

Department of Health  
and Human Services

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Making It Better, Together.

www.camdencounty.com

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\_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Pinelands Copy

**FORM 1**

**General Information**

**1. Type of Septic Permit Needed (Check applicable categories):**

- New Construction
- Alteration/No Expansion or Change in Use
- Alteration/Expansion or Change of Use
- Alteration/Malfunctioning System
- Deviation from Standards
- Repairs to Existing System
- Permit Renewal

**2. Location of Project:**

Municipality: \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Street Address \_\_\_\_\_

Zip Code: \_\_\_\_\_

3. Name of Applicant (print) \_\_\_\_\_

4. Applicant's Present Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

5. Applicant's Phone Number: \_\_\_\_\_

6. Type of Facility:  Residential  Commercial/Institutional (Specify type) \_\_\_\_\_

7. System type:  Gravity  Gravity Dosing  Pressure Dosing  Chambers  Other \_\_\_\_\_

8. Type of Wastes to be Discharged:  Sanitary Sewage  Industrial Wastes  Other-Specify Type: \_\_\_\_\_

9. Other Approvals/Certifications/Waivers/Exemptions (Attach to Application):  Pinelands Commission

U.S. Army Corps of Engineers  NJDEP-Bureau of Flood Plain Management

Other Specify: \_\_\_\_\_

10. I hereby certify that this information furnished 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

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CCDH & HS REQUIREMENTS

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