:
Signature of Engineer	Date:
N.J. License No.	

Seal

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Form 3C -- Soil Permeability Class Rating Test Data

DATE: _____

BLOCK: _____

LOT: _____

1.	Test Number: _____	Replicate (Letter): _____	Date Collected: _____
2.	Sample Depth: _____	Soil/Pit Boring Number: _____	
3.	Total Weight of Sample, W.T., grams _____		
	Coarse Fragment Content:	Weight of Material Retained on 2mm sieve, W.C.F., grams: _____	
		Wt. % Coarse Fragment (W.C.F. / W.T. x 100): _____	
4.	Oven Dry Weight (24 hrs., 105E C) of 40 Gram Air Dry Sample, grams, W.T.: _____		
5.	Hydrometer Calibration, Rc. _____		
6.	Hydrometer Reading – 40 seconds, grams R1: _____		
	Temperature of Suspension, EF: _____		
7.	Corrected Hydrometer Reading, grams R1': _____		
8.	Hydrometer Reading – 2 hours, grams R2: _____		
	Temperature of Suspension, EF: _____		
9.	Corrected Hydrometer Reading, grams, R2': _____		
10.	$\% \text{ sand} = (\text{Wt.} - \text{R1}') / \text{Wt.} \times 100 = (\quad - \quad) / \quad \times 100 = \quad$		
11.	$\% \text{ clay} = \text{R2}' / \text{Wt.} \times 100 = \quad / \quad \times 100 = \quad$		
12.	Sieve Analysis: Oven Dry Wt. (2 hrs., 105EC) Total Sand Fraction (Soil Retained in 0.047 mm sieve) _____ Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm sieve), grams _____ % of Fine Plus Very Fine Sand (b/a) _____		
13.	Soil Morphology (Natural Soil Samples Only):	Structure of Soil Horizon Tested: _____	
		Consistence of Soil Horizon Tested: <input type="checkbox"/> Dry <input type="checkbox"/> Moist	
14.	Soil Permeability Class Rating* _____ (*Based upon average textural analysis of the replicate and other replicate samples)		
15.	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 Soil Evaluator	Date:	Seal
	Signature of Engineer	Date:	
	N.J. License No.		

Form 3D – Percolation Test Data

DATE:

BLOCK:

LOT:

1.	Test Number: <input type="text"/>	Replicate (Letter): <input type="text"/>	Date Tested: <input type="text"/>															
2.	Depth: <input type="text"/>																	
3.	Sandy Textured Soil Only, Shortened Pre-Soak-Indicate Time required for 12-inches of water to drain after second filling, minutes: <input type="text"/> Four-hour pre-soak completed – indicate results: Pre-Soak: A. <input type="checkbox"/> Test hole drained within 6-12 hours after pre-soak B. <input type="checkbox"/> Test hole did not drain within 24 hours after pre-soak																	
4.	Rate of Fall Data: A. Time Interval Selected, Minutes <input type="text"/> B. Record the Drop in Water Level during each time interval to the nearest 1/10 th -inch on the lines below: <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Depth of Water, Start of Interval (Inches)</th> <th style="width: 33%;">Depth of Water, End of Interval (Inches)</th> <th style="width: 34%;">Drop in Water Level (Inches)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Depth of Water, Start of Interval (Inches)	Depth of Water, End of Interval (Inches)	Drop in Water Level (Inches)												
Depth of Water, Start of Interval (Inches)	Depth of Water, End of Interval (Inches)	Drop in Water Level (Inches)																
5.	Percolation Rate: Time, minutes, required for a six-inch drop in water level <input type="text"/> Percolation Rate = a/6 = <input type="text"/> / 6 = <input type="text"/> min/in																	
6.	I hereby certify that the information furnished on Form 3d 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 Soil Evaluator	Date: <input type="text"/>																
	Signature of Engineer	Date: <input type="text"/>																
	N.J. License No.																	

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Form 3E – Piezometer Test Data

DATE:

BLOCK: LOT:

1.	Test Number: _____	Reference Soil Log: _____	Date Tested: _____	
2.	Diameter of Soil Auger, in.: _____ Depth of 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:			
	$K, \text{ in/hr} = [93.14R^2]/(A \times t) \times [\ln(d_1 - D_{\text{stat}}/d_2 - D_{\text{stat}})] \times 60 \text{ min/hr}$ $= [(3.14 \text{ } \underline{\hspace{1cm}}) / (\text{ } \underline{\hspace{1cm}} \times \text{ } \underline{\hspace{1cm}})] \times [\ln(\text{ } \underline{\hspace{1cm}} - \text{ } \underline{\hspace{1cm}} / \text{ } \underline{\hspace{1cm}} - \text{ } \underline{\hspace{1cm}})]$ $\times 60 \text{ min/hr} = \underline{\hspace{2cm}}$			
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 Soil Evaluator	Date:		
	Signature of Engineer	Date:		
	N.J. License No.			

Seal

DATE: _____

BLOCK: _____

LOT: _____

ALL DATA MUST BE IN MEASUREMENT UNITS INDICATED (FEET OR INCHES). ONLY ONE PITBAIL TEST PER SHEET.

1.	Test Number: _____	Reference Soil Log: _____	Date Tested: _____
2.	Using the reference level established, measure and record the following:		
	Depth to Bottom of Pit, ft., D_{pit} = _____		
	Depth to Water Level after 2-hr. Stabilization Period, ft., D_{water} = _____		
	Depth to Impermeable Stratum, ft., $D_{stratum}$ = _____ (If depth is unknown, assume it to be 1.5 times D_{pit})		
	Depth of Water Level Above Impermeable Stratum, ft., H = _____ ($H = D_{stratum} - D_{water}$)		
	Length of Time Interval, min., T = _____		
3.	Record the following data in the table below:		
	<ul style="list-style-type: none"> • Time in minutes, enter actual time interval for each measurement taken, t_n minutes • Depth of Water Level Below Reference Level in inches, d_n • Water Surface Dimensions in feet l & w 		
4.	Calculate the following values and enter in the table below:		
	<ul style="list-style-type: none"> • Water Surface Area, ft^2, A_n • Water Level Rise, in, h_r, (Subtract current value of d_n from previous value) • Ave. Water Surface Water Area, ft^2, A_{av} (Take average of A_n and previous A_n) • Ave. Height of Water Level Above Impermeable Stratum, ft, h (Take ave. d_n and previous d_n, convert to ft., subtract from D_{water}) • Permeability, in/hr, K_n (Calculate using formula): $K_n = [h_r / T] \times [A_{av} / 2.27(H^2 - h^2)] \times 60 \text{ min/hr.}$ 		
	t_n	d_n (in)	l, w (ft)
	t_0		*
	t_1		*
	t_2		*
	t_3		*
	t_4		*
	t_5		*
	t_6		*
	t_7		*
	t_8		*
	t_9		*
5.	Record the Following Data:		
	Final Depth of Pit, ft, D_{pit} = _____		
	<input type="checkbox"/> 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, $D_{stratum}$ = _____ (In no impermeable stratum is encountered assume $D_{stratum} = D_{pit}$)		

	Height of Standpipe Above Reference Level, ft, $h_{\text{pipe}} =$ _____
	Depth to Water Level after 24-hour Stabilization Period, ft., $D_{\text{water}} =$ _____ (Take measurement from top of standpipe. Subtract h_{pipe} . Enter "0" if standpipe not used.)
	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: $K = [hr/T] \times [A_{av} / 2.27(H_2O h^2)] \times 60 \text{ min/hr}$ $= [\quad / \quad] \times [\quad / 2.27(\quad - \quad)] \times 60 \text{ min/hr} = \quad \text{in/hr}$
8.	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 Soil Evaluator Date: _____
	Signature of Engineer Date: _____
	N.J. License No. _____

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Form 3g -- Basin Flooding
 Test Data

DATE:

BLOCK: LOT:

1.	Test Number: _____	Reference Soil Log: _____
2.	Depth of Pit, ft: _____	Area of Pit, ft ² : _____
3.	Description of Rock Substratum Within Test Zone: Type of Rock: _____ Name of Formation: _____ Average Fracture Spacing: _____ Type of Fractures (Check Appropriate Category): <input type="checkbox"/> Open (Wide), Clean – Width of Openings, mm _____ <input type="checkbox"/> Open (Wide), Infilled with Fines – Width of Openings, mm _____ <input type="checkbox"/> Tight (Closed) Orientation of Fractures: <input type="checkbox"/> Horizontal (Parallel to Pit Bottom) or Nearly So <input type="checkbox"/> Inclined <input type="checkbox"/> Vertical (Parallel to Sides of Pit) or Nearly So Hardness of Rock: <input type="checkbox"/> Rippable with Hand Tools <input type="checkbox"/> Not Rippable with Hand Tools, Rippable by Machine <input type="checkbox"/> Not Rippable by Machine, Explosives Required	
4.	Time of First Basin Flooding: _____	Date: _____
	Volume of Water Added, Gal. _____	
5.	Result of First Basin Flooding: <input type="checkbox"/> Basin Drained within 24 Hours Indicate Date/Time: _____ <input type="checkbox"/> Basin Not Drained within 24 Hours	
6.	Time of Second Basin Flooding: _____	Date: _____
	Volume of Water Added, Gal. _____	
7.	Result of Second Basin Flooding: <input type="checkbox"/> Basin Drained within 24 Hours Indicate Date/Time: _____ <input type="checkbox"/> Basin Not Drained within 24 Hours	
8.	I hereby certify that the information furnished on Form 3g 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 Engineer	Date:
	N.J. License No.	

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**APPLICATION FOR PERMIT TO
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Form 4 – General Design Data

DATE: _____

BLOCK: _____

LOT: _____

1.	Volume of Sanitary Sewage, gal. _____ <input type="checkbox"/> Residential: No. of Dwelling Units: _____ Total No. of Bedrooms: _____ <input type="checkbox"/> 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 readings. _____ _____						
2.	Alterations or Repairs: A. Reason for Alteration or Repair (Check Appropriate Categories): <input type="checkbox"/> Expansion or Change in Use <input type="checkbox"/> Correct Malfunctioning System <input type="checkbox"/> Upgrade Existing Facilities <input type="checkbox"/> Other, Specify: _____ B. Describe Nature of Repairs: _____						
3.	A. Grease Trap Capacities, gals: _____ Show Calculation Used: _____ B. Ejector/Grinder Pump or Garbage Disposal Existing: <input type="checkbox"/> Yes* <input type="checkbox"/> No *Note: If marked yes, tank and field must be enlarged by 50%. Proposed: <input type="checkbox"/> Yes* <input type="checkbox"/> No C. Septic Tank Capacities: <input type="checkbox"/> First (Single) Compartment: _____ gals. <input type="checkbox"/> Second Compartment: _____ gals. <input type="checkbox"/> Third Compartment: _____ gals. D. Effluent Distribution: Method: <input type="checkbox"/> Gravity Flow <input type="checkbox"/> Gravity Flow <input type="checkbox"/> Pressure Dosing Dosing Device: <input type="checkbox"/> Pump <input type="checkbox"/> Siphon E. Dosing Tank Capacities: 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: _____						
4.	Attachments: <input type="checkbox"/> General Plan of System Showing Location of All System Components, No Larger Than 8 ½ Inches x 14 ½ Inches, Unless Prior Approval Given. <input type="checkbox"/> X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains <input type="checkbox"/> Pump Performance Curve <input type="checkbox"/> Other, Specify: _____						
5.	I hereby certify that the information furnished on Form 4 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. <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 35%; padding: 5px;">Signature of Engineer</td> <td style="border: none; width: 30%; padding: 5px;">Date:</td> <td style="border: none; width: 35%;"></td> </tr> <tr> <td style="border: none; padding: 5px;">N.J. License No.</td> <td style="border: none;"></td> <td style="border: none; text-align: center; vertical-align: middle;">Seal</td> </tr> </table>	Signature of Engineer	Date:		N.J. License No.		Seal
Signature of Engineer	Date:						
N.J. License No.		Seal					

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Form 5 – Design of Pressure or
Gravity Dose System

DATE:

BLOCK: LOT:

1.		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. _____
2.		Lateral Discharge Rate: Design Pressure Head at Supply End of Laterals, H, Ft.: _____ Hole Discharge Rate, Q, gpm: _____ Lateral Discharge Rate (Q x n) gpm: _____ Number of Holes Per Lateral, n: _____
3.		Manifold Length, Ft.: _____ Manifold Diameter, Ins. _____ Volume: _____
4.		System Discharge Rate, gpm: _____
5.	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 Loss, 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 (ft ²): _____
6.		Dose Volume: Design Volume of Sewage, gal/day: _____ Design Permeability, in/hr.: _____ Or Percolation Rate, min/in: _____ Interval Volume of Distribution Network: _____ Dose Volume: _____ Pump Tank Size in (ft ²): _____
5.	I hereby certify that the information furnished on Form 5 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 Engineer <input style="width:100%; height:20px;" type="text"/>	Date: <input style="width:100%; height:20px;" type="text"/>
	Seal	
	N.J. License No. <input style="width:100%; height:20px;" type="text"/>	