

EXISTING SANITARY SEPTIC SYSTEM GENERAL PERMIT (NJ0130281)

T1 FACILITY INFORMATION FORM

Facility Name: _____ **Permit Authorization #:** _____
Facility Address: _____ **PI ID#:** _____

Describe your facility as follows:

1. Confirm the number of units, buildings or population to be served by the system on a daily basis on the lines below.
2. Detail the components of the system (i.e., number and sizes of septic tanks, dosing tanks, cesspools, seepage pits, disposal fields, dry wells or other distribution and discharge mechanisms) on the lines below.
3. Provide copy of design/construction approval for the disposal system(s) from the local health department, if available.
4. If no information is available, the permittee's agent shall submit written certification as to the sizing, components and population the system(s) is/are intended to serve on company letterhead with a P.E. Seal. This is in addition to this form.

Identify ONLY for your type of facility:

Schools, day camps, day care (*# of students and staff*) _____
 Mobile home parks (*# of mobile homes*) _____
 Campgrounds (*# & type of sites; e.g.: tent, RV, park model*) _____
 Apartments/other dwelling units (*# of units and # bedrooms in each*) _____
 Hotel/Motel (*# of rooms, is there a bar or restaurant # seats or patrons*) _____
 Stores and offices (*square footage and # of staff*) _____
 Nursing homes/rest homes/hospitals/
 other care centers (*# of beds and # of staff*) _____
 Restaurants (*# of seats and/or maximum # patrons*) _____
 Parks/rest areas (*maximum # of patrons*) _____
 Industry (*type and # of staff*) _____
 Other _____

Identify components of your septic system (as applicable):

<u>Type of unit</u>	<u># of units</u>	<u>Size of unit</u>
Septic Tank(s)	_____	_____ (gallons)
Dosing Tank(s)	_____	_____ (gallons)
Cesspool(s)	_____	_____ (gallons)
Seepage Pit(s)	_____	_____ (gallons)
Disposal Field(s)	_____	_____ (gallons)
Other	_____	_____ (sq. ft.)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly or negligently submitting false information."

Permittee or permittee's agent: _____ Name of firm (if applicable): _____

Submit this form with the NJPDES application when applying for a T1 permit Request for Authorization (RFA) to the address below:

**Mail Code 401-02B
Permit Administration Section
Division of Water Quality
P.O. Box 420
Trenton, NJ 08625-0420**