PUMPING	SYSTEM	DESIGN	INFORMA	TION
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PUMPING SYSTEM DESIGN INFORM	IATION	1. Volume of Sanitary Sewage:	(gallons)		
		Residential Number of Dwelling Units:	Total Number of Bedrooms:		
1. Make and model of pump:		Non- Residential: Occupancy:	Persons Each Day Size:sq. ft. floor area		
		Estimated Quantity of Sewage:	(gallons per day)		
2. Size and type of pipe force main: 3. T	Yotal Dynamic Head:	Type of Waste:			
4. Dose Volume: 5. D	Duration of Pump Cycle:	□ Sanitary □ Industrial Waster	s \Box Other (specify type): +++		
6. Reserve capacity of wet well (between alarm level and sewer	inlet: (gallons)	2. Other Approvals/Certificates/Waivers/Exemptions (Attach to Application) □ U.S. Army Corp of Engineers □ N.J.D.E.P □ Letter of Interpretation			
7. Elevation of high seasonal water table in pit area:		\Box Bureau of Flood Plain Management \Box	Other		
□ Ballast Required □ Ballast Not Required		3. System Components: a. Grease Trap Capacity:(gallons)) Show Calculation Used:		
		b. Septic Tank Capacities: (gallons) First (Single) Compartment:		
		Second Compartment:	Third Compartment:		
[FOR OFFICE USE ONLY	Z]	c. Effluent Distribution:			
PUMP SYSTEM INSPECTION	DATA	Method:	□ Gravity Dosing □ Pressure Dosing		
Sanitary Manhole Dimensions: Cover:	Sealed:	Dosing Device:			
Distribution Box Size:180° Fitting:	Weepholes:	d. Dosing Tank Capacities in Gallons: Total	Capacity: Dose Volume:		
Solid/Feederlines: Outlet Lines	s Level:	Reserve Capacity:	_		
Pumping operation levels (Measure from Rim top): Installation	Date:	e. Laterals: Number: Total L	ength: Pipe Size: Spacing:		
Inlet: Time of Pur	np Operation:	f. Connecting Pipe: Size:			
	er Plan:	g. Manifold: Size:			
Lag Pump On: Gate Valve	Check Valve:				
Lead Pump On: Quick Disco					
	Diameter:		Total Length: Bed: Area:		
	Splices:		Number of Pits:		
	etor:				
NEMA#2 Electric Derr Alterer Correct		 4. Attachments (Check items included): □ General plan of system showing location 	on of all system components		
		\Box X-sections of each system component :	including grease trap, septic tank, dosing tank, disposal		
ALARM OPERATION:		Field, seepage pits and interceptor drai	ns		
Bell: Light: Functional:	Other:	* *			
Manual Reset: Separate Circuit:	Direct Elec. Connection:				
Comments:			shed on this application (and attachments) is true and accurate. I ion of the Water Pollution Control Act (NISA 58:10A-1 et seg.)		

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 by N.J.A.C. 7:14-8

GENERAL DESIGN DATA

APPROVAL & INSPECTION RECORD



|--|

DATE:

DATE	BY	INSPECTIONS	
			_
			_
FINAL GRADE	E APPROVAL:	DATE:	
CERTIFICATE	OF COMPLIANO	CE ISSUED: DATE:	

	APPLICATION	
Fees: \$1,200.00 (N	lew Construction); \$975.00 (A	lteration)
□ New Construction	□ Alteration/no expar	nsion or change in use
\Box Alteration/expansion of change in use	□ Alteration/malfunct	tion
\Box Deviation from Standard	\Box Repair to existing S	System
SUBJECT PROPERTY:	BLOCK:	LOT:
OWNER:	PHONE:	
ADDRESS:		
PURCHASER:		
ADDRESS:	EMAIL:	
CONTRACTOR:	PHONE:	
ADDRESS:		
INSTRUCTIONS: This application shall be a proposed sewage disposal system. The plans sl		ty data and detailed plans fo

INSTRUC	IIUNS: I	ins application	on shall be	accomp
proposed s	ewage disp	osal system.	The plans	shall in

1.	Must	comply	with	NJAC	7:9A	-3.5(c)1	-8. A min.
~				3 7 7 4 0			10

2.	Μı	ist	comp	ly	w1th	NJA	C 7:	9A-	4.2	2(b)1-	-10.
-					~		•				

3. Architectural	floor plans for	the building(s).
4 4 1	1.	1D 1 CII

4 Any applications needing special Board of Health a
complete copies of plans and a PDF version.
5 TC

5.	It	corrections	must b	e made,	the app	lication	W111	r

Water Supply:	□ Public	□ Well	

This is to certify to the Board of Health of the Township of Harding that the undersigned has prepared or examined the within application and accompanying plans and specifications and that such application and data are in compliance with: Standards for the Construction of Individual subsurface Sewage Disposal Systems, N.J.A.C. 7:9A et seq. and Standards promulgated thereunder; the Individual Subsurface Sewage Disposal Systems Code of the Township of Harding as revised and/or amended and Standards adopted by the Board of Health of Harding Township.

SIGNATURE:	P.E. LICENSE NO.:	ICENSE NO.: DATE:	
FIRM & SEAL:	PHONE:		
ADDRESS:	EMAIL:		
OWNER SIGNATURE:		DATE:	
FOR AC	GENCY USE ONLY		
□ Application Denied, Reason for Denial/Citation			
□ Application Approved			
□ Application Approved Subject to Approval by	/ NJDEP		
DATE OF ACTION: SIGNATURE O	F AUTHORIZED AGENT:		
NAME AND TITLE:			

NAME	AND	TITLE:	

RECEIVED

Health 02-11-21-006

Permit #

Block:

Lot:

TOWNSHIP OF HARDING, MORRIS COUNTY, NEW JERSEY INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

or the

1"-30' scale drawing of the lot.

approval must be submitted 10 days before meeting with 3

not be placed on the agenda for that month.

Existing

SEPTIC APPROVAL