



**State of New Jersey**  
**Department of Environmental Protection**  
**Division of Water Quality**



**New Jersey Pollutant Discharge Elimination System (NJPDES)**  
**T1 Cesspool Identification Form**

*Submission of this form is required consistent with the reporting requirements of the ground water Sanitary Subsurface Disposal (T1) master general permit. This form reports information regarding the presence or absence of cesspools on the property of facilities regulated under the master general permit. A cesspool is defined in the permit as a covered pit with open-jointed lining into which untreated sewage is discharged, the liquid portion of which is disposed of by leaching into the surrounding soil, the solids or sludge being retained within the pit.*

**Submission Instructions:** This form shall be completed by the permittee or their authorized agent and submitted within 3 months from the effective date of the permit authorization as listed on the permit authorization page. Please email this form to the Bureau of Ground Water, Residuals, and Permit Administration at [dwq\\_groundwater@dep.nj.gov](mailto:dwq_groundwater@dep.nj.gov) or alternatively this form can be mailed to: Mail Code: 401-02B, NJDEP - Division of Water Quality, Bureau of Ground Water, Residuals and Permit Administration - Ground Water Permitting Unit, PO Box 420, Trenton, NJ, 08625-0420.

**1. FACILITY INFORMATION**

Name of Facility/Site: \_\_\_\_\_  
Street Address/Location: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Municipality: \_\_\_\_\_ County: \_\_\_\_\_  
NJDES Permit # <sup>1</sup>: \_\_\_\_\_ Program Interest (PI) # <sup>1</sup>: \_\_\_\_\_  
Permittee Contact: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

<sup>1</sup> The NJDES permit number and Program Interest ID are located on the permit authorization page.

**2. CESSPOOL IDENTIFICATION**

**1. Are there cesspools on the facility's property that are NOT properly closed?**

*Note: "Properly closed" means cesspools were emptied of wastes and the cavity filled with clean gravel, stones, or soil material; influent lines have been excavated, removed or sealed.*

☐ Yes (continue with this section) ☐ No (proceed to Section 3 of this form)

**2. Number of cesspools that are NOT properly closed: \_\_\_\_\_**

**3. Is there a Department-approved closure plan in place for the cesspools on the property?**

☐ Yes (Attach a copy of the plan with submission of this form)  
☐ No (Submit a cesspool closure plan within 9 months from the effective date of the permit authorization as listed on the permit authorization page)

**4. Provide any additional pertinent information regarding the cesspools on the property in the box below:**

**3. CERTIFICATION**

"I confirm that the information provided in this form is accurate and complete to the best of my knowledge."

\_\_\_\_\_  
Signature Date Email

\_\_\_\_\_  
Print or Type Name Print or Type Position