From: Marguerite Taylor
To: Rhead Amy
Subject: OPRA request - 250 Mountain Road, Flanders
Date: Thursday, October 18, 2018 2:30:55 PM

Dear Roxbury Township,

This is a request for public records made under OPRA and the common law right of access. Please acknowledge receipt of this message.
Records requested:
Kindly provide the following information for 250 Mountain Rd, Flanders, Lot 14, Block 9202:
All building permits from 1959 to present;
All plumbing permits from 1959 to present;
All electrical permits from 1959 to present;
All information/certificates regarding oil tank removal, install, decommissioned/abandoned oil tanks;
All septic permits from 1959 to present; and
Any and all septic plans, septic inspections, septic design, sewage complaints, pumping permits from 1959 to present.
Thank you.

Marguerite Taylor
Admin
Juba Team Realty

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Is xxxxxx@xxxxxxxxx.xx the wrong address for OPRA requests to Roxbury Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=roxbury_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/250_mountain_road_flanders

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Construction

From: Gouck, Connie
To: Rhead Amy
Cc: Florio, Kathy
Subject: RE: OPRA 20181018-002 Taylor (250 Mountain Rd; B9202-L14)
Date: Friday, October 19, 2018 1:42:27 PM
Attachments: OPRA 20181018-002 Taylor.pdf

Amy,

The Construction Department response RE: OPRA 20181018-002 Taylor (250 Mountain Rd; B9202-L14) is attached.

Have a great day☺

Connie Gouck

Administrative Assistant

Construction Department

Township of Roxbury

1715 Route 46

Ledgewood, NJ 07852

973-448-2011

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 12/22/2010
Control Number C-10-01023
Permit Number 10-0937
Permit Issue Date 9/9/2010
Certificate Number 10-0937

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 250 MOUNTAIN RD FLANDERS, NJ 07836 Block: 9202 Lot: 14 Qual:

Owner in Fee: SHERNCE, ROBERT J/RICHARD-SHERNCE

Owner Address: 250 MOUNTAIN RD FLANDERS NJ 07836

Telephone: REDACTION: Unlisted Telephone Number, per N J S A 47:1A-1 1

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REMOVAL OF UNDERGROUND STORAGE TANK

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 12/22/2010
Control Number C-10-01024
Permit Number 10-0938
Permit Issue Date 9/9/2010
Certificate Number 10-0938

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 250 MOUNTAIN RD FLANDERS, NJ 07836 Block: 9202 Lot: 14 Qual:

Owner in Fee: SHERNCE, ROBERT J/RICHARD-SHERNCE

Owner Address: 250 MOUNTAIN RD FLANDERS NJ 07836

Telephone: [redacted]

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK INSTALLATION

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/19/2018

U.C.C. F260 (rev. 08/05)

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 2/5/2013
Control Number C-12-01595
Permit Number 13-0053
Permit Issue Date 1/15/2013
Certificate Number 13-0053

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 250 MOUNTAIN RD FLANDERS, NJ 07836 Block: 9202 Lot: 14 Qual:

Owner in Fee: SHERNCE BRIAN T

Owner Address: 250 MOUNTAIN RD FLANDERS NJ 07836

Telephone: [redacted]

REDACTION: Unlisted Telephone Number, per N.J.S A. 47:1A-1.1

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALL NEW 200 AMP SERVICE & GENERATOR 30 AMP INLET BOX

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 2/5/2013
Control Number C-13-00045
Permit Number 13-0054
Permit Issue Date 1/15/2013
Certificate Number 13-0054

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 250 MOUNTAIN RD FLANDERS, NJ 07836 Block: 9202 Lot: 14 Qual:

Owner in Fee: SHERNCE BRIAN T

Owner Address: 250 MOUNTAIN RD FLANDERS NJ 07836

Telephone: [redacted]

REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT BOILER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/19/2018

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 3/3/2014
Control # C-14-00162
Permit # 14-0159

IDENTIFICATION Block: 9202 Lot: 14 Qualifier
Work Site Location: 250 MOUNTAIN RD FLANDERS, NJ 07836

Owner in Fee: SHERNCE BRIAN T
250 MOUNTAIN RD FLANDERS NJ 07836
Telephone: [redacted]

Contractor: SHERNCE BRIAN T
Address: 250 MOUNTAIN RD FLANDERS NJ 07836
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☑ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
BASEMENT RENOVATION

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $5,800

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$75
Electrical	$103
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$15
Total	$203
Check No.	177
Cash	$0
Credit	$0
Collected By	Jan Ribe

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment: electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Inspection Activity Report

Inspections for Permit Number 14-0159

Permit Number

14-0159

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
03/05/2014	FRAMING	Rod Schmidt	Building	Cancelled	SHERNCE BRIAN T 250 MOUNTAIN RD	Alteration	BASEMENT RENOVATION	
03/05/2014	ROUGH	Frank Lanza	Electrical	Cancelled	SHERNCE BRIAN T 250 MOUNTAIN RD	Alteration	BASEMENT RENOVATION	
03/10/2014	FRAMING	Rod Schmidt	Building	Fail	SHERNCE BRIAN T 250 MOUNTAIN RD	Alteration	BASEMENT RENOVATION	
03/10/2014	ROUGH	Frank Lanza	Electrical	Pass	SHERNCE BRIAN T 250 MOUNTAIN RD	Alteration	BASEMENT RENOVATION	
03/11/2014	INSULATION	Rod Schmidt	Building	Pass	SHERNCE BRIAN T 250 MOUNTAIN RD	Alteration	BASEMENT RENOVATION	
08/01/2018	Final	Rod Schmidt	Building	Pass	SHERNCE BRIAN T 250 MOUNTAIN RD	Alteration	BASEMENT RENOVATION	Agent: SHERNCE BRIAN T Phone: [redacted]
08/01/2018	Final	Kurt Decker	Electrical	Fail	SHERNCE BRIAN T 250 MOUNTAIN RD	Alteration	BASEMENT RENOVATION	Agent: SHERNCE BRIAN T Phone: [redacted]

Health

From: Montgomery Abigail
To: Rhead Amy; Zachok Matt
Cc: Florio, Kathy
Subject: RE: OPRA 20181018-002 Taylor (250 Mountain Rd; B9202-L14)
Date: Tuesday, October 23, 2018 2:08:55 PM
Attachments: SKM_454e18102213110.pdf
MultiPDF0133-01.pdf

1st attachment Page 2,29,30 [REDACTION: Unlisted Telephone Number] unlisted

p.15,21,24 [REDACTION: Unlisted Telephone Numb] unlisted

2nd attachment page 1 [REDACTION: Unlisted Telephone Numb] unlisted

Abigail M Montgomery

Sr. R.E.H.S.

Roxbury Township Health Department

72 Eyland Avenue

Succasunna, NJ 07876

973 448-2028

973 252-6079 - fax

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

The Roxbury Township Health Department, having reviewed the application for facilities to be located at:

STREET: 250 Mountain Road Flanders, NJ 07836

BLOCK: 9202

LOT: 14

Please Note this permit WAS issued, but not yet installed. As of 10/22/18.

Hereby issues B5787

TO: Brian Shernce

To ***alter*** or ***repair*** the above sewage facilities in accordance with the information given in the application, or any amendments thereof or supplement thereto, subject to the following:

NO PART OF THE SEWAGE DISPOSAL SYSTEM EXPOSED TO VIEW UPON COMPLETION OF INSTALLATION SHALL IN ANY MANNER BE FILLED IN, AROUND OR COVERED FROM VIEW, UINTIL IT HAS BEEN INSPECTED AND APPROVED BY THE AUTHORIZED REPRESENTATIVE OF THE HEALTH DEPARTMENT.

August 30, 2018
Date

Health Department

Received

AUG 21 2018
B5787
Health Dept
Roxbury Township

COUNTY/MUNICIPALITY
MORRIS/ROXBURY

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

Form 1 - General Information : Block **9202** Lot **14**

1. Type of Permit Needed (Check applicable categories):

__ a. New Construction
X b. Alteration/No expansion or Change of Use
__ c. Alteration/Expansion or Change in Use
___ d. Alteration/Malfunctioning System
___e. Repair (in-kind replacement)/Malfunctioning System
___ f. Repair (in-kind replacement) System is not malfunctioning
__ g. Deviation from Standards
___ h. New system installed (existing structure)

2. Location of Project:

Street Address: **250 Mountain Road** Zip Code: **07836**

APPROVED
Roxbury Township
Health Department

3. Name of Applicant: **Brian Shernce**

4: Address of Applicant: **250 Mountain Road, Flanders, NJ 07836**

5: Applicants Phone Number: [redacted] REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

6. Type of Facility:
_____**X**____Residential Commercial/Institutional _____
Specify Type of Establishment: _____

7. Type of Wastes to be Discharged:
__ **X** ___ Sanitary Sewage _____ Industrial Wastes _____Other – Specify Type

8. If d. or e. in 4. Above are checked, indicate the type of malfunction and its cause (check all that apply):
____ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
____ Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
____ Seepage of sanitary sewage or effluent into portions of building below ground
____ Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
____ Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent
____ Direct discharges to ground water (no zone of treatment)
Describe the cause of the malfunction: _____

9. Please expand on Question #4, above, by checking if any of the following apply:
____ A privy, outhouse, latrine or pit toilet is present, a system must be installed
____ A system must be upgraded as part of a real property transfer
____ A cesspool has been identified during a real property transfer and a conforming system must be installed
____ A malfunctioning cesspool has been identified and a conforming system must be installed

10. Other Approvals/Certification/Waivers/Exemptions (attach to application):
_____ U.S. Army Corps of Engineers _____ N.J.D.E.P. – Bureau of Flood Plain Management
_____ Other - Specify:

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

Signature of Applicant _____ Date 8/16/18

FOR HEALTH DEPARTMENT USE ONLY

_____Application Denied, see attached letter

8/30/18 Application Approved

_____Application Approved Subject to Approval of NJDEP

_____Date of Action Signature of Authorized Agent _____

Name and Title Abigail M. Montgomery LSRREHS

EXPIRATION DATE: _____

COUNTY/MUNICIPALITY
MORRIS/ROXBURY
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a - General Site Evaluation Data Block **9202** Lot **14**

1 Name of Site Evaluator (print) **JEFFREY J. CAREAGA**

2 Business Address of Site Evaluator **382 ROUTE 46 WEST, SUITES 4&5**
BUDD LAKE, NEW JERSEY 07828

3. Business Phone Number of Site Evaluator **973-448-0651**

4. Special Site Limitations Identified (check appropriate categories):
□ Flood Plains □ Bedrock Outcrops □ Wetlands □Excessively Stony
□ Disturbed Ground □ Sinkholes □ Sand Dunes ☒ Steep Slopes
□ Other – Specify –

5. Soil Logs - Enter on Form 2b = Use one sheet for each 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 Top to Bottom
b) Piezometer A- Depth to Bottom Depth to Water Level (24 hrs)
c) Piezometer B- Depth to Bottom Depth to Water Level (24 hrs)
d) Witnessed by _____ Signature _____ Date_____

8 Attachments (check items included):
X Site Plan
X Key Map Showing Location of Site on U.S.G.S. Quadrangle or Other Accurate Map (Tax Map)
X 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 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 _____ Date 8/16/18

COUNTY/MUNICIPALITY
MORRIS/ROXBURY

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

Form 2b - Soil Log and Interpretation Block **9202** Lot **14**

1. Log Number Method (check one): **X** Profile Pit □ Boring

2. Soil Log: 1

Depth (inches) Top-Bottom	Munsell Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragments, If Present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size, and Contrast, If Present
Soil Log 1	Performed 8/10/18 by Jeffrey J. Careaga witnessed by Township of Roxbury Health Department
0"-5"	Original Topsoil
5"-28"	Sandy Loam, 10YR5/6, 10% Gravel, 10% Cobble, 5% Stone, Sub-Angular Blocky, Moist Friable
28"-120"	Sandy Loam, 10YR5/4, 10% Gravel, 10% Cobble, 10% Stone, Sub-Angular Blocky, Moist Friable

Mottling – None
Seepage – None
Water – None
Ledge – None
Roots to 55"
Disturbed Sample @ 56"

3. Ground Water Observation:
   - □ Seepage - Indicate Depth
   - □ Pit / Boring Flooded - Depth of Water

4. Soil Limiting Zones (check appropriate categories):

□ Fractured Rock Substratum	Depth to Top
□ Massive Rock Depth to Top 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**

6. I hereby certify that the information furnished on Form 2b 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: 1 OA- I et seq.) and is subject to penalties as prescribed in N.J.A.C. 7-14-8.

Signature of Soil Evaluator _____ Date 8/16/18

COUNTY/MUNICIPALITY
MORRIS/RANDOLPH

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

Form 2b - Soil Log and Interpretation Block **9202** Lot **14**

1. Log Number Method (check one): **X** Profile Pit ☐ Boring

2. Soil Log: **2**

Depth (inches) Top-Bottom	Munsell Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragments, If Present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size, and Contrast, If Present
Soil Log 2	Performed 8/10/18 by Jeffrey J. Careaga witnessed by Township of Roxbury Health Department
0"-6"	Original Topsoil
6"-20"	Sandy Loam, 10YR5/6, 5% Gravel, 5% Cobble, 5% Stone, Sub-Angular Blocky, Moist Friable
20"-122"	Sandy Loam, 10YR5/4, 10% Gravel, 10% Cobble, 5% Stone, Sub-Angular Blocky, Moist Friable

Mottling – None
Seepage – None
Water – None
Ledge – None
Roots to 70"

3. Ground Water Observation:
   - ☐ Seepage - Indicate Depth
   - ☐ Pit / Boring Flooded - Depth of Water

4. Soil Limiting Zones (check appropriate categories):

☐ Fractured Rock Substratum	Depth to Top
☐ Massive Rock Depth to Top 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**

6. I hereby certify that the information furnished on Form 2b 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: 1 OA- I et seq.) and is subject to penalties as prescribed in N.J.A.C. 7-14-8.

Signature of Soil Evaluator _____ Date 8/16/18

COUNTY/MUNICIPALITY
MORRIS/ROXBURY

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

Form 3a Soil Permeability Data Block **9202** Lot **14**

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.

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

Type of Test	Test (number)	Replicate (letter)	Depth Inches	Result *
SCRA	1	A	**56"**	**K3**
SCRA	1	B	**56"**	**K3**

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

2. Design Permeability / Percolation Rate: Specify Test Number **K4**

3. Type of Limiting Identified Test Number

4. Attachments (check items included):

☐	Form 3b - Tube Permeameter Test Data	Number of Sheets
X	Form3c- 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

6. I hereby certify that the information furnished on Form 3a 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: 1 OA-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7-14-8.

Signature of Soil Evaluator _____ Date 8/16/18

COUNTY/MUNICIPALITY Morris/Roxbury Block 9202
Lot 14

ce job # 7715

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

Form 3c. Soil Permeability Class Rating Data

1. Test Number	1	Replicate Letter	A		
2.Sample Depth	56"	Soil Pit/ Boring Number	1		
		Date Collected:	08/10/18		
3. Coarse Fragment Content:					
Total Weight of Sample, W.T. grams					300.00
Weight of Material Retained on 2mm Sieve, W.C.F., Grams					101.8
Weight % Coarse Fragment (W.C.F./W.T. x 100):					33.9%
4. Oven Dried Weight (24 hours at 105 deg C) of					
40 Gram Air Dried Sample					39.90
5. Hydrometer Calibration, Rc				5.5	grams
6. Hydrometer Reading-40 Seconds, R1				19.3	grams
Temperature of Suspension			72.1	deg F	
7. Corrected Hydrometer Reading, R1'				14.6	grams
8. Hydrometer Reading-2 Hours, R2				11.0	grams
Temperature of Suspension			72.3	deg F	
9. Corrected Hydrometer Reading, R2'				6.4	grams
10. % Sand = (Wt. - R1') / Wt. x 100					
=(39.9	-	14.6	39.9	x 100 =	63.3%
11. % Clay = R2'/ Wt. x 100 = (		6.4	39.9	x 100 =	15.9%
12. Sieve Analysis:					
a: Oven Dry Weight (2 hrs, 105 deg C) Total Sand Fraction					
(Soil Retained in 0.047 mm sieve)				36.4	grams
b: Weight of Fine Plus Very Fine Sand Fraction					
(Sand Passing 0.25 mm Sieve)				13.1	grams
c: % Fine Plus Very Fine Sand (b/a)				36.0%	

13. Soil Morphology (Natural Soil Samples Only)

Structure of Soil Samples Tested: Subangular Blocky

Consistence of Soil Samples Tested: Dry:
Moist: Friable

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicated 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 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 Date: 8/16/18

Signature of Professional Engineer

NJ License # 35973

COUNTY/MUNICIPALITY Morris/Roxbury Block 9202
Lot 14

ce job # 7715

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

Form 3c. Soil Permeability Class Rating Data

1. Test Number	1	Replicate Letter	B		
2.Sample Depth	56"	Soil Pit/ Boring Number	1		
		Date Collected:	08/10/18		
3. Coarse Fragment Content:					
Total Weight of Sample, W.T. grams					300.00
Weight of Material Retained on 2mm Sieve, W.C.F., Grams					101.8
Weight % Coarse Fragment (W.C.F./W.T. x 100):					33.9%
4. Oven Dried Weight (24 hours at 105 deg C) of					
40 Gram Air Dried Sample					39.90
5. Hydrometer Calibration, Rc				5.5	grams
6. Hydrometer Reading-40 Seconds, R1				19.2	grams
Temperature of Suspension			72.0	deg F	
7. Corrected Hydrometer Reading, R1'				14.5	grams
8. Hydrometer Reading-2 Hours, R2				11.1	grams
Temperature of Suspension			72.5	deg F	
9. Corrected Hydrometer Reading, R2'				6.5	grams
10. % Sand = (Wt. - R1') / Wt. x 100					
=(39.9	-	14.5	39.9	x 100 =	63.7%
11. % Clay = R2'/ Wt. x 100 = (		6.5	39.9	x 100 =	16.3%
12. Sieve Analysis:					
a: Oven Dry Weight (2 hrs, 105 deg C) Total Sand Fraction					
(Soil Retained in 0.047 mm sieve)				35.8	grams
b: Weight of Fine Plus Very Fine Sand Fraction					
(Sand Passing 0.25 mm Sieve)				13.5	grams
c: % Fine Plus Very Fine Sand (b/a)				37.7%	

13. Soil Morphology (Natural Soil Samples Only)

Structure of Soil Samples Tested: Subangular Blocky

Consistence of Soil Samples Tested: Dry:
Moist: Friable

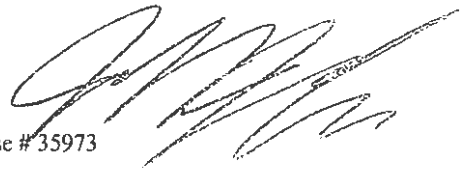
14. Soil Permeability Class Rating (Based upon average textural analysis of this replicated and other replicate samples) K3

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 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

Date: 8/16/18

Signature of Professional Engineer



NJ License # 35973

COUNTY/MUNICIPALITY

MORRIS/ROXBURY

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER

AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 4 General Design Data Block **9202** Lot **14**

1. Volume of Sanitary Sewage, gal **500**

X Residential: No. of Dwellings 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 Alteration or Repairs

a) Reason for Alteration or Repair (check appropriate categories):

□ Expansion or Change in Use **X** Upgrade Existing Facilities

□ Correct Malfunctioning System

Describe Nature of Repairs:

3. System Components:

a) Grease Trap Capacity, gals.

b) Show Calculation Used:

Septic Tank Capacities, gals. **Ex. 1500 – 2 Comp. Conc. Tank** **X** First (single) Compartment □ Second Compartment □ Third Compartment

c) Effluent Distribution

Method: **X** Gravity Flow □ Gravity Dosing □ Pressure Dosing

Dosing Device: □ Pump □ Siphon

d) Dosing Tank Capacities, gals. Total Capacity Dose Volume

Reserve Capacity

e) Laterals: Number **5** Total Length **260'** Pipe Size **4"** Spacing **36"**

f) Connecting Pipe: Size **4"** Length **7.1'**

g) Manifold: Size Length

h) Disposal Field: Type of Installation- **SR**

Design Permeability (Percolation Rate) **K4 (6-20)**

Trench Width Length Bed: Area **810 s.f.**

i) Seepage Pits: Design Percolation Rate

Number of Pits Total Percolation Area Provided sf

4. Attachments (check items included):

X General Plan of System Showing Location of All System Components

X X-Sections of Each System Component Including □ Grease Trap, **X** Septic Tank, □ Dosing Tank, **X** Disposal Field, □ Seepage Pits and □ Interceptor drains.

□ Pump Performance Curve

□ Other - Specify

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. 53: 1 OA-I et seq.) and is subject to penalties as prescribed in N.J.A.C. 7-14-8.

Signature of, Soil Evaluator _____ Date 8/16/18

Roxbury Township Health Department
Soil Log # 1

Date **8/10/18** Location **250 MTN RD** Phone

Owner Sherrce Address 250 Mtn Rd. Flanders, NJ

Engineer **Careaga 973 448-0651**

Alteration ~~Matthew Zachek~~ Abigail Montgomery Block 9202 Lot 14

Topsoil 0-5"

Depth of Horizon 1 28"	**Depth of Horizon 2** 120"
Color 10 YR 5/6	**Color** 10 YR 5/4
Soil Texture Class clay ___ sandy clay ___ silty clay ___ silt ___ sandy clay loam ___ silty clay loam ___ clay loam ___ sandy loam X loam ___ silt loam ___ sand ___ loamy sand ___	**Soil Texture Class** clay ___ sandy clay ___ silty clay ___ silt ___ sandy clay loam ___ silty clay loam ___ clay loam ___ sandy loam X loam ___ silt loam ___ sand ___ loamy sand ___
% by volume of course fragments gravel 10 cobble 10 stone 5 sand ___	**% by volume of course fragments** gravel 10 cobble 10 stone 10 sand ___
Soil Structure spheroidal ___ platy ___ subangular blocky X massive ___ angular blocky ___ single grain ___ prismatic ___	**Soil Structure** spheroidal ___ platy ___ subangular blocky X massive ___ angular blocky ___ single grain ___ prismatic ___
Soil Consistence **dry soil condition** / **wet soil condition** loose ___ / loose ___ soft ___ / friable X slightly hard ___ / firm ___ hard ___ / very firm ___ very hard ___ / extremely firm ___ cemented: yes ___ no ___	**Soil Consistence** **dry soil condition** / **wet soil condition** loose ___ / loose ___ soft ___ / friable X slightly hard ___ / firm ___ hard ___ / very firm ___ very hard ___ / extremely firm ___ cemented: yes ___ no ___
Mottling – depth: from ___ to ___ abundance / size / contrast few ___ / fine ___ / faint ___ common ___ / medium ___ / distinct ___ many ___ / coarse ___ / prominent ___	**Mottling** – depth: from ___ to ___ abundance / size / contrast few ___ / fine ___ / faint ___ common ___ / medium ___ / distinct ___ many ___ / coarse ___ / prominent ___

Highlands: Preservation ☐ Planning ☒

Reason for work: Home Sale ☐ Malfunction ☐ Expansion ☐ Other ___

Notes: 3BR Home

Not Malfunctioning. Planning to sell in future. Not listed.

Depth of Horizon 3 _____

Color _____ YR _____/_____

Soil Texture Class

clay ___ sandy clay ___ silty clay ___ silt __
sandy clay loam ___ silty clay loam ___
clay loam ___ sandy loam ___ loam ___
silt loam ___ sand ___ loamy sand ___

% by volume of course fragments _____
gravel ____ cobble ____ stone ____ sand ____

Soil Structure

spheroidal ____ platy ___
subangular blocky ____ massive ___
angular blocky ____ single grain ___
prismatic ____

Soil Consistence

dry soil condition	**wet soil condition**
loose ____	loose ____
soft ____	friable ____
slightly hard ____	firm ____
hard ____	very firm ___
very hard ____	extremely firm ___
cemented: yes ____	no ____

Mottling – depth: from _____ to _____

abundance	size	contrast
few ____	fine ____	faint ____
common ____	medium ____	distinct ____
many ____	coarse ____	prominent ____

Depth of Horizon 4 _____

Color _____ YR _____/_____

Soil Texture Class

clay ___ sandy clay ___ silty clay ___ silt __
sandy clay loam ___ silty clay loam ___
clay loam ___ sandy loam ___ loam ___
silt loam ___ sand ___ loamy sand ___

% by volume of course fragments _____
gravel ____ cobble ____ stone ____ sand ____

Soil Structure

spheroidal ____ platy ___
subangular blocky ____ massive ___
angular blocky ____ single grain ___
prismatic ____

Soil Consistence

dry soil condition	**wet soil condition**
loose ____	loose ____
soft ____	friable ____
slightly hard ____	firm ____
hard ____	very firm ___
very hard ____	extremely firm ___
cemented: yes ____	no ____

Mottling – depth: from _____ to _____

abundance	size	contrast
few ____	fine ____	faint ____
common ____	medium ____	distinct ____
many ____	coarse ____	prominent ____

Ledge @ ~ Grnd Water @ ~ Seep @ ~ Pooled @ ~ Rts @ SS Sample @ SL4

Notes: _____

Roxbury Township Health Department
Soil Log # 2

Date **8/10/18** Location **250 MTN RD** Phone

Owner Shernee Address 250 Mountain Rd. Flanders, NJ

Engineer **Careaga 973 448-0651**

Alteration ~~Matthew Zachok~~ Abigail M Montgomery Block 9202 Lot 14

Topsoil 0-6"

Depth of Horizon 1 20"	**Depth of Horizon 2** 122"
Color 10 YR 5/6	**Color** 10 YR 5/4
Soil Texture Class clay ___ sandy clay ___ silty clay ___ silt ___ sandy clay loam ___ silty clay loam ___ clay loam ___ sandy loam X loam ___ silt loam ___ sand ___ loamy sand ___	**Soil Texture Class** clay ___ sandy clay ___ silty clay ___ silt ___ sandy clay loam ___ silty clay loam ___ clay loam ___ sandy loam X loam ___ silt loam ___ sand ___ loamy sand ___
% by volume of course fragments gravel 5 cobble 5 stone 5 sand ___	**% by volume of course fragments** gravel 10 cobble 10 stone 5 sand ___
Soil Structure spheroidal ___ platy ___ subangular blocky X massive ___ angular blocky ___ single grain ___ prismatic ___	**Soil Structure** spheroidal ___ platy ___ subangular blocky X massive ___ angular blocky ___ single grain ___ prismatic ___
Soil Consistence **dry soil condition** / **wet soil condition** loose ___ / loose ___ soft ___ / friable X slightly hard ___ / firm ___ hard ___ / very firm ___ very hard ___ / extremely firm ___ cemented: yes ___ no ___	**Soil Consistence** **dry soil condition** / **wet soil condition** loose ___ / loose ___ soft ___ / friable X slightly hard ___ / firm ___ hard ___ / very firm ___ very hard ___ / extremely firm ___ cemented: yes ___ no ___
Mottling – depth: from ___ to ___ abundance / size / contrast few ___ / fine ___ / faint ___ common ___ / medium ___ / distinct ___ many ___ / coarse ___ / prominent ___	**Mottling** – depth: from ___ to ___ abundance / size / contrast few ___ / fine ___ / faint ___ common ___ / medium ___ / distinct ___ many ___ / coarse ___ / prominent ___

Highlands: Preservation ☐ Planning ☐ Reason for work: Home Sale ☐ Malfunction ☐ Expansion ☐ Other ___

Notes:

3BR Home

Depth of Horizon 3 _____

Color _____ YR _____/_____

Soil Texture Class

clay ___ sandy clay ___ silty clay ___ silt __
sandy clay loam ___ silty clay loam ___
clay loam ___ sandy loam ___ loam ___
silt loam ___ sand ___ loamy sand ___

% by volume of course fragments _____
gravel ____ cobble ____ stone ____ sand ____

Soil Structure

spheroidal ____ platy ___
subangular blocky ____ massive ___
angular blocky ____ single grain ___
prismatic ____

Soil Consistence

dry soil condition	**wet soil condition**
loose ____	loose ____
soft ____	friable ____
slightly hard ____	firm ____
hard ____	very firm ___
very hard ____	extremely firm ___
cemented: yes ____	no ____

Mottling – depth: from _____ to _____

abundance	size	contrast
few ____	fine ____	faint ____
common ____	medium ____	distinct ____
many ____	coarse ____	prominent ____

Depth of Horizon 4 _____

Color _____ YR _____/_____

Soil Texture Class

clay ___ sandy clay ___ silty clay ___ silt __
sandy clay loam ___ silty clay loam ___
clay loam ___ sandy loam ___ loam ___
silt loam ___ sand ___ loamy sand ___

% by volume of course fragments _____
gravel ____ cobble ____ stone ____ sand ____

Soil Structure

spheroidal ____ platy ___
subangular blocky ____ massive ___
angular blocky ____ single grain ___
prismatic ____

Soil Consistence

dry soil condition	**wet soil condition**
loose ____	loose ____
soft ____	friable ____
slightly hard ____	firm ____
hard ____	very firm ___
very hard ____	extremely firm ___
cemented: yes ____	no ____

Mottling – depth: from _____ to _____

abundance	size	contrast
few ____	fine ____	faint ____
common ____	medium ____	distinct ____
many ____	coarse ____	prominent ____

Ledge @ ~~___~~ Grnd Water @ ~~___~~ Seep @ ~~___~~ Pooled @ ~~___~~ Rts @ 7'0" Sample @ ~~___~~

Notes: _____

engineering inc.
careaga
(973) 448-0651 ~ Budd Lake, New Jersey

Fax (973) 448-0652
382 Route 46 West
Budd Lake, New Jersey 07828
State of NJ Engineering and Land Surveying License # 24GA28089000
State of NJ Licensed Home Improvement Contractor License #13VH01143300

August 27, 2018
CE Proj. No. 7715

Received
AUG 29 2018
Health Dept
Roxbury Township

Mrs. Abigail Montgomery, Sr. REHS
Township of Roxbury Health Department
72 Eyland Ave.
Succasunna, NJ 07876

Re: Septic Alteration
250 Mountain Road
Block 9202 – Lot 14

Dear Mrs. Montgomery,

The US Department of Agriculture website does classify the soil on the subject property as (RobDc) Rockaway sandy loam, 15 to 25 percent slopes, extremely stony. As per the soil log performed on August 10, 2018 there was no mottling and the seasonally high water table is below the 4' Zone of Treatment.

If you have any questions, or need any further information, please call our office at (973) 448-0651.

Very truly yours,

Careaga Engineering, Inc.
Jeffrey J. Careaga, P.E. 35973

cc: Client

ROXBURY TOWNSHIP HEALTH DEPARTMENT

72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

FILE COPY

REMINDER

June 30, 2016

Brian T. Shernce
250 Mountain Rd.
Flanders, NJ 07836

Re: Individual Sewage Disposal System License to Operate Renewal
Block 9202 Lot 14

Dear Mr. Shernce:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on November 27, 2015.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT

72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

October 2, 2015

Brian T. Shernce
250 Mountain Rd.
Flanders, NJ 07836

Re: Individual Sewage Disposal System License to Operate Renewal
Block 9202 Lot 14

Dear Mr. Shernce:

On November 27, 2015, the license to operate the individual subsurface sewage disposal system will expire.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. Individual sewage disposal systems have to be maintained and is functioning in conformance with the requirements of the Revised General Ordinances of the Township of Roxbury, Chapter 22, Article 4, Section 22-4.3 License to Operate.

A fee of **$50.00** must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee and the pumping slip or stop by the Health Department Monday-Friday, 9:00AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or if you have a reason why you cannot have your septic pumped, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM:bd
Encl.

FILE COPY

ROXBURY TOWNSHIP HEALTH DEPARTMENT

LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

License No. 1091

Date of Issuance: July 2, 2009
Date of Expiration: July 2, 2012

Brian T. Shernce

Location 250 Mountain Rd., Flanders Block 9202 Lot 14

Owner Richard Shernce Telephone [redacted]

REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

Present Address 22 Belton St., Stanhope, NJ 07874

Health Officer or REHS

This license must be renewed three years from date of issuance. Upon renewal, proof of pumping or a report of septic system inspection must be submitted to this department. Failure to properly maintain the septic system and renew the operating license will result in penalties as prescribed by law.

THIS LICENSE IS TRANSFERRABLE

N.J.A.C. 7:9A-3.14

License Fee $15.00

FILE COPY

ROXBURY TOWNSHIP HEALTH DEPARTMENT
CERTIFICATE OF COMPLIANCE

Issued to Richard Shernce (owner)

This is to certify that: (X) The Individual Sewage Disposal System

( ) The potable water supply

at Block 9202 **Lot** 14 250 Mountain Rd.
(No. and Street)

has/have been approved by the Township of Roxbury Health Department

June 30, 2009
Date

Health Officer or REHS

The issuance of this certifieate shall not be construed as a guarantee that the system(s) will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any ordinance or law relating to the public Health.

This certificate of compliance has been issued for a simple repair only. No alteration of the disposal area has been made.

11/03/06

ROXBURY TOWNSHIP HEALTH DEPARTMENT

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1 – General Information

1. **Location** 250 Mountain Rd. **Block** 9202 **Lot** 14
2. **Name of Applicant (print)** Richard Shernce
3. **Address:** 22 Belton St., Stanhope, NJ 07874
4. **Certificate of compliance: Date of Issuance_____. If no certificate was issued, indicate approximate age of system_____**
5. **Type of Facility:** ✓ **Residential**
   Indicate number of occupants_____

   _____Commerical/Institutional
   Specify type of establishment_____
6. **Type of Waste Discharged:**

   ✓ **Sanitary sewage only**

   ____Industrial waste

   ____Other (specify type)_____
7. **Volume of Wastes: Average flow, al/day_____**
   Maximum daily flow, gal. 500

   _____Based on water meter data

   _____Assumed based on data related to water usage (show data below:)

   No. users/day (patrons, guests, visitors etc.)_____

   No. employees_____ Total employee hrs./day_____

   No. fixtures_____ Specify type_____

   Size of building ft 2 **_____**

   Other (Specify)_____

8. **Indicate System Components, provide what information is available:**

_____**Grease trap: Capacity, gals.**_____

__✓__**Septic tank: Capacity, gals.** 1500

Number of compartments 2

_____**Dosing tank: Capacity, gals**_____

Dosing device: _____**pump** _____**siphon**

_____**Disposal bed: Area ft**^{2} 450

_____**Disposal trenches: Width, ft.**_____ **Feet**_____

Total length, ft._____

_____**Seepage pits: No.** 1 **Diameter, ft.** 10 **Depth, ft.** 12

_____**Interceptor drain**

_____**Other (specify)**_____

From previous permit

9. **I hereby certify that the information furnished in Form 1 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescrived in NJAC 7:14-8.**

Signature of Septic System Inspector_____

Date_____

FOR HEALTH DEPARTMENT USE ONLY

_____**Application denied (state reason for denial)**_____

_____

__✓__**Application approved, License number**_____

Signature of Authorized Agent_____

Name and Title Matthew Fachko Clerk

Date: 7/10/09

ROXBURY TOWNSHIP HEALTH DEPARTMENT

STANDARD FORM FOR CERTIFICATE OF COMPLIANCE

INSTRUCTIONS: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of NJAC 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if the administrative authority performs the certification.

PART A - GENERAL INFORMATION

1. **Permitted Activities (check applicable categories):**

   Permit Number B5458
   _____New Construction
   _____Alteration/no expansion or change of use
   _____Alteration/expansion or change in use
   _____Alteration/malfunctioning system
   _____Deviation from standards
   __X__Repairs to existing system

2. **Location of Project:**

   Street 250 Mountain Rd. Block 9202 Lot 14

3. **Name and Present Address of Applicant: Richard Shernce**

   22 Belton St., Stanhope, NJ 07874 Phone No. REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

PART B – PROFESSIONAL ENGINEER'S CERTIFICATION

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of NJAC 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (print)_____

SEAL **Signature_____**

Lic. No._____

Date_____

PART C – CERTIFICATION BY ADMINISTRATIVE AUTHORITY

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of NJAC 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature	RCMS **Type of License Held**
Matthew Fechuler **Name (typed or printed)**	B-1826 **License Number**

FOR HEALTH DEPARTMENT USE ONLY

Date received 5/22/09

Form determined to be: ✓ **Complete**

_____ **Incomplete: Date Returned** _____

Date Received _____

Date Certification Approved 7/1/09

Authorized Signature _____

FILE COPY

Health Department

72 Eyland Avenue
Succasunna, NJ 07876
(973) 448-2028
Fax 252-6079
healthdepartment@roxburynj.us

DATE: June 30, 2009

NAME: Richard Shernce
ADDRESS: 250 Mountain Rd.

BLOCK: 9202
LOT: 14

Dear Mr. Shernce:

All newly constructed , altered or repaired individual sewage disposal systems must have a license to operate from the department, as required by local ordinance. The fee for this license is Fifteen (15) dollars for a three-year period. With this license, you will receive an Operation and Maintenance Manual.

You can apply for this license in person at our office or by mailing a check, made payable to Roxbury Township, to the above address. The Certificate of Compliance will not be issued until the license to operate has been issued.

If you have any questions, please feel free to call this office.

Very Truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM:bd

RECEIVED
MAY 22 2009
B5458
HEALTH DEPT.
ROXBURY TOWNSHIP

ROXBURY TOWNSHIP HEALTH DEPARTMENT

Approved 5/22/09

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

Form 1 - General Information

1. Type of Permit Needed (check applicable categories):
   - ____ New Construction
   - ___X___ Alteration/No Expansion or Change of Use
   - ____ Alteration/Expansion or Change in Use
   - ____ Alteration/Malfunctioning System
   - ____ Deviation from Standards
   - ___X___ Repairs to Existing System

2. Location of Project:
   Street 250 Mountain Rd. Block 9702 Lot 14
   Flanders, NJ

3. Name of Applicant (print): Richard Sherrick

4. Applicant's Present Address: 22 Belton St Stanhope, NJ 07874
   Phone No. [redacted]
   REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

   Contractor J.R. Buis

   Address _____ Phone No. _____

5. Type of Facility:
   - ___X___ Residential
   - ____ Commercial/Institutional

   Specify Type of Establishment: _____

6. Types of Wastes to be Discharged:
   - ___X___ Sanitary Sewage
   - ____ Industrial Wastes
   - ____ Other (specify type): _____

7. Other Approvals/Certification/Waivers/Exemptions (attach to application):
   - ____ Pinelands Commission
   - ____ U. S. Army Corps of Engineers
   - ____ NJDEP, Bureau of Flood Plain Management
   - ____ Other (specify): _____

8. 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 subject to prosecution.

Signature of Applicant Richard B. Skurnick Date 5-22-09

- -

FOR HEALTH DEPARTMENT USE ONLY

____Application Denied. Reason for Denial/Citation of Rules Violated: _____

✓ ____Application Approved

____Application Approved Subject to Approval by NJDEP

Date of Action 6/22/09

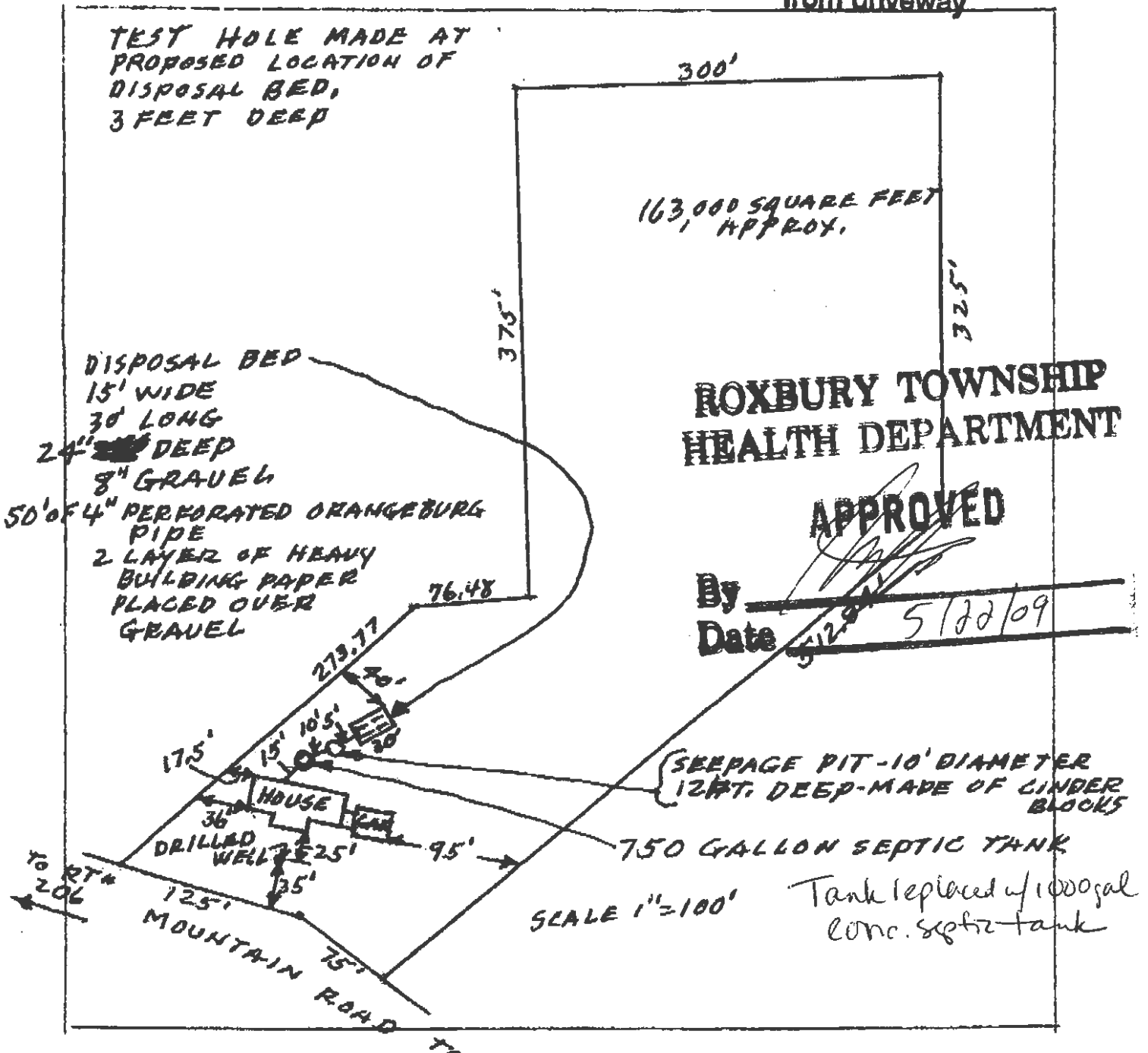
Signature of Authorized Agent _____

Title Tech

RECEIVED
MAY 22 2009
B5458
HEALTH DEPT.
ROXBURY TOWNSHIP

Roxbury Twp. Engineering Dept.
requires a road opening permit
if not accessing property
from driveway

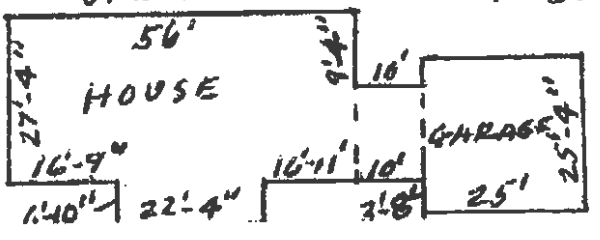
SKETCH OF PROPERTY



ROXBURY TOWNSHIP
HEALTH DEPARTMENT
APPROVED
By
Date 5/22/09

Check requirements under 2 on previous page.

SKETCH OF HOUSE 1"=30'



FRANCIS J. SCHINDELAR
P. E. & LAND SURVEYOR, LIC. #4062
MAIN ST., STANHOPE, NEW JERSEY

Roxbury Township Health Department
SDS Inspection Report

REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

Date **6/30/09** Location **250 MOUNTAIN ROAD**

Owner **RICHARD SHERNCE** Address **22 BELTON STREET, STANHOPE, NJ 07874**

Contractor Engineer **N/A**

Repair Tank Matthew Zachok Block 9202 Lot 14

Site Inspection ☐

		Inspector	Passed	Failed
Excavation	☐			
Bank Run	☐			
Select Fill	☐			
Pump	☐			
Final	☐			
Alarm	☐			
Grading	☐			
Tank	☒	MZ	6/3/09	
Other	☐			

	Required	Received
Electrical Inspection	☐	☐
Certification of Fill	☐	☐
As-Built needed	☐	☐
Highlands Permit	☐	☐

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

The Roxbury Township Health Department, having reviewed the application for facilities to be located at:

STREET: 250 Mountain Road

BLOCK: 9202

LOT: 14

Hereby issues Permit# B5458

TO: Richard Shernce

To ***alter*** or ***repair*** the above sewage facilities in accordance with the information given in the application, or any amendments thereof or supplement thereto, subject to the following:

NO PART OF THE SEWAGE DISPOSAL SYSTEM EXPOSED TO VIEW UPON COMPLETION OF INSTALLATION SHALL IN ANY MANNER BE FILLED IN, AROUND OR COVERED FROM VIEW, UINTIL IT HAS BEEN INSPECTED AND APPROVED BY THE AUTHORIZED REPRESENTATIVE OF THE HEALTH DEPARTMENT.

May 22, 2009
Date

Health Department

ROXBURY TOWNSHIP HEALTH DEPARTMENT

LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

License No. 1472

Date of Issuance: November 27, 2012
Date of Expiration: November 27, 2015

Location 250 Mountain Rd. Block 9202 Lot 14

Owner Brian T. Shernce Telephone [redacted]

REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

Present Address 250 Mountain Rd., Flanders, NJ 07836

Health Officer or REHS

This license must be renewed three years from date of issuance. Upon renewal, proof of pumping or a report of septic system inspection must be submitted to this department. Failure to properly maintain the septic system and renew the operating license will result in penalties as prescribed by law.

THIS LICENSE IS TRANSFERRABLE

N.J.A.C. 7:9A-3.14

License Fee $50.00

ROXBURY TOWNSHIP HEALTH DEPARTMENT

RENEWAL OF LICENSE TO OPERATE AN
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Received
NOV 26 2012
Health Dept
Roxbury Township

Location 250 Mountain Rd. Block 9202 Lot 14

Name & Address of Applicants: Brian T. Shernce
250 Mountain Rd.
Flanders, NJ 07836

Applicant's Phone Number: REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1 [redacted]

Expiration Date: July 2, 2012 Current #1091

1. Maintenance performed at time of inspection:

   ✓ Septic tank pumped

   _____ Other (specify)_____

2. If the septic tank was not pumped, provide the following information:

Date of last pump out_____ Record of vertical distance in inches:	1st Comp.	2nd Comp.	3rd Comp.
Bottom scrum layer/bottom outlet baffle	_____	_____	_____
Top sludge layer/bottom outlet baffle	_____	_____	_____

3. Indicate problems identified during inspection:

_____ Septic tank not accessible	_____ Solids in D-box
_____ Inlet baffle needs repair	_____ D-box not level
_____ Outlet baffle needs repair	_____ Septic tank leaks
_____ Hydraulic failure/disposal field or seepage pit	_____ Dosing tank inaccessible
_____ Encroachments/disposal area	_____ Dosing tank leaks
_____ Settlement/improper grading	_____ Solids/dosing tank
_____ Effluent backs up into septic tank	_____ Improperly dir. Drainage
_____ Operation/condition of pump, switches alarm, siphon, etc.	_____ Physical condition of seepage pit

_____ Other (specify)_____

4. Observed malfunctions:

_____Backup into plumbing

_____Seepage of sewage/effluent into building

_____Surface breakout or ponding

_____Contamination of well water

_____Odors

_____Other (specify)_____

I hereby certify that the information furnished in 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-B.

Signature of Septic System Inspector:_____

Date:_____

For Health Department Use Only

_____Renewal of license denied. Reason denied:_____

_____Approval pending completion of repairs. Description of repairs required:

_____

__✓__License renewed. Expiration date of license 11/27/15

Signature of Authorized Agent _____

Name and Title Abigail M. Montgomery, SEHS

Date: 11/27/12

PRO WATER JETTING

AAA **ALL DRAINS**
Septic Cleaning Co.

ELECTRIC POWER SNAKING

PAID

114 ROUTE 15 SOUTH • WHARTON, NJ 07885

973-296-0004 973-625-0041

CUSTOMER'S NAME: BRIAN STERNER

6461

JOB LOCATION (STREET) (CITY): 250 MOUNTAIN Rd FLANDERS

LINE CLEANED: —	DATE: 11\21\12
APPROX. LENGTH OF HOSES: 6	NUMBER OF FEET CLEANED: —
DIGGING: —	LOCATE: BACK
LABOR: —	DIAMETER OF LINE: 4"
PROBLEM: —	CAUSE OF STOPPAGE: WASTE
[redacted]	CUSTOMER SIGNATURE: X
GALLONS: 1,500	AMOUNT: 322
	TAX: 22.54
LEACH FIELD: —	OTHER
	TOTAL AMOUNT DUE: $ 344.54

REDACTION: Unlisted Telephone Number, per N.J.S.A. 47:1A-1.1

ALL DRAINS
"ONE CALL DOES IT ALL"

TERMS: PAYABLE UPON COMPLETION OF JOB.
***NOT RESPONSIBLE FOR ANY PIPE DAMAGE OR ANY OTHER TYPE OF DAMAGE DUE TO WORK DONE, INCLUDING DRIVEWAYS AND RAILROAD TIES.**

25 Mountain Rd

33.1/21

2029

FILE AWAY 9-23-59

Harold Shemack
Mountain Rd
Netcong N.J.

No. 1

BOARD OF HEALTH

TOWNSHIP OF ROXBURY
MORRIS COUNTY, N. J.

INDIVIDUAL SEWAGE DISPOSAL SYSTEM

FEES

Filing of application and issuance of permit:	$1.00
Issuance of certificate of compliance as to installation of system:	$1.00
Reinspections of any installation failing to meet requirements and specifications:	$5.00

These forms are based upon provisions of:

The Realty Improvement Sewerage and Facilities Act (1954), P.L. 1954, Chapter 199, R.S. 58:11-23, et seq.;

Standards for the Construction of Sewerage Facilities for Realty Improvements, Promulgated by the State Commissioner of Health, December 7, 1954 (herein referred to as the State Standards); and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Individual Water Supply Systems with the Township, and Providing Penalties for the violation Thereof, Adopted by the Board of Health on December 18, 1958 (herein referred to as the Township Ordinance).

Rec 9-23-59 filing Fees 1.00 total 2.00

Rec with application $1.00

PEA

No. 2

APPLICATION

Date MARCH 21, 1959

☒ Construction of new sewage disposal system

☐ Alteration or repair of existing system

Location of System
Street Address MOUNTAIN ROAD
or
Tax Map Block _____ Lot _____

Name of Subdivision, if any NONE

Owner of Property HAROLD SHERNCE

Present Address NETCONG N.J mt Road

Name of Contractor JAMES DIRENZO & SONS

Address RT#46 - NETCONG, N.J.

1. TYPE OF BUILDING TO BE SERVED

(a) Dwelling
No. of bedrooms 3 Expansion attic: Yes ___ No ✓

Use: Yearly ✓ Summer ___ Garbage Grinder: Yes ___ No ✓

(b) Other than dwelling
Specify type of building ATTACHED GARAGE BY BREEZEWAY

Use or uses of building RESIDENTIAL

Estimated total sewage flow per day computed in accordance with Section 2.2 of State Standards 250 gallons. PER PERSON
4 PEOPLE TO OCCUPY PREMISES

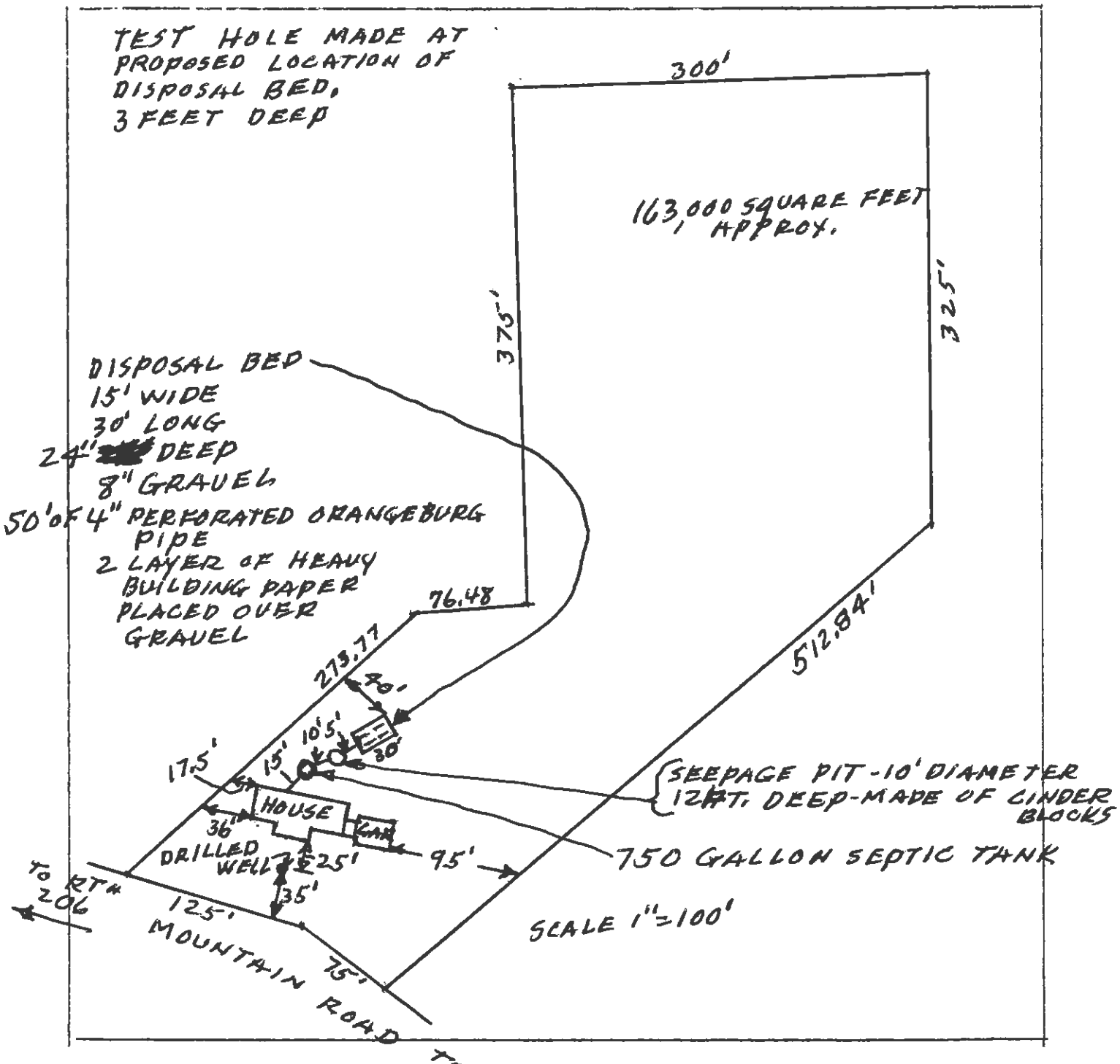
2. SKETCH OF PROPERTY TO BE SERVED

Insert on next page or attach to this application a sketch of the property to be served by the individual sewage disposal system. The sketch shall show:

(a) Lot dimensions and square foot area;
(b) Location of proposed dwelling or building and all existing structures;
(c) Any proposed change of grade in developing property;
(d) Location and depth of percolation test holes;
(e) Location of any source of potable water supply;
(f) Location of any drainage right-of-way, as defined in Section 2 of the Municipal Planning Enabling Act of 1953, on the same or adjoining premises; and
(g) Location of each component part of the proposed individual sewage disposal system, including distances from dwelling or building, other structures and lot lines. Refer to minimum distance table set forth in Section 3.2 of State Standards.

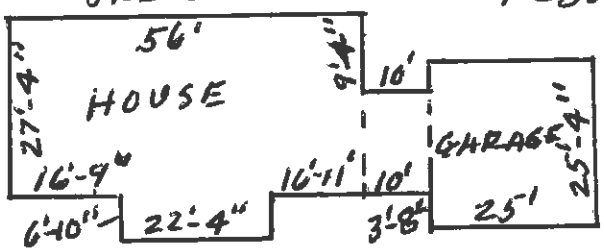
No. 3

SKETCH OF PROPERTY



Check requirements under 2 on previous page.

SKETCH OF HOUSE 1"=30'



FRANCIS J. SCHINDELAR
P. E. & LAND SURVEYOR, LIC. #4062
MAIN ST., STANHOPE, NEW JERSEY

N 4

3. SOIL CHARACTERISTICS

(a) Percolation Test Results

Date tests were made MARCH 19, 1959

Hole No.	Time in minutes per inch	Number of preliminary tests made to determine apparent saturation	Depth	Type or types of soil and depth of each type
1	15	3	3ft	2" top soil 34" SANDY CLAY

(Indicate location of each hole on sketch of property on previous page).

Effect of recent rain or lack of rain NONE

Apparent moisture in the soil prior to the test IT APPEARED MOIST

Depth of ground water if encountered NOT ENCOUNTERED

Other factors affecting test results NOTHING AFFECTED TEST

Remarks:

(b) Sub-soil and Ground Water Determination

Determinations as to sub-soil and ground water shall be supplied whenever required under Section 15.2 of the State Standards or requested by the Board of Health

Test boring or pit no.	Depth	Type and nature of soil	Depth to ground water, if encountered

Remarks:

I hereby certify that the percolation tests and sub-soil and ground water determinations, if any, of which the foregoing results are set forth, were made by me in accordance with the procedures established by Section 9 of the State Standards.

Date:

FRANCIS J. SCHINDELAR
P. E. & LAND SURVEYOR, LIC. #4062
MAIN ST., STANHOPE, NEW JERSEY

Francis J Schindelar
Licensed Professional Engineer No,

4. DESIGN OF PROPOSED SEWERAGE FACILITIES

(a) Design and Construction Requirements

Section 3 of the Township Ordinance incorporates the State Standards and sets forth additional design and construction requirements for individual sewage disposal systems.

(b) Plans and Specifications to Be Furnished

In accordance with the requirements of Section 3 of the Township Ordinance, the following shall be furnished with this application:

1. A COMPLETE SET OF PLANS AND SPECIFICATIONS FOR THE PROPOSED INDIVIDUAL SEWAGE DISPOSAL SYSTEM, as required by Section 3 (a) of the Township Ordinance. A standard design for such system may be used.

2. The following information shall be furnished either as part of the plans and specifications or below:

A. Building Sewer
Material: cast iron ___ vitrified tile ___ cement ___ asbestos cement ___ bituminous pressed fiber ✓ other ORANGEBURG PIPE

B. Grease Trap Yes ___ No ✓ Location [redacted]
Size ___ Material [redacted]

C. Septic Tank
Minimum liquid capacity in accordance with table set forth in Section 5.1 and 5.2 of State Standards: 750 gallons
Material if built in place: poured concrete X concrete block ___ cinder block ___ brick ___ stone

D. Disposal Area
(1) Seepage Pit
Percolating area in accordance with Section 13 of State Standards: 270 square feet
Number of pits ONE If built in place, Material CINDER BLOCK
Depth from bottom: ___ feet Diameter at bottom: 10 feet
Height from bottom to inlet: 12 feet
Shape CYLINDRICAL

(2) Disposal Field
Distribution box ONE
a. Disposal Trenches
Percolating area, to be determined in accordance with Section 11 of the State Standards: Width ___ feet Length ___ feet Area ___ square feet Linear feet of pipe ___
Distance between lines ___
Type of pipe ___
b. Disposal beds
Percolating area, to be determined in accordance with Section 12 of the State Standards: Width 15 feet Length 30 feet Area 450 square feet 50 linear feet of pipe 4" PERFORATED ORANGEBURG PIPE,
Distance between lines 5 FT
Type of Pipe ORANGEBURG

E. Other specifications deemed appropriate ___

5 ADDITIONAL ENGINEERING DAT

Whenever application is made for certification as to 11 or more realty improvements or whenever the property to be built upon does not front upon an existing "street", as that term is defined in Section 2 of the Municipal Planning Enabling Act of 1953, the following additional engineering data shall be submitted:

(a) A plan of the realty improvement showing the following:
  (1) Lots with their dimensions.
  (2) Contours of original grades.
  (3) Proposed elevations of the final grading shown at lot corners or any contemplated change slope.
  (4) Drainage right of way and any contemplated diversion thereof affecting the realty improvement.
  (5) Storm Sewers
  (6) Location and depth of all private and public water supplies within 500 feet of the realty improvement if availabe.
  (7) Location of percolation test holes.
  (8) Location of subsoil test holes, if required by the board.
(b) Results of subsoil and ground water determinations.

Copies of all applications and the accompanying engineering data for certifications to cover 50 or more realty improvements shall be filed with or mailed by certified mail to the State Department of Health, Bureau of Public Health Engineering, Trenton, New Jersey, by the applicant on the date on which application is made to the Township Board of Health. In such cases, copies of all certifications by the Board of Health shall be mailed to the State Department of Health on the date of issue.

CERTIFICATION OF LICENSED PROFESSIONAL ENGINEER

This is to certify that the undersigned, a professional engineer licensed in the State of New Jersey, has prepared or examined the within application and accompanying plans and specifications and that such application and data are in compliance with

The Realty Improvement Sewerage and Facilities Act (1954), P.L. 1954, Chapter 199, R.S. 58:11-23, et seq.;

Standards for the Construction of Sewerage Facilities for Realty Improvements, Promulgated by the State Commissioner of Health, December 7, 1954, and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Water Supply Systems within the Township, and Providing Penalties for the Violation Thereof, Adopted by the Board of Health on December 18, 1958.

Date:

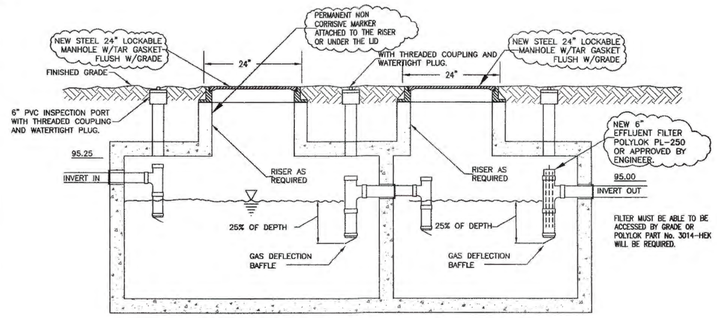
(SEAL)

Signature Francis J Schindelar

Name Printed FRANCIS J. SCHINDELAR

Address P. E. & LAND SURVEYOR, LIC. #4062
MAIN ST., STANHOPE, NEW JERSEY

Professional Engineer's License No. 4062



EXISTING 1500 GALLON CONCRETE TWO COMPARTMENT SEPTIC TANK DETAIL

(N.T.S.)

**EXISTING SEPTIC TANK TO BE INSPECTED AT TIME OF CONSTRUCTION AND REPAIRED OR REPLACE AS NEEDED AND BROUGHT UP TO CODE WITH INSPECTION PORT AND BAFFLES

Water tightness testing Notes:
All tanks, including risers and inspection ports to the highest joint, shall be tested by a professional engineer or the manufacturer for water tightness after installation and before backfilling using hydrostatic or vacuum tests in accordance with the following:

1. Water tightness testing procedures and criteria for concrete tanks shall follow the methods described in American Standard Testing Method (ASTM) C-1227 standards incorporated by reference, as amended, or the National Pre-cast Concrete Association (NPCA) testing criteria and procedures specified in its Precast Concrete On-site Wastewater Tank Best Practices Manual incorporated by reference, as amended. The ASTM methods can be obtained at: http://www.astm.org/Standard/index.shtml and the NPCA methods may be obtained at: http://www.precast.org/technical-services-overview.
2. Tanks made of materials other than concrete shall be tested, after installation, in accordance with the methods described in ASTM C-1227 standards, if applicable, or other hydrostatic or vacuum testing methods approved by the tank manufacturer.
3. Water used for this testing shall be either from a potable water source or reclaimed water for beneficial reuse authorized by an NJPDES permit.
4. The use of an onsite potable well for purposes of supplying water for this testing is not recommended.
5. If an onsite potable well is to be used, withdrawal of water from the well shall be at a rate of less than 50 percent of the design yield of the well and in a manner that will avoid damage to the pump or any other part of the well.

INSTALLATION NOTES:

1. All equipment, material, and installation procedures to conform to current NJDEP, NJAC 7:9A et. seq. for Standards for Individual Subsurface Disposal Systems. The contractor shall be responsible for verifying that all equipment, material, and installation procedures conform to applicable State and Local standards prior to installation of system. All plumbing in dwelling to be connected to the proposed septic tank. Any existing grey water or black water areas to be pumped and abandoned.
2. Any field change in pipe or equipment dimensions, equipment sizing, or elevations to be approved by Engineer and local Board of Health. Contractor is to inform Engineer of any changes prior to installation of any system componenta or materials.
3. Contractor shall be responsible for protections of disposal field from construction vehicle traffic, and protection from the elements during installation. No disposal field excavation shall be permitted during rain. If the open disposal field is exposed to rain, all surfaces shall be raked prior to proceeding, and any silt deposits shall be removed from the excavation.
4. All pipe networks for both gravity and pressure dosing systems to be PVC Schedule 40 with watertight solvent welded joints. The ends of each lateral shall be capped and drilled with a horizontal 1/8" hole, near the top of the pie, to facilitate venting of air. The piping shall be left exposed until the pump chamber has been filled with water, the piping verified leakproof, and the pumping system operated to the satisfaction of the local Board of Health inspector, and the Engineer.
5. Contractor to install all concrete tanks on a uniformly firm and stable compacted ground to prevent damage to tank and to prevent settlement. A crushed stone bedding is recommended to provide uniform support to bottom of tank. All backfill around tanks to be free of large stones, roots, or organic material, and to be placed and compacted in a manner which will prevent uneven settlement or damage to the tank, per State and Local requirements. Elevations for all connecting pipes, and tank installation elevations to be checked and verified prior to setting tank in ground.
6. Septic tank(s) and pump tank(s) to be watertight, and coated with 2 coats of acceptable material, of section NJAC 7:9A-8.2 and NJAC 7:9A-9.2 as applicable.
7. Certified Fill Material as noted on the plan, to be supplied with written certification of conformance to NJAC 7:9A-10.1 (f)4 and (f)5, And shall be spread and compacted in layers one foot maximum per NJAC 7:9A-10.4(f).

*7:9A-10.1 (f)4 (Fill Material within Zone of Treatment):

i. Coarse fragment content (greater than a No. 8 sieve) less than 15 percent by volume or less than 20 percent by weight;
ii. Textural analysis (composition, by weight, of size fraction passing the particular sieve as stated below in this subparagraph) between 80 and 100 percent must pass a No. 8 sieve (2.36 mm); between 50 and 85 percent must pass a No. 16 sieve (1.18 mm); between 25 and 60 percent must pass a No. 30 sieve (0.6 mm); between 10 and 30 percent must pass a No. 50 sieve (0.3 mm); and between two and 10 percent must pass a No. 100 sieve (0.15 mm); and
iii. Permeability for this material is established in this chapter at the range of six to 20 inches per hour for design purposes.

**7:9A-10.1 (f)5 (Fill Material within Zone of Disposal) the fill material shall meet the specifications in N.J.A.C. 7:9A-10.1(f)4 above or the following requirements:

i. Coarse fragment content less than 15 percent by volume or less than 25 percent by weight; and
ii. Textural analysis (composition, by weight, of size fraction passing the two millimeter sieve): 85 percent or more sand; and
iii. Permeability greater than two inches per hour; or percolation rate faster than 30 minutes per inch.

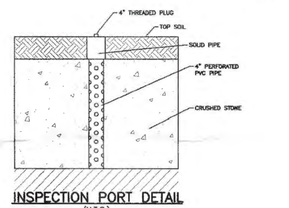
8. Crushed Stone filter material, drainage fabric, and final backfill to be supplied per NJAC 7:9A-10.3(e) and (1) as applicable. All above materials are to be installed per applicable requirements of Subchapter 10, and to the satisfaction of the Local Board of Health and the Engineer.
9. Contractor to verify Local Board of Health inspection schedules and requirements prior to the start of construction. No work is to be backfilled until necessary Board of Health and Engineer inspections and approvals have been obtained.
10. Contractor is advised that all applicable OSHA Safety regulations must be followed during the course of construction including but not limited to potential sheeting and shoring of excavations. These engineering drawings are not intended to illustrate methods of construction of the dwelling and excavation details, and it is the responsability of the Contractor to evaluate the actual site conditions and comply with all applicable safety regulations.
11. All tanks shall be equipt with a label 6" square in size be attached to the manhole cover or riser immediately below the cover containing the following information:
    a. The administrative authority name and permit number under with the system was installed.
    b. The date of installation.
    c. The type of system.
    d. The total design criteria in gallons per day.

SOIL EROSION AND CONTROL NOTES:

1. All soil erosion and control measures to be installed in accordance with NJ, County, and Local standards, and maintained until permanent protection is established.
2. Stabilize per following specifications:

Lime:	90 lb/1000 sq. ft.
Fertilizer: 10-20-10 (or equivalent)	14 lb/1000 sq. ft.
Seed Mix: Annual ryegrass mixed with seed to match any local or existing conditions.	40 lb/1000 sq. ft.
Mulch: Salt hay or small grain hay, 70-90 lb/1000 sq. ft. installed per NJ standards and secured by approved methods (i.e. peg and twine, mulch netting, liquid mulch blender)	

3. Temporary berms to be installed on all cleared roadways and easement areas per NJ standards.
4. Site grading to be at all times maintained to control storm water runoff to approved soil erosion and control facilities.
5. Stockpiles to be protected with hay bale barriers, or sediment fence, and located over 50' of flood plains
6. Any paved roadways to be kept clean at all times.
7. The local County Soil Conservation District may require additional measures to minimize soil and erosion damage, and any additional measures to be followed prior to any construction.



INSPECTION PORT DETAIL

(N.T.S.)

SOIL LOGS:

Soil Log 1 Performed 8/10/18 by Jeffrey J. Careaga witnessed by Township of Roxbury Health Department
0"-5" Original Topsoil
5"-28" Sandy Loam, 10YR3/6, 10% Gravel, 10% Cobble, 5% Stone, Sub-Angular Blocky, Moist Friable
28"-120" Sandy Loam, 10YR3/4, 10% Gravel, 10% Cobble, 10% Stone, Sub-Angular Blocky, Moist Friable

Mottling - None
Seepage - None
Water - None
Ledge - None
Roots to 55"
Disturbed Sample @ 56"

Soil Log 2 Performed 8/10/18 by Jeffrey J. Careaga witnessed by Township of Roxbury Health Department
0"-6" Original Topsoil
6"-20" Sandy Loam, 10YR3/6, 5% Gravel, 5% Cobble, 5% Stone, Sub-Angular Blocky, Moist Friable
20"-122" Sandy Loam, 10YR3/4, 10% Gravel, 10% Cobble, 5% Stone, Sub-Angular Blocky, Moist Friable

Mottling - None
Seepage - None
Water - None
Ledge - None
Roots to 70"

PROPOSED SITE PLAN

SCALE IN FEET
1inch = 50 feet

NOTES:

1. GARBAGE DISPOSALS ARE PROHIBITED BY ORDINANCE.
2. THE PROPOSED SEPTIC IS NOT WITHIN 50' OF ANY WATERCOURSE.
3. THE PROPOSED SEPTIC IS NOT WITHIN 150' OF WETLANDS AND IS NOT WITHIN ANY TRANSITION AREA.
4. THERE ARE NO UNDERGROUND UTILITIES IN THE AREA OF THE PROPOSED DISPOSAL FIELD.
5. ALL WORK TO THE SEWER LINE MUST BE REVIEWED, APPROVED, AND INSPECTED BY THE BUILDING DEPARTMENT.
6. ALL TREES WITHIN 10' OF THE PROPOSED DISPOSAL FIELD MUST BE REMOVED.
7. ENGINEER TO STAKEOUT DISPOSAL BED & PROVIDE BENCHMARK PRIOR TO START OF CONSTRUCTION.
8. THERE ARE NO WELLS WITHIN 50' OF THE PROPOSED SEPTIC BED.
9. THERE ARE NO C1 WATERS WITHIN 300' OF THE PROPOSED SEPTIC SYSTEM.

LEGEND

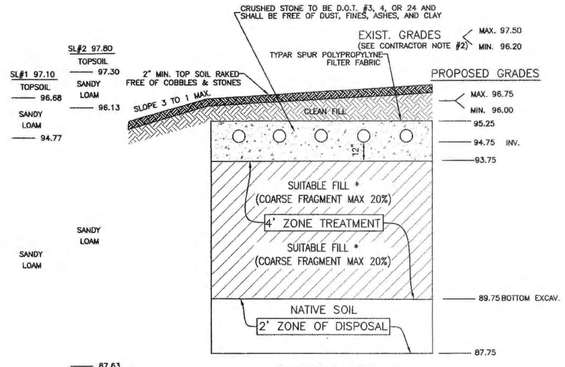
- SOIL LOG
- SWALE
- SEPTIC TANK
- WATER LINE
- PROPOSED GRADE (90)
- CATCH BASIN
- WETLANDS AREA

GENERAL NOTES:

1. THIS MAP IS NOT A BOUNDARY SURVEY. THE DWELLING LOCATION AND BOUNDARY GEOMETRY WERE TAKEN FROM "PLAN OF SURVEY, BRIAN T. SHERNICE, LOTS 12, 13 AND 14, BLOCK 9202, 250 MOUNTAIN ROAD, TOWNSHIP OF ROXBURY, MORRIS COUNTY, NEW JERSEY" DATED DECEMBER 10, 2008, PREPARED BY CAREAGE ENGINEERING AND SIGNED BY ROBERT H. JORDAN, Jr., NJPLS LIC. NO. 34485. THIS TOPOGRAPHY WAS BEEN GRAPHICALLY TIED TO THE GEOMETRY SHOWN ON THAT SURVEY.
2. EXISTING TOPOGRAPHY DONE BY THIS FIRM. ROBERT H. JORDAN, Jr., NJPLS LIC. NO. 34485 DATED DECEMBER 10, 2008. CONTOURS HAVE BEEN FIELD VERIFIED ON AUGUST 10, 2018. VERTICAL DATUM OF THIS TOPOGRAPHIC STUDY IS BASED UPON BENCHMARK FIRST FLOOR F.F. = 100.00'.
3. SOIL LOGS PERFORMED BY CAREAGA ENGINEERING INC., JEFFREY J. CAREAGA NJPE LIC. NO. 35973 ON AUGUST 10, 2018.
4. NO SPRINKLER INSTALLATION ALLOWED OVER BED AREA AFTER CONSTRUCTION.

SURFACE WATER NOTE:

1. CONTRACTOR TO GRADE SURFACE WATER FLOW AROUND DISPOSAL BED AND SHALL NOT DIRECT ANY WATER TOWARDS NEIGHBORING PROPERTIES.
2. NO CHANGE IN OFFSITE DRAINAGE PATTERNS.



DISPOSAL BED CROSS SECTION

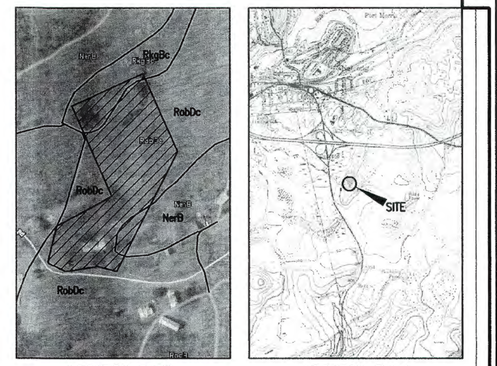
(N.T.S.)

DESIGN DATA

NUMBER OF BEDROOMS: 3
ASSUMED GALLONS PER DAY: 500
SOIL PERMEABILITY: K4
SOIL SUITABILITY CLASSIFICATION: I
BED AREA REQUIRED = 805 SF. (500 (G.P.D.) X 1.61 (FT /G.P.D.))
AREA PROVIDED= 810 S.F. 15' X 54' BED & EXCAVATION

Roxbury Township Health Department
SEWAGE DISPOSAL SYSTEM DESIGN APPROVED
by C.Montgomery on 8/30/18
Any changes must be reported to & approved by this Dept.
24 hours notice required for inspections call 973 448-2028
Do not backfill any part of the system until it is inspected
P.E. MUST CERTIFY ENTIRE SYSTEM
Required Inspections
☒ Excavation ☐ Standard Fill ☒ Suitable Fill
☐ Pump ☐ Alarm ☐ Grading ☒ Tank ☒ Final
☒ Hold System Abandonment
☐ Other

Roxbury Twp. Engineering Dept. requires a road opening permit if not accessing property from driveway



LOCATION PLAN SOIL SURVEY

NTS.

SOIL TYPE:
NerB – Netcong gravelly sandy loam, 3 to 8 percent slopes
RkgBc – Ridgebury loam, 0 to 8 percent slopes, extremely stony
RobDc – Rockaway sandy loam, 15 to 25 percent slopes, extremely stony

LOCATION PLAN FROM U.S.G.S.

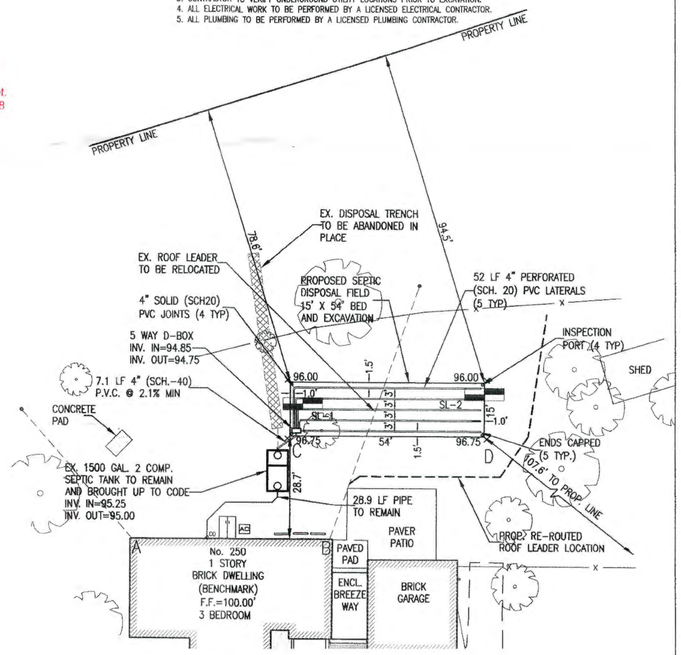
NTS.

INSPECTION NOTES:

1. THE INSTALLATION MUST BE INSPECTED BY THE DESIGN ENGINEER AND HEALTH DEPARTMENT PER APPLICABLE STATE AND LOCAL REQUIREMENTS.
2. THE CONTRACTOR TO VERIFY ENGINEERING INSPECTION REQUIREMENTS, INSPECTION FEES, AS-BUILT DRAWING REQUIREMENTS, AND LABORATORY INSPECTION FEES WITH DESIGN ENGINEERING PRIOR TO CONSTRUCTION.
3. PRIOR TO THE START OF CONSTRUCTION, SEPTIC INSTALLER TO SUPPLY SUITABLE FILL MATERIAL(S) TO ENGINEER FOR LABORATORY TESTING. NO FILL MATERIAL TO BE INSTALLED UNTIL ACCEPTABLE TEST RESULTS ARE VERIFIED.
4. MINIMUM 72 HOUR NOTICE MUST BE GIVEN TO ENGINEER PRIOR TO INITIAL (BOTTOM OF BED) INSPECTION. MINIMUM 24 HOUR NOTICE MUST BE GIVEN TO ENGINEER FOR ALL OTHER INSPECTIONS INCLUDING, BUT NOT LIMITED TO TOP OF SUITABLE FILL(S), PIPING INSTALLATION, FINAL GRADING.
5. UNACCEPTABLE LABORATORY TEST OR INSPECTIONS WILL RESULT IN ADDITIONAL ENGINEERING INSPECTION FEES, IF APPLICABLE.

CONTRACTOR NOTES:

1. CONTRACTOR TO VERIFY THE LOCATION, INVERTS AND INTEGRITY OF ALL PIPES LEAVING THE HOUSE PRIOR TO SETTING THE SEPTIC TANKS AND EXCAVATION OF THE DISPOSAL FIELD.
2. CONTRACTOR TO VERIFY EXISTING GRADES PRIOR TO EXCAVATION OF THE DISPOSAL FIELD.
3. CONTRACTOR TO VERIFY UNDERGROUND UTILITY LOCATIONS PRIOR TO EXCAVATION.
4. ALL ELECTRICAL WORK TO BE PERFORMED BY A LICENSED ELECTRICAL CONTRACTOR.
5. ALL PLUMBING TO BE PERFORMED BY A LICENSED PLUMBING CONTRACTOR.



DISPOSAL BED PLAN VIEW

SCALE IN FEET
1inch = 20 feet

SEPTIC LAYOUT		
	C	D
A	52.8'	102.5'
B	31.1'	51.0'

EXISTING DISPOSAL TRENCH TO BE PUMPED BY A LICENSED WASTE HAULER & ABANDONED PER NJDEP & LOCAL REGULATIONS.

Received
AUG 21 2018
25787
Health Dept
Roxbury Township

NO.	DATE	DESCRIPTION	BY

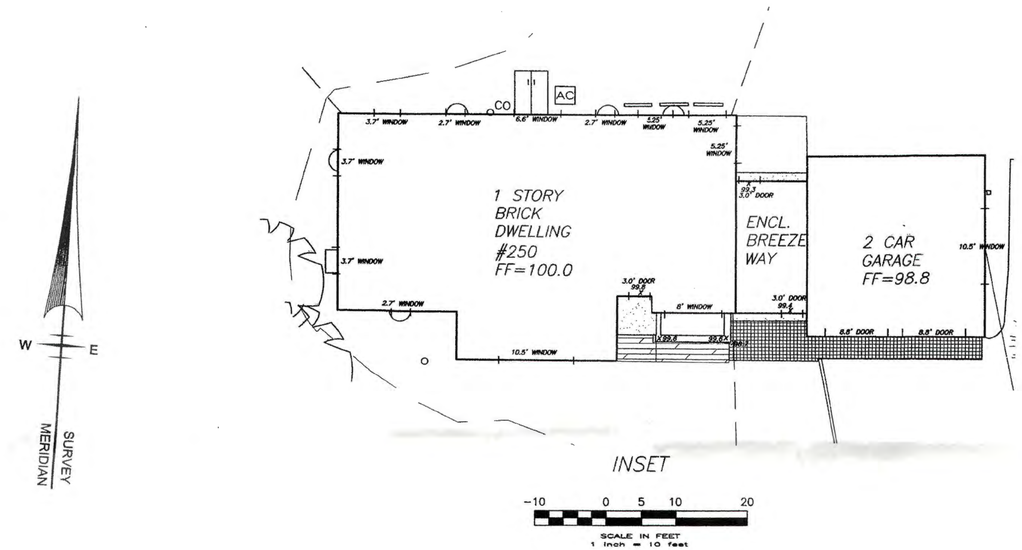
CLIENT:
BRAIN SHERNCE
250 MOUNTAIN ROAD
FLANDERS, NJ 07836
[redacted]

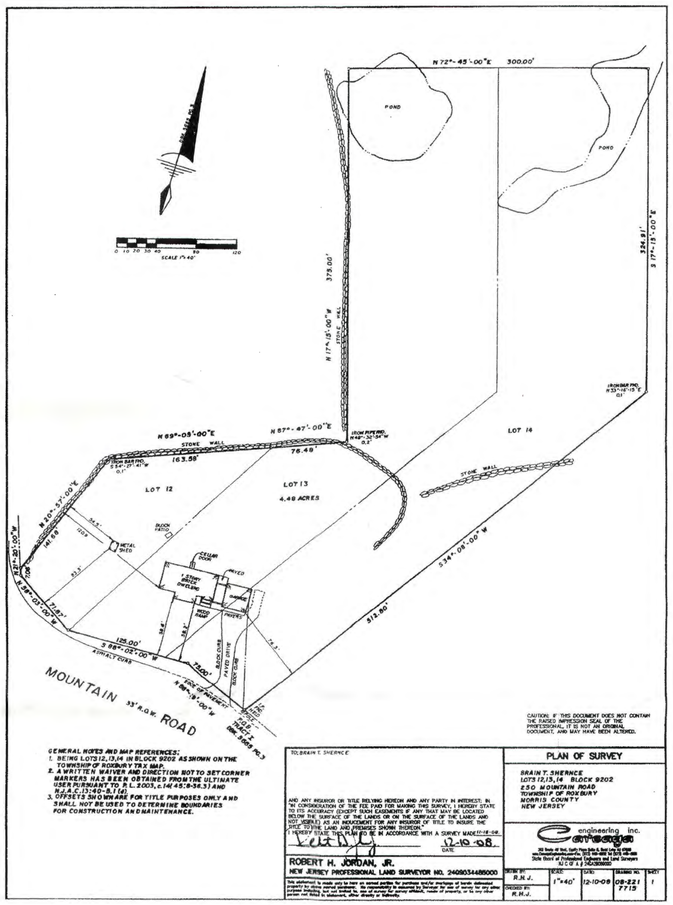
Careaga engineering inc.
382 Route 46 West, Fairfy Plaza Suite 5, Budd Lake NJ 07828
www.CareagaEngineering.com—Fax. (973) 448-0652 Tel (973) 448-0651
State Board of Professional Engineers and Land Surveyors
NJ C of A # 24GA28089000
JEFFREY J. CAREAGA
PROFESSIONAL ENGINEER, N.J. LIC. NO. 35973

SEPTIC DESIGN

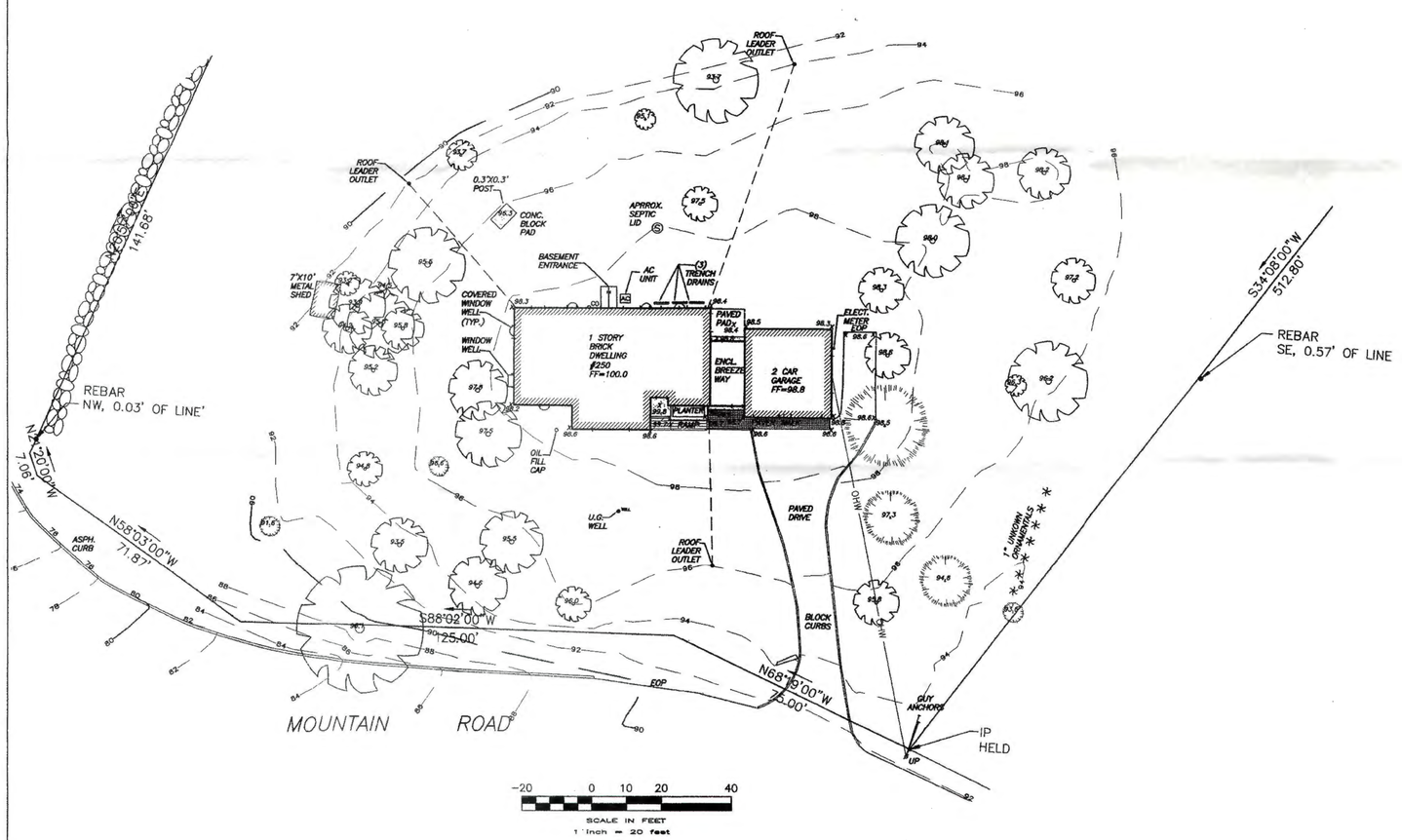
250 MOUNTAIN ROAD
LOT 14, BLOCK 9202
SITUATED IN:
TOWNSHIP OF ROXBURY
MORRIS COUNTY NEW JERSEY

DATE:	SCALE:	PROJECT NUMBER:
8/16/18	SHOWN	7715
DRAWN BY:	CHECKED BY:	SHEET:
CMD	JJC	1





FACSIMILE OF CURRENT SURVEY
(N.T.S.) (SEE NOTE)



GENERAL NOTES:

1. THIS PLAN HAS BEEN PREPARED TO SHOW THE EXISTING TOPOGRAPHY OF THE PROPERTY. CONTOURS HAVE BEEN COMPUTER-GENERATED FROM FIELD WORK PERFORMED ON NOV. 18, 2008.
2. VERTICAL DATUM OF THIS TOPOGRAPHIC STUDY IS ASSUMED.

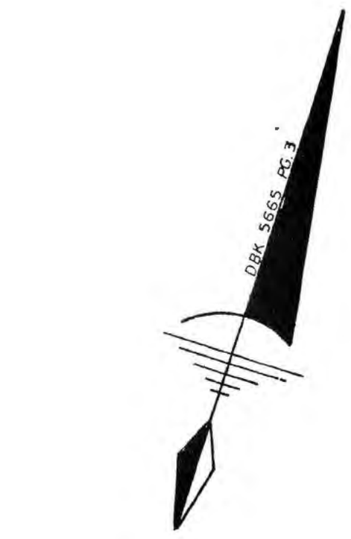
Careaga engineering inc.
382 Route 46 West, Fairfy Plaza Suite 5, Budd Lake NJ 07828
www.CareagaEngineering.com • Fax. (973) 448-0652 Tel (973) 448-0651
State Board of Professional Engineers and Land Surveyors
NJ C OF A # 24GA28089000
(TOPO ONLY)
ROBERT H. JORDAN, JR.
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO.34465

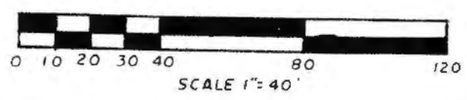
Received
AUG 21 2018
Health Dept
Roxbury Township

TOPOGRAPHIC STUDY OF LOT 14 BLOCK 9202

SITUATED IN:
TOWNSHIP OF ROXBURY
MORRIS COUNTY, NEW JERSEY

DATE:	SCALE:	PROJECT NUMBER:
12/10/08	SHOWN	7715
DRAWN BY:	CHECKED BY:	SHEET:
EW/MC	RHJ	1





N 72°-45'-00"E 300.00'

POND

POND

375.00'

N 17°-15'-00"W

STONE WALL

324.91'

S 17°-15'-00"E

IRON BAR FND.
N 33°-16'-15"E
0.1'

LOT 14

N 69°-05'-00"E

STONE WALL

163.58'

N 67°-47'-00"E

76.48'

IRON PIPE FND.
N 48°-32'-54"W
0.2'

IRON BAR FND.
S 54°-27'-41"W
0.1'

LOT 12

LOT 13

4.48 ACRES

STONE WALL

N 20°-57'-00"E

141.68'

54.5'

120.9'

BLOCK PATIO

METAL SHED

N 21°-20'-00"W

7.06'

83.3'

CELLAR DOOR

1 STORY BRICK DWELUNG

PAVED

GARAGE

WOOD RAMP

PAVERS

58.6'

59.2'

76.3'

S 34°-08'-00"W

512.80'

N 58°-03'-00"W

71.87'

125.00'

S 88°-02'-00"W

ASPHALT CURB

BLOCK CURB

PAVED DRIVE

BLOCK CURB

75.00'

N 68°-19'-00"W

EDGE OF PAVEMENT

I.P. FND. HELD

P.O.B. TRACT I
DBK. 5665 PG.3

MOUNTAIN 33' R.O.W. ROAD

GENERAL NOTES AND MAP REFERENCES:

1. BEING LOTS 12, 13, 14 IN BLOCK 9202 AS SHOWN ON THE TOWNSHIP OF ROXBURY TAX MAP.
2. A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P. L. 2003, c. 14 (45:8-36.3) AND N.J.A.C. 13:40-5.1 (d).
3. OFFSETS SHOWN ARE FOR TITLE PURPOSES ONLY AND SHALL NOT BE USED TO DETERMINE BOUNDARIES FOR CONSTRUCTION AND MAINTENANCE.

CAUTION: IF THIS DOCUMENT DOES NOT CONTAIN THE RAISED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN ORIGINAL DOCUMENT, AND MAY HAVE BEEN ALTERED.

Received
AUG 21 2018
B5787
Health Dept
Roxbury Township

TO; BRAIN T. SHERNCE

AND ANY INSUROR OR TITLE RELYING HEREON AND ANY PARTY IN INTEREST: IN "IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY STATE TO ITS ACCURACY (EXCEPT SUCH EASEMENTS IF ANY THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LAND AND PREMISES SHOWN THEREON."
I HEREBY STATE THIS PLAN TO BE IN ACCORDANCE WITH A SURVEY MADE 11-18-08.

Robert H. Jordan Jr.

12-10-08.
DATE

ROBERT H. JORDAN, JR.
NEW JERSEY PROFESSIONAL LAND SURVEYOR NO. 24GS034485000

This statement is made only to here on named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility is assumed by Surveyor for use of survey for any other purpose including, but not limited to, use of survey for survey affidavit, resale of property, or to any other person not listed in statement, either directly or indirectly.

PLAN OF SURVEY

BRAIN T. SHERNCE
LOTS 12, 13, 14 BLOCK 9202
250 MOUNTAIN ROAD
TOWNSHIP OF ROXBURY
MORRIS COUNTY
NEW JERSEY

engineering inc.
Careaga
382 Route 46 West, Equity Plaza Suite 5, Budd Lake NJ 07828
www.CareagaEngineering.com~Fax. (973) 448-0652 Tel (973) 448-0651
State Board of Professional Engineers and Land Surveyors
NJ C OF A # 24GA2B089000

DRAWN BY:	SCALE:	DATE:	DRAWING NO.	SHEET
R.H.J.	1"=40'	12-10-08	08-221 7715	1
CHECKED BY: R.H.J.				