



**FREEHOLDER DIRECTOR**  
Robert M. Dammingner

**FREEHOLDER LIAISON**  
Jim Jefferson

### **Demolition/Abandonment Inspection Application Requirements**

The person who will be performing the work is required to submit the permit. The permit must be signed by the homeowner. The permit must be approved prior to the start of any work. The cost of the permit is \$50.00 for either septic or well abandonment or \$75.00 if both are done at the same time. Please make check or money order payable to the "County of Gloucester".

Provide a written explanation of what type of inspection you need- such as an inspection of a decommissioned well, sewage disposal system abandonment or both.

Provide the Municipality, Block, Lot, Property Address, Mailing Address, Contact Person's Name and Contact Person's Phone Number.

Provide a sketch of the property showing the road, location of all existing structures, location of the well and sewage system to be abandoned and any other information which may be helpful. Directions to the property may also be needed.

#### **Septic system abandonment**

- Pumping receipts from a licensed septic pumper will be needed for sewage disposal systems.
- If the septic system is to be removed from the site then receipts from an appropriate disposal facility will be required.
- For commercial sites the material must be tested prior to removal to determine waste classification and appropriate disposal facility.

#### **Well Decommissioning**

- Must be performed by a New Jersey Licensed well driller.
- You must submit a NJDEP Well Decommissioning Report for each well decommissioned.

Once you have provided the above information you will then need to call this department at (856) 218-4180 to arrange a date for an inspector to meet the contact person on site to show us the abandonment has been completed.

**GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR & DISABILITY SERVICES  
SEPTIC SYSTEM ABANDONMENT INSPECTION REQUEST**

NAME OF PROPERTY OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PROPERTY LOCATION (Street Address) \_\_\_\_\_

NAME and ADDRESS OF CONTACT PERSON (If different than property owner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**SEWAGE DISPOSAL SYSTEM DETAILS** (Attach sketch of property if available)

NUMBER OF SEPTIC SYSTEMS ON THE PROPERTY: \_\_\_\_\_

YEAR WHEN EACH SEPTIC SYSTEM INSTALLED: (Indicate unknown if you do not know the date of installation)

\_\_\_\_\_

WHAT TYPE OF SEWAGE DISPOSAL METHOD IS USED AT THE PROPERTY? (circle the appropriate method).

MUNICIPAL SEWAGE

CESSPOOL(S)

SEPTIC TANK WITH:

DISPOSAL TRENCHES

DISPOSAL BED

SEEPAGE PIT

LOCATION OF SEPTIC SYSTEM RELATIVE TO BUILDING (e.g. front of house, behind house etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR SEPTIC SYSTEM ABANDONMENT: (e.g. new septic system installed, connected to municipal sewer, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Office Use Only**

Septic system abandonment completed to the satisfaction of the GCDHS&DS: Yes / No

Date of Septic system abandonment inspection: \_\_\_\_\_

Signature of inspector: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR & DISABILITY SERVICES  
DECOMMISSIONED WATER SUPPLY SYSTEM INSPECTION REQUEST

NAME OF PROPERTY OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PROPERTY LOCATION (Street Address) \_\_\_\_\_

NAME and ADDRESS OF CONTACT PERSON (If different than property owner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**WATER SUPPLY SYSTEM DETAILS** (Attach sketch of property if available)

NUMBER OF WATER SUPPLY SYSTEMS ON THE PROPERTY \_\_\_\_\_

NJDEP Water Supply ID number (PWSID): \_\_\_\_\_, Year PWSID number obtained, \_\_\_\_\_

LOCATION OF WATER SUPPLY WELL RELATIVE TO BUILDING (e.g. front of house, behind house etc.):

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR WATER SUPPLY TO BE DECOMMISSIONED:(e.g. new well installed, connected to municipal water etc)

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Office Use Only**

Water Supply decommissioned to the satisfaction of the GCDHSDS: Yes / No

Name of NJDEP certified Well Sealer: \_\_\_\_\_

Date of Well Decommissioning inspection: \_\_\_\_\_

Date Decommissioning Report Received: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_