WEST MILFORD HEALTH DEPT.
DEC 27 2016
RECEIVED

Township of West Milford
Department of Health
1480 Union Valley Road, West Milford, NJ 07480-1303
(973) 728-2720 Fax: (973) 728-2847
Health@westmilford.org

SEWAGE SYSTEM SLUDGE REMOVAL PERMIT

Nº 12328

Pumping Date: 11/22/16

PROPERTY INFORMATION

1202 — Blk#
6 — Lot#
Street Address: 138 Banker Road
Owner's Name: Bob Rizzuti

PUMPING COMPANY INFORMATION:

Pumping Company Name: P+W Excavating
Telephone #: 973-728-1155
19393 — DEP Lic #

Reasons for Pump Out:
- ☒ Routine Maintenance (including 3yr pump requirement)
- ☐ Plumbing Backup
- ☐ Surfacing on ground
- ☐ Other (Explain) _____

Keith VanDuyk — Pumper's Name (Print)
Signature of Pumper

TANK & DISPOSAL SYSTEM CONDITION INFORMATION

Septic Tanks: **System Location:** ☒ Front ☐ Rear ☐ Right ☐ Left

Tank Material :
- ☒ Precast Concrete
- ☐ Metal
- ☐ Plastic/Fiberglass
- ☐ Other: _____

Receptacle Pumped:	Tank Size In Gallons	Actual Gallons Pumped	Tank Conditions "Acceptable" Y	Tank Conditions "Acceptable" N	ATU Y	ATU N		Pit Depth and Circumference	Actual Gallons Pumped
Septic Tank 1	1000	1000	✓				Seepage Pit 1		
Septic Tank 2							Seepage Pit 2		
Pump Tank							Others		

"Acceptable" Means All Parts Working: Proper Liquid Levels, Physical Condition, Baffles, and Lid

Disposal System: ☒ Bed ☐ Trenches ☐ Seepage Pit(s) Other _____

Location: ☒ Front ☐ Rear ☐ Right ☐ Left

- ☒ Acceptable Disposal Area & D-Box With No Sign of Problem or Failure!
- ☐ Acceptable Split System with Separate Black or Grey Water

UNACCEPTABLE SYSTEM CONDITION INFORMATION

Issue(s) With Tank(s):
☐ Lid ☐ Baffle ☐ Flow Back ☐ Liquid Elevated ☐ Part Filled
☐ Tank Not Filled To Proper Level ☐ Tank Deterioration ☐ Other

Issue(s) With Disposal Area:
☐ Saturation ☐ Direct/Indirect Flow to Water Course
☐ Overflow ☐ Sludge Build Up in Laterals
☐ Dist-Box ☐ Other: _____

Explain issue(s) found: _____

FOR HEALTH DEPARTMENT USE ONLY

Dates:

Initial Notice	NOV Late Pumping	NOV Public Health Nuisance	Summons	Next Sched. Cycle Notice

5-1-17

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MAY 12 2010
RECEIVED
West Milford Health Dept.

PERMIT No: 2835

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location of Pumping (Owner's Name): RIZZUTI

138 BARKER RD OR 138 COUNTY RD (Street Address) — Owner's Name — 1202 (Block #) — 6 (Lot #)

Pumping Contractor: ANDERSON SEPTIC (Name of firm) — 03580 (DEP License #) — 853-7314 (Telephone)

Date of Pumping: 4-22-10

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Pump Tank		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided? NO ✓ YES _____ TYPE _____

Location of Tank: ✓ Front Yard; _____ Rear Yard; _____ Side Yard

Liquid Level in tank is above _____ **outlet invert**
below _____ **outlet invert**
at ✓ **outlet invert**

Type of Tank: _____ Metal; ✓ Precast Concrete; _____ Cinder Block; _____ Other

Condition of Tank (s):
Acceptable ✓
Problem with Lid _____
Problem with Baffle _____
Other Problems _____

Disposal Area Design: ✓ Seepage Pits; ____ Bed; ____ Trenches; ____ Unknown; ____ Other

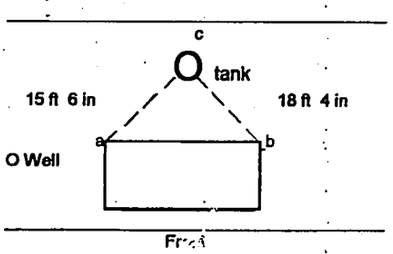
Condition of Disposal Area:
Acceptable ✓
Problem with Lid _____
Problem with Baffle _____
Other Problems _____

Reasons for Pump out: ✓ Routine Maintenance (including permit requirement); ____ Surfacing on Ground; ____ Plumbing Backup; ____ Other (explain) _____

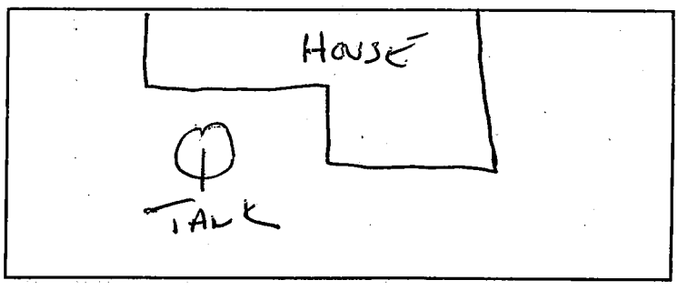
D. Welch — Name of Pumper (PRINT)
Signature of Pumper

Use the space provided to illustrate where your tank\well is located as shown in the example below. Measure the distances from the center of the tank to two fixed corners of the house. Avoid using items that may change. House shapes may vary, therefore you may find it easier to just send a photocopy of your property survey with the septic location marked as shown. If you wish to make notes or explain anything, please feel free to write on the back of this form.

Sample: Rear or Lake



A-C= 15 feet 6 inches
B-C= 18 feet 4 inches



A-C= ____ft ____in B-C= ____ft ____in

Original – Health Department **Duplicate – Homeowner** **Triplicate - Pumper**

5963

INSPECTION REPORT

TOWNSHIP OF WEST MILFORD
Passaic County, New Jersey

DATE APPLICATION RECEIVED
DATE APPLICATION REVIEWED
APPROVED ... REJECTED ... INITIAL ...
COMMENTS:

DEPARTMENT OF HEALTH

APPLICATION FOR PERMIT TO ALTER OR RECONSTRUCT AN EXISTING INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Owner (print) MR. RIZZUTO

Mailing Address & Phone BANKER Road

Location Address ____ (No. / Street) Block No. 36 Lot No. 34

1202 6

Dwelling Unit ing - No. of Bedrooms 2 Use: Yearly ☑ Summer ☐ Expansion Attic - Yes ☐ No ☐

Other — Type of Building ____ No. of Persons ____ Gals./Person/Day ____ Total G.P.D. ____

Nature of Alteration (Check and supply information requested. When only septic tanks are to be replaced or altered, percolation tests will not be required.)

SEPTIC TANK	GREASE TRAP	DISPOSAL BED	DISPOSAL TRENCH	SEEPAGE PIT
Liquid Cap. 1600 gl	Liquid Cap.	Width	Width	Width 6'
Material. CONCRETE	Material	Length	Depth	Length 6'
Width	Width	Area Sq. Ft.	Area Sq. Ft.	Diameter
Length	Length	Distance between Lines	Distance between Lines	Depth Below Inlet
Diameter	Diameter	Type of Pipe	Type of Pipe	Area sq. ft. of liner

X = LIMITING CONDITIONS

- ✓ Soil Conditions
- ____ Depth to ledge
- ____ Depth to water
- ____ Seepage
- ✓ No percolation taken
- ____ Distances from house
- ____ Distance from stream/lake
- ✓ Square foot area
- ____ Plumbing not high enough
- ____ Other

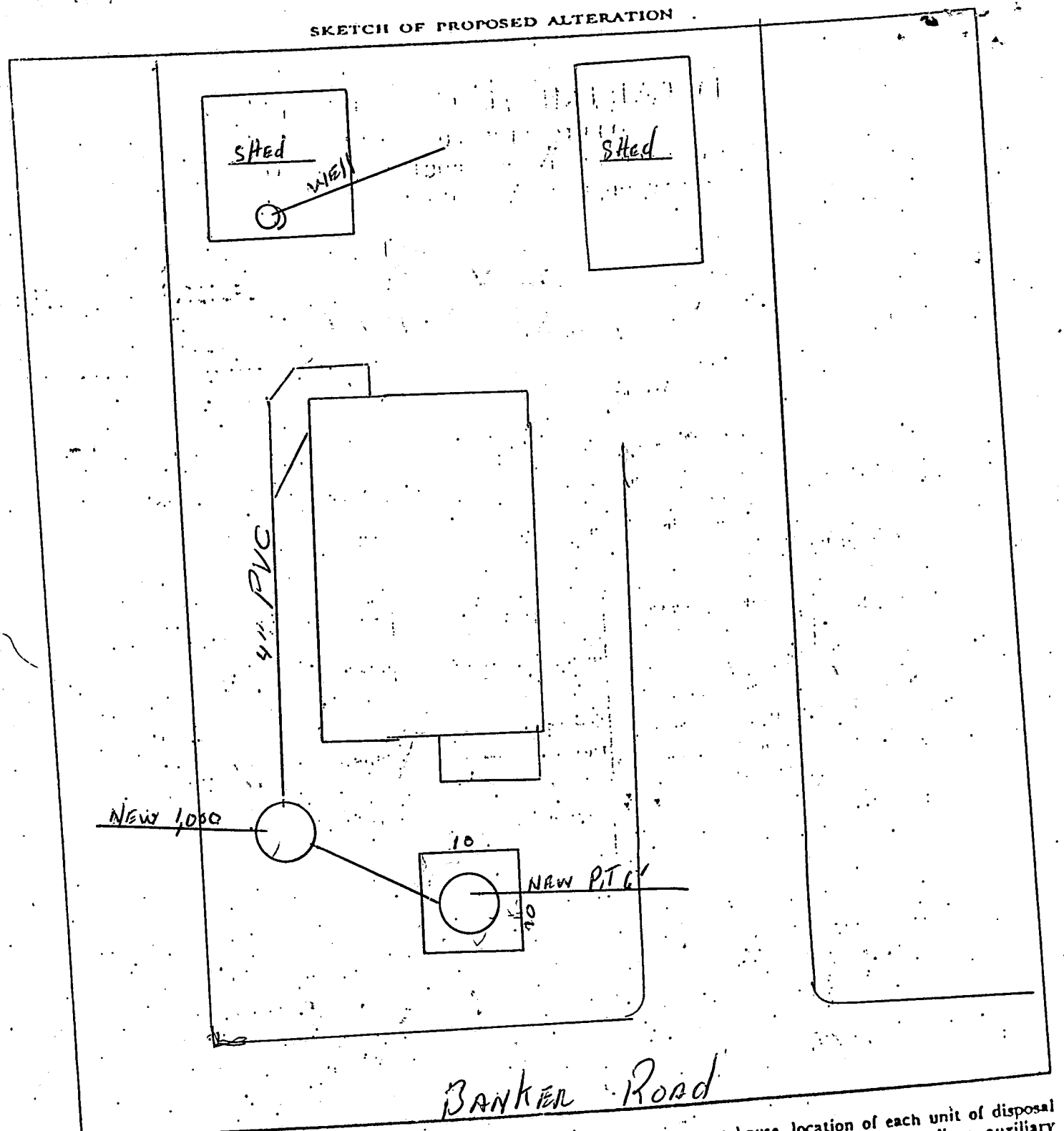
The undersigned owner recognizes the need to repair the septic system on this property and understands the limiting conditions imposed on the proposed installation.

The owner also recognizes that the Administrative Authority is endeavoring to accomplis a workable solution to the existing septic problem under the conditions aforementioned and agrees to the installation and its conditions.

Yvonne Rizzuto
Signature of Owner — Date

P & W Excavating 11/5/86
Signature of Contractor — Date

SKETCH OF PROPOSED ALTERATION



Make an accurate sketch showing the following — lot dimensions, location of house, location of each unit of disposal system, all buildings and large trees in disposal area. Include distances from house, side and rear lot lines, auxiliary buildings, large trees, sewage units and wells of all adjacent properties within 100 feet of proposed .

REMARKS: REMOVE old TANK AND REPLACE WITH 1,000 GAL CON REMOVE old PIT AND REPLACE WITH 6' -- CON. PIT IN 10 By 10 Hole

Owner:

Contractor: P + W EXCAVATING

Alteration Permit.....$20.00

New Construction
Permit $30.00

Permit No 5963

TOWNSHIP OF WEST MILFORD
PASSAIC COUNTY, N. J.

DEPARTMENT OF HEALTH

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Owner's Name Renzuto Phone

Location - Address Pamela Rd. Block No. 36 Lot No. 34

Contractor's Name P of W Phone

In accordance with the provisions of an ordinance entitled: "AN ORDINANCE establishing a code to regulate and control the location, construction, use, maintenance, and method of emptying or cleaning individual sewage disposal systems, or other places used for the reception or storage of human excrement, the issuance of permits and providing penalties for the violation thereof.", or as may be directed by the Dept. of Health & State Law P.L. Ch 199

Dept. of Health of Township of West Milford
in the County of Passaic and
State of New Jersey

11/5/56
Date

Administrative Officer

1/18/90 - plans for addition

Robert Rizzuti
138 Banker Road
Hewitt, N.J. 07421

Bedroom

IN WALL

STAIRS

Landing & Hall

Door

IN WALL

Bedroom

Bed Room

Door

Closet

IN WALL

BATH