East Amwell Township
Board of Health

Jack Palhemus has applied for a permit to construct, repair, or alter a septic system in the Township, and has submitted the necessary fee of $ 10 for such.

12/3/14
Date

Christine Nonkewicz
Local Board of Health Authority

Block 21 Lot 3 Location 114 Amwell Road

****

East Amwell Township

Local Permit Fee: $10.00

RECEIPT # 56884
FEE: $ 80.00

RECEIVED
DATE STAMP
NOV 25 2014
HUNTERDON COUNTY
DIVISION OF PUBLIC HEALTH

HUNTERDON COUNTY DEPARTMENT OF PUBLIC SAFETY
DIVISON OF PUBLIC HEALTH SERVICES
STANDARD FORM FOR SUBMISSION OF REPAIRS

A REPAIR IS THE REPLACEMENT OF ONE OR MORE COMPONENTS OF AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM IN A MANNER THAT WILL NOT CHANGE THE ORIGINAL LOCATION, CONSTRUCTION, SIZE, CAPACITY, TYPE OR NUMBER OF COMPONENTS.

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DIVISION OF PUBLIC HEALTH

1. **PROJECT LOCATION:**
   MUNICIPALITY: East Amwell BLOCK: 21
   STREET ADDRESS: 114 Amwell Road

2. **OWNER INFORMATION:**
   NAME OF CURRENT OWNER: Jack Polhemus
   MAILING ADDRESS: 115 Amwell Rd
   TOWN: Flemington STATE: NJ ZIP CODE: 08822
   DAYTIME PHONE: 782-6139 EVENING PHONE: Same CELL PHONE: None

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EAST AMWELL
BOARD OF HEALTH

3. **FACILITY TYPE:**
   X RESIDENTIAL 1 NUMBER OF BEDROOMS O COMMERCIAL _____ GALLONS/DAY

4. **REASON FOR REPAIR:**
   - O PONDING/BREAKOUT ONTO THE GROUND
   - O BACKUP OF SEWAGE INTO RESIDENCE
   - X RESULT OF SEPTIC SYSTEM INSPECTION (A COPY OF THE NJDEP ONSITE INSPECTION FORM MUST BE ATTACHED) OR PUMPING.
   - O SELECT FILL CLOGGED

5. **APPROXIMATE AGE OF SYSTEM?** 40 yrs ± **SEPTIC DESIGN ON FILE:** O YES X NO

6. **NATURE OF REPAIR:**
   - X NJ TANK REPLACEMENT (type/size) 1500 2-C CONCRETE _____ PLASTIC/FIBERGLASS
   - O BAFFLE O RISER X DISTRIBUTION BOX O SPEED LEVELERS O LID
   - X EFLUENT FILTER OR SOLIDS RETAINER O TANK/CESSPOOL ABANDONMENT
   - O DOSING TANK (type/size) _____
   - X CONNECTING LINE (SCHEDULE 40 PVC OR EQUIV.) SIZE/LENGTH 4" / 20' ±
   - O BED (LWD) _____ O TRENCHES (# OF TRENCHES, LWD) _____
   - O SEEPAGE PIT (SIZE) _____
   - O PUMP REPLACEMENT (MUST BE RATED SAME OR EQUIVALENT HORSE POWER)

7. **PROPOSED REPAIR TO BE SKETCHED ON BACK OF THE APPLICATION. SKETCH TO INCLUDE THE HOUSE, SEPTIC TANK, TRENCHES OR BED, WELL LOCATION, OTHER WATER COURSES AND BURIAL SITE. PLEASE NOTE: *IF REPAIR WORK IS ONLY A BAFFLE OR A RISER, THEN DISPOSAL FIELD AREA DOES NOT NEED TO BE LOCATED ON SKETCH.* ALSO, PLEASE NOTE THAT THE BURIAL SITE MUST BE A MINIMUM OF 100' FROM ANY WELL OR THE MATERIAL SHALL BE TRANSPORTED TO A LICENSED LANDFILL. THE WASTE LINE FROM THE HOUSE TO THE SEPTIC TANK IS NOT PART OF THE SEPTIC SYSTEM, INSPECTION OF THIS LINE IS UNDER THE JURISDICTION OF THE MUNICIPALITY.**

8. **SIGNATURE OF APPLICANT:** J Polhemus **DATE:** 11/24/14

9. **CONTRACTOR/EXCAVATOR/INSTALLER INFORMATION:**
   NAME: JJ E B Services PHONE: 908-399-4150

10. **HEALTH DEPARTMENT AUTHORIZED AGENT:** James A Hallas, PREHS
    DATE OF APPLICATION APPROVAL: 11/25/14 **EXPIRATION DATE:** 11/25/19

- **This application approval is not to be considered a guarantee that the above mentioned repair will correct a malfunction, only that the repair is in conformance with chapter 9A, standards for individual Subsurface Sewage Disposal Systems.**
- **An alteration may be more appropriate to correct this malfunction. This would include soil testing and a septic design by an engineer.**

PLEASE NOTE: THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL OTHER REQUIRED FEDERAL, STATE OR LOCAL APPROVALS PRIOR TO THE COMMENCEMENT OF WORK UNDER THIS APPROVAL, INCLUDING BUT NOT LIMITED TO, NJDEP PERMITS TO CONDUCT ACTIVITIES IN FRESHWATER WETLANDS, FRESHWATER WETLAND TRANSITION AREAS, OR FLOOD PLANE JURISDICTIONS. FAILURE TO OBTAIN THESE PERMITS PRIOR TO CONDUCTING REGULATED ACTIVITIES WITHIN THESE AREAS MAY RESULT IN REMOVAL OF THE SYSTEM AND OR THE ASSESSMENT OF SIGNIFICANT CIVIL PENALTIES.

EAST AMWELL TOWNSHIP
WELL CERTIFICATION

Date 3-14-94

The well, constructed / modified in the month of MARCH of 1994 on Block 21, Lot 3, Sub-Lot —, and tested according to the East Amwell Township Board of Health Ordinance 93-1BH by MR. POLHEMUS on 3-9-94 is hereby certified in respect to yield* to be suitable to support

(a) Residential requirements of a dwelling of ~~not more than~~ unlimited bedrooms, based on a well yield of √ gpm according to 93-1BH:10-4,

(b) Residential peak demand requirements for a dwelling of 2 bedrooms and 1½ bathrooms according to the peak demand test 93-1BH:10-3, or

(c) Commercial requirements of a facility of not more than _____ gpd water demand according to NJAC 7:10-12.7.

Well Interference Testing against existing well(s) on the following lots according to 93-1BH:11 was performed and has shown no significant interference:

Block ____ Lot ____ Block ____ Lot ____ Block ____ Lot ____

*The suitability of the new well to provide potable water of acceptable quality has to be certified by the Hunterdon County Health Department.

Applicant
Board of Health
Construction File ✓

For the Administrative Authority

Form 93-1BH:6 (2-94)

EAST AMWELL TOWNSHIP
WELL TESTING REPORT

PEAK DEMAND TEST

Sheet 1 of 3 Date 3-9-94

Block 21 Lot 3

Well Ident. POLHEMUS

(a) Number of ~~proposed~~ existing bedrooms: 2
(residential)

(b) Minimum daily water requirement: — gal
(non-residential; NJAC 7:10-12.7)

(c) Number of ~~proposed~~ existing bathrooms: 1
(residential)

(d) Number of major water supply fixtures: —
(non-residential)

Peak Load: 200 gal
(a) x 100 gal; or (c) x 0.5 gal

Peak Demand Rate: 3 gpm, minimum
(c) x 3; or (d) x 2

Peak Demand Time: 66 min, maximum
Peak Load / Peak Demand Rate

Pump Intake Level: 180 ft
below fixed point

TESTER: MR. POLHEMUS OF WM. STOTHOFF (908) 782-2717

A Clock Time	B Pump Time min	C Meter Reading gal	D Total Delivery gal	E Pump Rate D/B gpm	F Water Level ft/in	G Drawdown ft / in	H Well Loss ΔG x 1.4 gal	I Recharge D - H gal	J Recharge Rate I/B gpm	K Specific Yield gpm/ft J/G
8:52	0	96056	—	—	96'9"	—	—	—	—	—
8:57	5	96082	26	√.2	97'9"	1'0"	1	25	√.0	√.0
9:02	10	96108	√2	√.2	97'10"	1'1"	—	26	√.2	4.8
9:12	20	96160	104	√.2	97'11"	1'2"	—	√2	√.2	4.5
9:22	30	96212	156	√.2	98'0"	1'3"	—	√2	√.2	4.2
9:32	40	96265	209	√.3	97'11"	1'2"	—	√3	√.3	4.5

The well passed / ~~failed~~ the Peak Demand Test

Signature of Tester or Witness [signature]

EAST AMWELL TOWNSHIP
WELL TESTING REPORT

Sheet 2 of 3

Date 3-9-94

Block 21 Lot 3

Well Ident. POLHEMUS

Constant Rate Pump Test

Preliminary Specific Yield from Peak Demand Test: 4.5 gpmft

Test Time Required: 2 hours

Static Level: 96' 9" ft/in

Clock Time	Pump Time min	Water Level ft/in	Level Change* ft/in	Draw -down ft	Water Meter gal	Pump Rate gpm	Spec. Yield gpmft
9:32	0	97' 11"	-	1' 2"	96265	✓.3	4.5
9:52	20	97' 11"	± 0	1' 2"	96370	✓.3	4.5
10:32	60	98' 0"	- 1"	1' 3"	96581	✓.3	4.2
11:15	103	97' 11"	+ 1"	1' 2"	96808	✓.3	4.5
11:32	120	97' 11"	± 0	1' 2"	96896	✓.2	4.4

*Indicate level rise by plus (+) sign, level drop by minus (-) sign.

The well passed / ~~failed~~ the Constant Rate Pump Test at ✓ gpm.

Signature of tester or witness Frederick Hance

EAST AMWELL TOWNSHIP
WELL TESTING REPORT

Sheet 3 of 3 Date 3-9-94

Block 21 Lot 3

Well Identification POLHEMUS

WELL RECOVERY TEST

Static Water Level from fixed point: 96' 9" ft

Maximum drawdown at end of Constant Rate Pump Test: 1' 2" ft

Final pumping rate at end of Constant Rate Pump Test: 5.2 gpm

90% Recovery within a 24-hour period after pump tests? YES

Clock Time	Recovery Time min	Water Level ft/in	Level Change ft / in	Recovery Rate ft/min	Recovery % of the Drawdown	Recharge Rate gpm
11:34	0	97' 11"	–	–	–	–
11:35	1	97' 0"	0' 11"	0.9	79	1.3
11:36	2	96' 11"	0' 1"	0.1	86	~ 0.1
11:39	5	96' 10"	0' 1"	< 0.1	93	< 0.1

Signature of tester or witness [signature]