



# West Windsor Township

271 Clarksville Road, Princeton Junction, NJ 08550 \* Tel. (609) 799-2400 \* Fax (609) 799-2044

## DEPARTMENT OF HUMAN SERVICES Division of Health

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

DATE \_\_\_\_\_

#### GENERAL INFORMATION – FORM 1

- Type of Permit Needed (Check Applicable Categories):  
 Alteration/Expansion or Change in Use  
 Deviation from Standards       Alteration/Malfunctioning System  
 Repairs to Existing System       Alteration/No Expansion or Change in Use  
 Abandon Existing System
- Location of Project:  
 Municipality West Windsor Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Zip 08550  
 Subdivision \_\_\_\_\_
- Name of Applicant (Print): \_\_\_\_\_
- Applicant's Present Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Lot Size: \_\_\_\_\_ Acres      Area Sq. Ft.: \_\_\_\_\_
- Type of Facility:  
 Residential  
 Commercial/Institutional  
 Specify Type of Establishment: \_\_\_\_\_
- Type of Wastes to be Discharged:  
 Sanitary Sewage  
 Industrial Wastes  
 Other – Specify \_\_\_\_\_
- Public Water \_\_\_\_\_ Well \_\_\_\_\_
- I hereby certify that the information furnished above 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/Citation of Rules Violated: \_\_\_\_\_

\_\_\_\_ Application Approved

Date of action \_\_\_\_\_ Signature of Authorized Agent \_\_\_\_\_

Name & Title \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Paid \_\_\_\_\_ check # \_\_\_\_\_

1. Volume of Sanitary Sewage, gal. \_\_\_\_\_  
 \_\_\_ 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.
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2. Alterations or Repairs

- a. Reason for Alteration or Repair (Check appropriate categories):  
 \_\_\_ Replace/Repair Building Sewer      \_\_\_ Replace/Repair Distribution-Box  
 \_\_\_ Replace/Repair Disposal Field      \_\_\_ Replace/Repair Septic Tank  
 \_\_\_ Replace/Repair Connecting Pipe      \_\_\_ Other Specify \_\_\_\_\_
- b. Describe Nature of Alteration or Repairs: \_\_\_\_\_
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3. System Components:

- a. Septic Tank Capacities, gals:      \_\_\_ first (single compartment \_\_\_\_\_)  
    \_\_\_ second compartment \_\_\_\_\_
- b. Effluent Distribution  
 Method: \_\_\_ Gravity Flow   \_\_\_ Gravity Dosing              \_\_\_ Pressure Dosing  
 Dosing Device:              \_\_\_ Pump                                      \_\_\_ Siphon
- c. Dosing Tank Capacities, gal: Total Capacity \_\_\_\_\_  
 Dose Volume \_\_\_\_\_      Reserve Capacity \_\_\_\_\_
- d. Laterals: Number \_\_\_\_\_      Total Length \_\_\_\_\_      Width \_\_\_\_\_  
                                  Pipe Size \_\_\_\_\_      Spacing \_\_\_\_\_
- e. Connecting Pipe: Size \_\_\_\_\_      Length \_\_\_\_\_
- f. Manifold:                      Size \_\_\_\_\_      Length \_\_\_\_\_
- g. 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: Size (Length, Width, Depth) \_\_\_\_\_  
 Number of Pits \_\_\_\_\_      Total Percolating Area Provided \_\_\_\_\_

4. General Plan

\_\_\_ General Plan Or Sketch Showing Repair And Location of ALL System Components, Including: Grease Traps, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

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5. I hereby certify that the information furnished on Form 4 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.A.C. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature \_\_\_\_\_