2106/1

WEST MILFORD HEALTH DEPT.
AUG - 7 2018
RECEIVED

# WEST MILFORD HEALTH DEPARTMENT

1480 Union Valley Road - West Milford NJ 07480
Tel: 973-728-2720 Fax: 973-728-2847

## APPLICATION FOR HEALTH DEPARTMENT REVIEW OF BUILDING DEPARTMENT PERMIT FOR *EXISTING RESIDENTIAL DWELLING*

Homeowner's Name Roger Rostek Tel# [redacted]

Location 16 Longhouse Drive Hewitt, NJ 07421

Block 02106 Lot 001 Single family X Multiple units ____

Existing number of bedrooms 3

* Number of proposed additional bedrooms 0

** Proposed expansion attic? yes ____ no ____

Are any cantilevers proposed? yes ____ no ____

Describe proposed work Construct a 499 sq ft. shed

Please attach the *existing and proposed* floor plan and a site plan locating the existing septic tank, septic field and existing well.

* Per N.J.A.C. 7:9A-2.1 defines a bedroom as "any room within a dwelling unit, finished or unfinished, which may reasonably be expected to serve primarily as a bedroom or dormitory. The term bedroom shall be considered to include any room or rooms within an expansion attic." This reasonable definition has been expanded to include definitions used by the Dept. of Community Affairs in various building codes. Additional information may be obtained from the Dept. of Community Affairs website at http://www.state.nj.us/dca/codes/rehab/. Therefore, any room that the administrative authority feels can reasonably be used as a bedroom, can be required to be counted for the determination of the volume of sanitary sewage for design flow purposes, regardless of what the room is labeled on engineering or architectural plans.

** Per N.J.A.C. 7:9A-2.1; "*Expansion attic* means that part of a dwelling unit left unfinished but which is capable of being finished as a bedroom or bedrooms and which is accessible by permanent stairways or designed so that stairways can be installed."

Homeowner's signature Roger Rostek Date 8.7.2018

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FOR AGENCY USE ONLY

✓ Application Approved FOR A DETACHED SHED ONLY

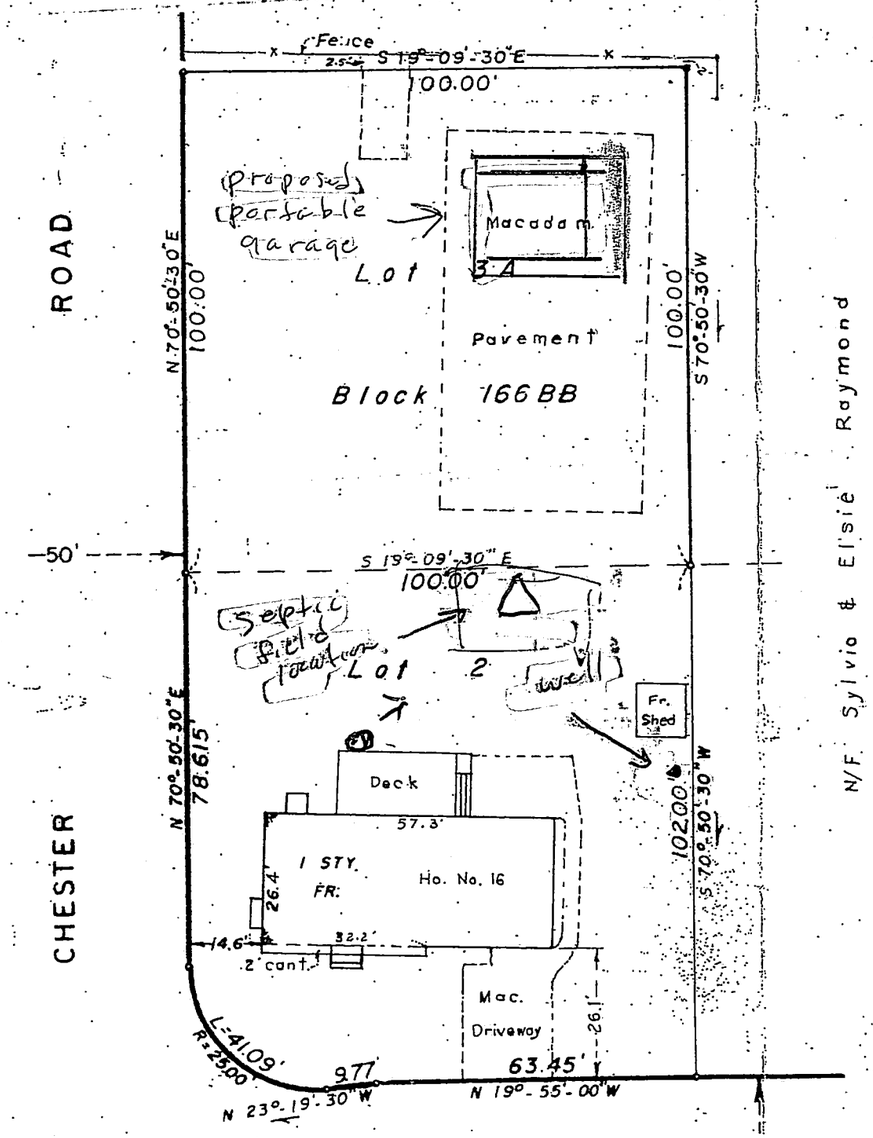
____ Application Denied

Reason for Denial CARE MUST BE TAKEN DURING CONSTRUCTION SO AS NOT TO ENCROACH UPON THE EXISTING WELL OR SEPTIC SYSTEMS ON SITE

Date of Action 8/8/18 Signature of Authorized Agent [signature]

Name & Title THOMAS J GILMARTIN REHS CONSULTANT

G. WALDO RUDE & ASSOCIATES INC.
LICENSED
ENGINEERS & LAND SURVEYORS
30 Colfax Ave. Pompton Lakes, N. J.
TE. 5-5108 PA. 8-3049




MAP OF PROPERTY
SURVEYED FOR
LINDA GIANCOLA & ROGER ROSTEK
IN THE
TWP. OF WEST MILFORD
PASSAIC CO. N J.

*This survey certified to the Cedar Grove Savings & Loan Association and Pioneer National Title Insurance Co.*

May 26, 1978

Garry A. Rue
Licensed Engineer & Land Surveyor # 11788

Ref.: Sylvio Raymond

Scale: 1" = 30'

Copy of original @ seal 07/13/18 TEC

WEST MILFORD HEALTH DEPT.
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BLOCK _____ LOT _____ QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

**TOWNSHIP OF WEST MILFORD**
1480 UNION VALLEY RD., WEST MILFORD, NJ 07480
(973) 728-2780

NEW JERSEY UNIFORM CONSTRUCTION CODE

# CONSTRUCTION PERMIT APPLICATION

**Applicant Completes: Sections I,II,II (optional). IV, VI, and VII**

**I. IDENTIFICATION**

1. Proposed Work Site at: 16 Longhouse Drive Hewitt, NJ 07421
2. Name of Owner in Fee: Roger Rostek 16 Longhouse drive
   Tel. [redacted] e-mail _____
   Address: 16 Longhorse Drive Hewitt, NJ 07421
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Carolina Carports Inc Tel. (800) 670-4262
   Address 187 Cardinal Ridge Trail NC e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ Fax (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel (____). _____ FAX (____) _____

**V. FEE SUMMARY (for office use only)**

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ | | |
| 2. | Electrical | | | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | | | |
| 7. | Less 20% for State Plan Review | $ | | |
| 8. | Subtotal | $ | | |
| 9. | State Permit Surcharge Fee | | | |
| 10. | Subtotal | $ | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | $ | | |

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Distrubed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

**IIa. PROPOSED WORK:**

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

**IIb. SUBCODES:** (Check all that apply)

| | Est. Cost | FOR OFFICE USE ONLY (Optional) Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Building | | | | | | | | | |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COSTS | | | | | | | | | |

**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *Total Units Income-restricted*

| | | |
|---|---|---|
| Gained, Sale | | |
| Gained, Rental | | |
| Lost, Sale | | |
| Lost, Rental | | |

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

**III. DO YOU WANT:** (optional)

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

1. ☐ Elevators/Escalators/Lifts/ 4. ☐ Refrigeration Systems 8. ☐ Smoke Control Systems in Open Wells

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | | | | | | | |
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☒ Health Department | TJG | 8/8/16 | | | | | | | APPROVED |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Department of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Department of Environmental Protection | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

| Name of Code & Edition | | Name of Code & Edition | | |
|---|---|---|---|---|
| Building | | Energy | | Other |
| Electrical | | Barrier Free | | |
| Plumbing | | Flood Hazard | | |
| Fire Protection | | As Built Elevation Cert. | | |
| Mechanical | | Other | | |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | | | |
| ☐ Temporary Certificate of Compliance | No. | | | | |
| ☐ Continued Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Compliance | No. | | | | |
| ☐ Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Approval | No. | | | | |
| ☐ Lead Abatement Clearance Certificate | No. | | | | |

2106/1

TOWNSHIP OF WEST MILFORD
DEPARTMENT OF HEALTH
1480 UNION VALLEY ROAD
WEST MILFORD, NEW JERSEY 07480
TELEPHONE: (AREA CODE 201) 728-2720

March 30, 1992

Mr. Roger Rostek
16 Longhouse Road
Hewitt, NJ 07421

Dear Mr. Rostek;

Attached is a copy of the results from the water sample taken on March 18, 1992.

The Sodium and Chloride levels exceed the State's recommended limits. The sample also exceeded the State limit for Total Dissolved Solids, Manganese and Ph.

The water sample also failed for Total Coliform since there was a count of 8.

A licensed well driller should be contacted so that the necessary improvements can be made to insure a safe drinking water supply.

If you have any questions regarding this matter, please feel free to contact me at this office.

Sincerely,

Lorri DePoalo

Lorri De Poalo
Sanitarian

# GARDEN STATE LABORATORIES, INC.

*Bacteriological and Chemical Testing*

410 Hillside Avenue
Hillside, NJ 07205

Telephone (908) 688-8900
Fax (908) 688-8966

MATHEW KLEIN, M.S. Director
HARVEY KLEIN, M.S. Lab Supervisor

## REPORT OF ANALYSIS

REPORT # 920318222
CLIENT # WES02
DATE SUBMITTED: 3/18/92

TO: West Milford Health Department
1480 Union Valley Road

West Milford NJ 07480
ATT: Mr. Ken Hawkswell

SAMPLE TYPE: WATER
SAMPLE ID:
SAMPLE LOCATION: @ROSTEK - 16 LONGHOUSE

DATE SAMPLED: 3/18/92 TIME SAMPLED: 10:30 AM

| ANALYSIS | RESULT | UNITS | MCL |
|---|---|---|---|
| pH | 6.14 | Standard Units | 6.5-8.5 |
| Chlorine | <0.05 | mg/l | |
| Chloride | 590. | mg/l | 250 |
| Turbidity | 0.35 | NTU's | 1.0 |
| Odor | No odor observed | Threshold number | 3 |
| Color | 7.5 | color units | 10 |
| Total Dissolved Solids | 1016. | mg/l | 500 |
| Specific Conductance | 1600. | micromhos/cm | |
| Nitrate Nitrogen | 1.05 | mg/l | 10.0 |
| Iron | 0.11 | mg/l | 0.3 |
| Manganese | 0.16 | mg/l | 0.05 |
| Total Hardness | 200. | mg/l as CaCO3 | 250 |
| Calcium | 63. | mg/l | |
| Copper | 0.14 | mg/l | 1.3 |
| Magnesium | 12.0 | mg/l | |
| Sodium | 302. | mg/l | |
| Total Coliform | 8 | org. per 100 ml | |
| Fecal Coliform | Negative | org. per 100 ml | |

< = less than, not detected.
MCL = Maximum Contaminant Level allowed by State and Federal regulations.



Certified by U.S. Public Health Service, N.J. Dept. of Health and N.J.D.E.P.–Lab #20044

INSPECTION REPORT

Exc. OK 9/30/68
OK to Cover
OK TO Issue 10/23/68

TOWNSHIP OF WEST MILFORD
Passaic County, N. J.

Application No. 2507

# BOARD OF HEALTH

## APPLICATION FOR PERMIT

~~CONSTRUCT~~
**TO ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM**
~~RECONSTRUCT~~

Owner (print) Louis Diess

Location - Address Long House Drive (No. / Street) or Block No. 166-B-B Lot No. 2
2106 1

Dwelling Unit X No. of Bedrooms 3 Use: Yearly X Summer ☐ Expansion Attic — Yes ☐ No X

Other —Type of Building

Type of Facilities Persons Gals. per Person

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

450

| SEPTIC TANK | GREASE TRAP | DISPOSAL BED | DISPOSAL TRENCH | SEEPAGE PIT |
|---|---|---|---|---|
| Liquid Cap. EXISTING | Liquid Cap. | Width 15' | Width | Width |
| Material CONC. | Material | Length 30' | Depth | Length |
| Width | Width | Area Sq. Ft. 450 | Area Sq. Ft. | Diameter |
| Length CONC. TOP | Length | Distance between Lines 3' | Distance between Lines | Depth Below Inlet |
| Diameter 144 3 | Diameter | Type of Pipe 4" Perf | Type of Pipe | Area sq. ft. of liner |

432

PERCOLATION TEST RESULTS

| Hole No. | Time in Min. per In. | Number of Tests to Determine Saturation | Depth | Type of Soil Encountered, Depth of Each Type |
|---|---|---|---|---|
| 1 | 12 | | | |
| 2 USED | 15 | 3 | 30" | ALL SANDY LOAM |
| | | | | |
| | | | | |

Remarks and/or Variances Required: OLD SEPTIC TANK TO BE USED IF FOUND SOUND.

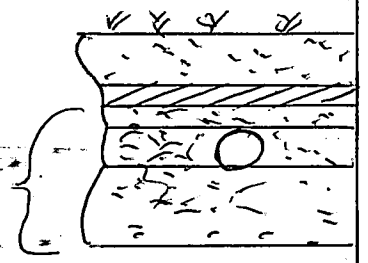
Performed by Henry A. Schmidt Date Sept. 68

## SKETCH OF PROPOSED ALTERATION

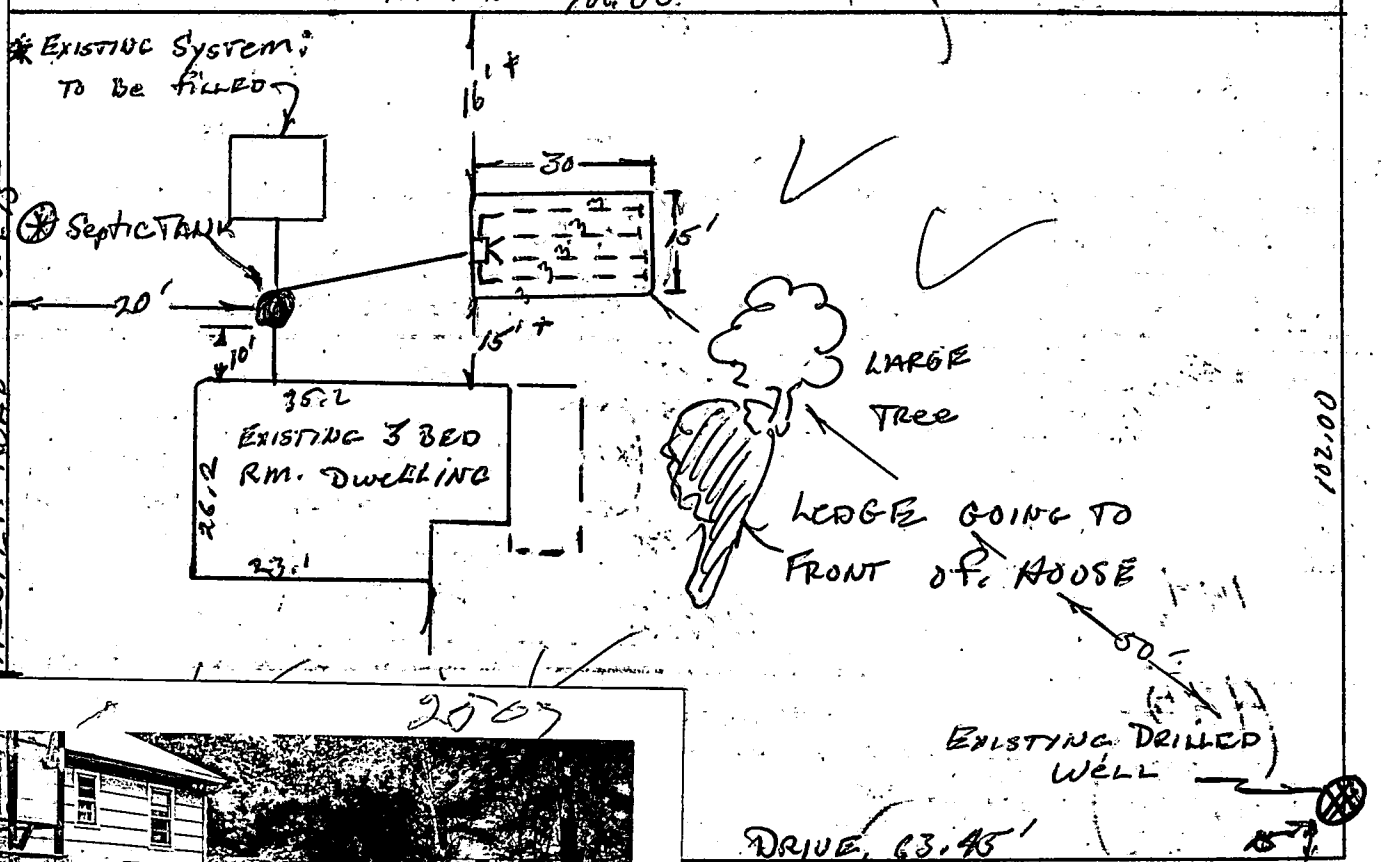
* EXISTING SYSTEM IS A HOLE ABOUT 10'X10' FILLED WITH STONE, THIS SYSTEM TO BE DISCONECTED AN FILLED IF NESSARY.

(*) SEPTIC TANK TO BE USED IF FOUND OPERATIVE WHEN UNCOVERED.

(*) EXISTING WELL: SYSTEM MUST BE AT LEAST 50' FROM NEAREST POINT TO WELL 100.00.




SEE THRU BED





ensions, location of house, location of each unit of disposal
ude distances from house, side and rear lot lines, auxiliary

dividual sewage disposal system in accordance with the
establishing a code to regulate and control the location,
r cleaning individual sewage disposal systems, or other places
issuance of permits and providing penalties for the violation
f West Milford in the County of Passaic and State of New

Owner: _____

Contractor: T. Bonnie

| | |
|---|---|
| Filing Application (New) | $ 5.00 |
| Permit New Construction | $15.00 |
| TOTAL | $20.00 |
| Filing Application (Alteration) | $ 3.00 |
| Permit to Alter | 7.00 |
| TOTAL | $10.00 |

Permit **No. 2507**

TOWNSHIP OF WEST MILFORD
PASSAIC COUNTY, N. J.

# BOARD OF HEALTH

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

PERMISSION IS HEREBY GRANTED L Dries
Name of Owner or Contractor

Longhouse Rd. Block No. 166 BB Lot No. 2
Address

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 Board of Health.

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

10/3/7
Date

J. S. Frame
Administrative Officer

TOWNSHIP OF WEST MILFORD
PASSAIC COUNTY, N. J.

# BOARD OF HEALTH

No. 2507

## CERTIFICATE OF COMPLIANCE

ISSUED TO Louis Dicss
Name of Owner or Contractor

Longhouse Dr. Block No. 106 B. Lot No. 9
Address

THIS IS TO CERTIFY, That the individual sewage disposal system installed by T. Bruce
Installer

In the Township of West Milford has been constructed 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.", adopted by the Board of Health of Township of West Milford in the County of Passaic, State of New Jersey, October 19, 1956, and as described in the Application for Permit to Locate and Construct an Individual Sewage Disposal System.

Or as the Board of Health of Township of West Milford has directed.

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

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

10/29/68
Date

Charles Anderson
Administrative Officer