

File

APPLICATION FOR PERMIT TO CONSTRUCT / ALTER AN INDIVIDUAL
SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1- General Information - Township: Chester Twp Block: 1003 Lot: 9

Location of Project (street): 22 Mountainview Dr.

Applicant: Richard Adey

Telephone (day):

Current Mailing Address: 22 Mountain View Dr.

Email:

Type of Permit (Check ALL applicable categories):

☐ New Construction

☐ New System Installed (existing structure)

☐ Alteration / Expansion of Change in Use

☒ Alteration / No Expansion or Change in Use → Deviation from Standards? ☐ Yes ☒ No

☒ Alteration / Malfunctioning System → Deviation from Standards? ☐ Yes ☒ No

☐ Repair to Existing System (in-kind replacement) → ☐ Malfunctioning ☐ Not Malfunctioning

If this system is malfunctioning please indicate what type and its cause (check all that apply):

☐ Contamination of wells/ surface waters by effluent. ☐ Break out of effluent onto the surface of the ground.

☐ Seepage of effluent into portions of the building below ground. ☐ Direct discharge to ground water.

☐ Back-up of effluent into building served (no internal blockage). ☐ Any effluent leakage from components.

Please Expand on current system (if malfunctioning):

☐ Privy, outhouse, latrine, or pit toilet (system must be installed) ☐ Cesspool

☒ System upgraded due to realty transfer (Cesspool or malfunctioning system)

Type of Facility:

☒ Residential - Number of Bedrooms: 3 Expansion Attic: ☐ Yes ☒ No

☐ Commercial / Institutional - Specify Type of Establishment

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Type of Waste to be Discharged:

☒ Sanitary Sewage ☐ Industrial Waste ☐ Other (Specify)

Other Approvals / Certificates / Waivers / Exemptions (Attach Application) :

☐ U.S. Army Corps of Engineers ☐ Pinelands Commission

☐ N.J.D.E.P. - Bureau of Flood Plain Management ☐ Highlands Water Protection and Planning Act

☐ Other (Specify)

R.E.H.S.

DATED: 4/11/16

Engineer: Gregory E. Yannaccone, PE Telephone: 908-859-6646

Address: Box 459 Chester, NJ 07930 Email: g.yannaccone@yvalle.com

I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and is subject to prosecution.

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Application Check # : _____ Date Paid: _____

Permit Check # : _____ Date Paid: _____ Permit # : _____

MUNICIPALITY Chester Twp.APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a - General Site Evaluation Data:

Block 10,03 Lot 9

1. Name of Site Evaluator (print): John Leonard
2. Business Address of Site Evaluator: 160 Main St. Box 459
Chester, NJ 07930
3. Business Phone Number of Site Evaluator: 908-879-6646
4. Special Site Limitations identified (Check appropriate Categories):
☐ Flood Plains ☐ Bedrock Outcrops ☐ Wetlands ☐ Excessively Stony
☐ Disturbed Ground ☐ Sink Holes ☐ Sand Dunes ☐ Steep Slopes
☐ Other - Specify
5. Soil Logs - Enter on Form 2b - Use one sheet for each soil log.
6. Considerations Relating to Disturbed Ground:
 - a) Type of Disturbance (Check appropriate categories):
☐ Filled Area ☐ Excavated Area ☐ Re-graded Area
☐ Subsurface Drains ☐ Other-Specify
 - b) Pre-existing Natural Ground Surface
 Elevation Relative to Existing Ground Surface
 Method of Identification
 - c) Suitability of Disturbed Ground
☐ Unsuitable: Objects Subject to Disintegration or change in Volume
☐ Excessively Coarse
☐ Proctor Test Performed - % Standard Proctor Density =
7. Hydraulic Head Test:
 - a) Hydraulically Restrictive Horizon: Depth to Bottom
 - b) Piezometer A: Depth to Bottom Depth of Water Level (24 hrs)
 - c) Piezometer B: Depth to Bottom Depth of Water Level (24 hrs)
 - d) Witnessed by Signature Date
8. Attachments (Check items included):
☒ Site Plan
☒ Key Map Showing Location of Site on U.S.G.S. Quadrangle or Other Accurate Map
☒ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
☐ Other - Specify
9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.
 (Signature of Site Evaluator) John Leonard Date 2/19/16
 Signature of Professional Engineer License # 39904

MUNICIPALITY Chester Twp

APPLICATION FOR PERMIT TO CONSTRUCT, ALTER, REPAIR AN INDIVIDUAL
SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b - Soil Log and Interpretation: Block 10,03 Lot 9

1. Log Number 1 Method (Check One) ☒ Profile Pit ☐ Boring

2. Soil Log:

Depth (Inches) Munsel Color Name and Symbol: Estimated Textural Class: Estimated
Volume & Coarse Fragment. If Present Structure: Moist or Dry
Top-Bottom Consistence: Monitoring - Abundance. Size and Contrast. If Present

0"-3"	Top soil
3"-18"	(7.5YR 5/6) Strong brown, subangular blocky, friable loam
18"-78"	(5YR 5/8) Strong brown, subangular blocky, friable, loam
78"-144"	(5YR 5/6) Strong brown, subangular blocky, friable, sandy loam 35% gravel

3. Groundwater Water Observations:

☐ Seepage - Indicate Depth _____
☐ Pit/Boring flooded - Depth after _____ Hours _____

4. Soil Limiting zones (Check Appropriate Categories):

☐ Fractured Rock Substratum - Depth to Top _____
☐ Massive Rock Substratum - Depth to Top _____
☐ Excessively Coarse Horizon - Depth Top to Bottom _____
☐ Excessively Coarse Substratum - Depth to Top _____
☐ Hydraulically Restrictive Horizon - Depth Top to Bottom _____
☐ Hydraulically Restrictive Substratum - Depth to Top _____
☐ Perched Zone of Saturation - Depth Top to Bottom _____
☐ Regional Zone of Saturation - Depth to Top _____

5. Soil Suitability Classification: I

I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator [Signature] Date 2/19/16

Signature of Professional Engineer [Signature] License # 39904

MUNICIPALITY Chester Twp

APPLICATION FOR PERMIT TO CONSTRUCT, ALTER, REPAIR AN INDIVIDUAL
SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b - Soil Log and Interpretation: Block 10.03 Lot 9

1. Log Number 2 Method (Check One) ☒ Profile Pit ☐ Boring

2. Soil Log:

Depth (Inches) Munsell Color Name and Symbol: Estimated Textural Class: Estimated
Volume & Coarse Fragment. If Present Structure: Moist or Dry
Top-Bottom Consistence: Monitoring - Abundance. Size and Contrast. If Present

0"-5"	Top soil
5"-18"	(7.5YR 5/6) Strong brown, subangular blocky, friable loam
18"-36"	(5YR 5/6) Strong brown, subangular blocky, friable, loam
36"-132"	(5YR 5/6) Strong brown, subangular blocky, friable, sandy loam 35% gravel

3. Groundwater Water Observations:

☐ Seepage - Indicate Depth _____
☐ Pit/Boring flooded - Depth after _____ Hours _____

4. Soil Limiting zones (Check Appropriate Categories):

☐ Fractured Rock Substratum - Depth to Top _____
☐ Massive Rock Substratum - Depth to Top _____
☐ Excessively Coarse Horizon - Depth Top to Bottom _____
☐ Excessively Coarse Substratum - Depth to Top _____
☐ Hydraulically Restrictive Horizon - Depth Top to Bottom _____
☐ Hydraulically Restrictive Substratum - Depth to Top _____
☐ Perched Zone of Saturation - Depth Top to Bottom _____
☒ Regional Zone of Saturation - Depth to Top 120"

5. Soil Suitability Classification: I

I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A et seq) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator [Signature] Date 2/19/16

Signature of Professional Engineer _____ License # 700024

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3a. Soil Permeability Date:

Block 10.03 Lot 9

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

1. Summary of data - Enter data for each test replicate on a separate line.

Type of Test	Test (Number)	Replicate (Letter)	Depth (Inches)	Result*
SPC RT	1A	1B	84"	K3

* For tube permeameter, pit bailing and piezometer tests report results in inches per hour. For soil permeability class rating give soil permeability class number. For percolation test report result in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number.....
 Average of test Replicates Single Replicate Slowest of Replicates

3. Type of Limiting Zone Identified Test Number

4. Attachments (Check items included):
 Form 3b - Tube Permeameter Test Data - Number of Sheets
 ☒ Form 3c - Soil Permeability Class rating Test Data - Number of Sheets 2
 Form 3d - Percolation Test Data - Number of Sheets
 Form 3e - Pit Bailing Test Data - Number of Sheets
 Form 3f - Piezometer Test Data - Number of Sheets
 Form 3g - Basin Flooding Test Data - Number of Sheets

5. I hereby certify that the information furnished on Form 3a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

(Signature of Soil Evaluator) [Signature] Date 2/19/16
 Signature of Professional Engineer [Signature] License # 39004

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MUNICIPALITY Chester Twp.....

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APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3c. Soil Permeability Class Rating Data:

Block 10.03 Lot 9

1. Test Number... 1A... Replicate (Letter)... 1B..

2. Sample Depth. 34. Soil Pit/Boring Number... 1... Date Collected... 2/19/16

3. Coarse Fragment Content:

Total Weight of Sample, W.T., grams 291.0

Weight of Material Retained on 2mm sieve, W.C.F., grams 10

Wt. % Coarse Fragment (W.C.F./W.T. x 100): 3.4

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt ... 30.1

5. Hydrometer Calibration, Rc 5

6. Hydrometer Reading - 40 seconds, grams, R1 16.5

Temperature of Suspension, °F 62

7. Corrected Hydrometer Reading, grams, R1' 10.3

12.5 8. Hydrometer Reading - 2 hours, grams, R2 10

Temperature of Suspension, °F 64

9. Corrected Hydrometer Reading, grams, R2' 4.2

10. % sand = (Wt. - R1')/Wt. x 100 = (30.1 - 10.3)/30.1 x 100 = 65.6

11. % clay = R2'/Wt. x 100 = 4.2/30.1 x 100 = 14.0

12. Sieve Analysis: 18.1

a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction

(Soil Retained in 0.047 mm Sieve), grams 17.6

b. Wt. of Fine Plus Very Fine Sand Fraction

(Sand Passing 0.25 mm Sieve), grams 5.4

c. % Fine Plus Very Fine Sand (b/a) 30.7

13. Soil Morphology (Natural Soil Samples Only):

Structure of Soil Horizon Tested Sab

Consistence of Soil Horizon Tested: Dry..... Moist..... fr.

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) K3

15. I hereby certify that the information furnished on Form 3c of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

(Signature of Site Evaluator).....Date... 2/19/16
Signature of Professional Engineer.....License #..... 30004

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MUNICIPALITY.....Chester Twp.....

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APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3c. Soil Permeability Class Rating Data:

Block 10.03 Lot 9

1. Test Number...1B... Replicate (Letter)...1A

2. Sample Depth...24 Soil Pit/Boring Number...1... Date Collected.....

3. Coarse Fragment Content:

Total Weight of Sample, W.T., grams 291.0

Weight of Material Retained on 2mm sieve, W.C.F., grams 10

Wt. % Coarse Fragment (W.C.F./W.T. x 100): 3.4

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt ...30.1

5. Hydrometer Calibration, Rc 5

6. Hydrometer Reading - 40 seconds, grams, R1 16

Temperature of Suspension, °F 63

16.5

7. Corrected Hydrometer Reading, grams, R1' 10.0

12.20 8. Hydrometer Reading - 2 hours, grams, R2 10.5

Temperature of Suspension, °F 65

9. Corrected Hydrometer Reading, grams, R2' 4.9

10. % sand = (Wt. - R1')/Wt. x 100 = (30.1 - 10.0)/30.1 x 100 = 65.6

11. % clay = R2'/Wt. x 100 = 4.9/30.1 x 100 = 16.3

12. Sieve Analysis: 18, 0

a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction

(Soil Retained in 0.047 mm Sieve), grams 17.4

b. Wt. of Fine Plus Very Fine Sand Fraction

(Sand Passing 0.25 mm Sieve), grams 5.5

c. % Fine Plus Very Fine Sand (b/a) 31.6

13. Soil Morphology (Natural Soil Samples Only):

Structure of Soil Horizon Tested Sab

Consistence of Soil Horizon Tested: Dry..... Moist..... fri

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) K3

15. I hereby certify that the information furnished on Form 3c of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

(Signature of Site Evaluator).....[Signature].....Date.....2/19/16

Signature of Professional Engineer.....[Signature].....License #.....39907

MUNICIPALITY Chester TwpAPPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form & General Design Data:

Block 10.03 Lot 9

1. Volume of Sanitary Sewage, gal. 500
☒ Residential: no. of Dwelling Units 1 Total No. of Bedrooms 3
 Commercial/Institutional - Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow and maximum recorded daily reading _____

2. Alterations or Repairs

- a) Reason for Alteration or Repair (Check appropriate categories):

☐ Expansion or Change In use ☒ Upgrade Existing facilities

☐ Correct Malfunctioning System ☐ Other - Specify _____

- b) Describe Nature of Alteration or Repairs: _____

3. System Components:

- a) Grease Trap Capacity, gals _____
 Shown Calculation Used: _____
- b) Septic Tank capacities, gals: 1,000 First (single) Compartment 667 gal.
 Second Compartment 333 gal. Third Compartment _____
- c) Effluent Distribution
 Method: ☒ Gravity Flow _____ Gravity Dosing _____ Pressure Dosing _____
 Dosing Device: _____ Pump _____ Siphon _____
- d) Dosing Tank Capacities, gals: Total Capacity 100 Dose Volume _____
 Reserve Capacity _____
- e) Laterals: Number 3 Total Length 100' Pipe Size 4" Spacing 3'-0"
- f) Connecting Pipe: Size 4" Length 70 ~~69~~ 10'
- g) Manifold: Size _____ Length _____
- h) Disposal Field: Type of Installation SRB
 Design Permeability: (Percolation rate) 6-20 in/hr
 Trenches: Width _____ Total Length _____ Bed: Area 816 S.F.
- i) Seepage Pits: Design Percolation Rate _____
 Number of Pits _____ Total Percolating Area Provided _____

4. Attachments (Check Items Included):

- ☒ General Plan of System Showing Locations of All System Components
☒ X-Sections of each System Components Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field
 Seepage Pits and Interceptor Drains
☐ Pump Performance Curve
☒ Other - Specify USDA Soils map

5. I hereby certify that the information furnished on form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) And is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer

Date

3/29/16

Soil Map—Morris County, New Jersey



Natural Resources
Conservation Service

Web Soil Survey
National Cooperative Soil Survey

3/22/2016
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Map Unit Legend

Morris County, New Jersey (NJ027)			
Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
GkaoB	Gladstone gravelly loam, 3 to 8 percent slopes	2.5	100.0%
Totals for Area of Interest		2.5	100.0%