5307-9

Jet Environmental Treatment, LLC.
29 Ricker Drive
Ringwood, NJ 07456
Phone: 973-255-5001
Email: infojetnj@gmail.com

Service Invoice

Date	Invoice #
2/21/2020	8431

PAID

Bill to:

James & Kati Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

Job Site:

James & Kati Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

Block Lot

Rep
Patti

Quantity	Description	Amount
1	UV Cleaned every 6 months	0.00T
	NJ State Sales Tax 6.625%	0.00

Total $0.00

5307-9

Jet Environmental Treatment, LLC.
29 Ricker Drive
Ringwood, NJ 07456
Phone: 973-255-5001
Email: infojetnj@gmail.com

Service Invoice

Date	Invoice #
2/21/2020	8432

PAID

Bill to:

James & Kati Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

Job Site:

James & Kati Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

Block Lot

Rep
Patti

Quantity	Description	Amount
1	A comprehensive service was preformed today.	0.00T
	All inspections lids must be kept easily accessible.	
1	Filter Cleaned	0.00T
1	UV Cleaned every 6 months	0.00T
	NJ State Sales Tax 6.625%	0.00

Total $0.00

5307/9

Jet Environmental Treatment, LLC.
29 Ricker Drive, Ringwood, NJ 07456
Tel: 973-255-5001 Fax: 973-616-3508
infojetnj@gmail.com

This Agreement Entitles:

James & Kati Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

To the following service for **ONE** year from January 1st thru December 31st of 2021. Upon receipt of this signed agreement J.E.T., LLC, agrees to perform the following two services during the term of this agreement. Service the Salcor UV BULB and Outlet filter on the septic tank at the above said address **TWICE** in the year of 2021 at the cost of $213.25 which includes 6.625% NJ Sales tax. All payments payable to: **Jet Environmental Treatment, LLC at 29 Ricker Dr., Ringwood, NJ 07456**

These inspections will include:

Plant Service

- Removal of UV bulb, clean sleeve and inspect unit.
- Examination of effluent in the UV tee for color, pH level and odor at time of inspection.
- Replacement UV lamps every 22 months or when necessary (additional charge).
- Clean outlet filter in septic tank
- Replacement of filter (additional charge)

Both parties are fully aware that the above said address "is not" a Jet Treatment System, but does have a UV Lamp and Outlet filter whereas, both require routine maintenance. All work will be completed under the name of Jet Environmental Treatment, LLC in a neat and professional manner.

When products (Bulbs – Filter) require replacement, you will be invoiced with payment agreements of NET 30.

Yearly agreements will be sent early November for the next calendar year. All other agreement will be pro-rated to reflect the end of currant calendar year.

Client: James V. Ingenito
Client's Signature:

Dated by client: _____

Phone Number: (201) 745-9193

Jet Treatment Distributor: Patricia L Hoffmann
Patricia L Hoffmann

Effective: 1-1-2021 **Expiration:** 12-31-2021

Township of West Milford

WEST MILFORD HEALTH DEPT.
NOV 06 2020
RECEIVED

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

PERMIT 16275

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

Location of Pumping (Owner's Name): James Ingenito
Owner's Name

316 Cahill Cross Rd — 5307 (Block #) — 9 (Lot #)
Street Address

Pumping Contractor: Lakeland Septic Corp — 02861 (DEP License #) — 973-838-0438 (Telephone)
Name of Firm

Date of Pumping: 10/27/2020

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

Any Treatment Provided? NO_____ YES_____ TYPE_____

Location of Tank:
_____Front Yard
_____Rear Yard
__X__Side Yard

Liquid Level in Tank is above_____outlet invert
below_____outlet invert
at__X__outlet invert

Type of Tank:
____Metal
__X__Precast Concrete
____Cinder Block
____Other

Condition of Tank(s):
Acceptable__X__
Problem with Lid_____
Problem with Baffle_____
Other Problems_____

Disposal Area Design:
___Seepage Pits
___Bed
___Trenches
__X__Unkown
___Other

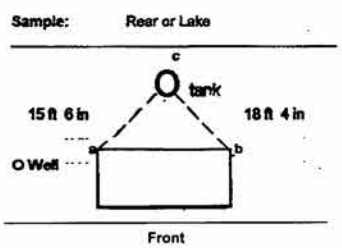
Condition of Disposal Area:
Acceptable_____
Problem with Lid_____
Problem with Baffle_____
Other Problems_____

Reasons for Pump out:
__X__Routine Maintenance (Including permit requirement)
___Surfacing on Ground
___Plumbing Backup
___Other (explain)_____

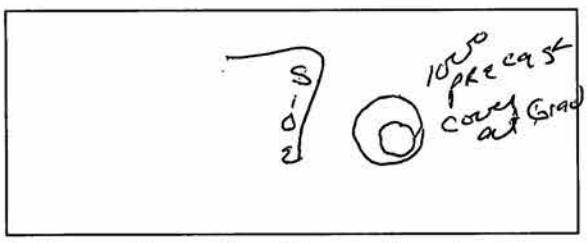
Bill Stalter
Name of Pumper (PRINT)

Bill Stalter
Signature of Pumper

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



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



A-C=_____ft_____in B-C+____ft____in

Original - Health Department Duplicate - Homeowner Triplicate - Pumper

5307|9

Jet Environmental Treatment, LLC.
29 Ricker Drive
Ringwood, NJ 07456
Phone: 973-255-5001
Email: infojetnj@gmail.com

WEST MILFORD
HEALTH DEPT.
OCT 06 2020
RECEIVED

Inspection Invoice

Date	Invoice #
10/6/2020	10106

PAID

Bill to:
James & Kati Ingenito 36 Cahill Cross Road West Milford, NJ 07480

Job Site:
James & Kati Ingenito 36 Cahill Cross Road West Milford, NJ 07480
Block Lot

Rep
CWH

Quantity	Description	Amount
1	A comprehensive service was preformed today.	0.00T
	All inspections lids must be kept easily accessible.	
	NJ State Sales Tax 6.625%	0.00

Total	$0.00

5307-9

Jet Environmental Treatment, LLC.
29 Ricker Drive, Ringwood, NJ 07456
Tel: 973-255-5001 Fax: 973-616-3508
infojetnj@gmail.com

UV BULB AND OUTLET FILTER MAINTENANCE

This Agreement Entitles: Mrs. Ingenito

Mr. & Mrs. Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

To the following agreement has been prorated to reflect the expiration date of December 31, 2018. Upon receipt of this signed agreement J.E.T., LLC, agrees to perform the following services during the term of this agreement. Service the Salcor UV BULB and Outlet filter on the septic tank at the above said address at the cost of $53.32 which includes 6.625% NJ Sales tax. All payments payable to: **Jet Environmental Treatment, LLC at 29 Ricker Dr., Ringwood, NJ 07456**

These inspections will include:

Plant Service

- Removal of UV bulb, clean sleeve and inspect unit.
- Examination of effluent in the UV tee for color, pH level and odor at time of inspection.
- Replacement UV lamps every 22 months or when necessary (additional charge).
- Clean outlet filter in septic tank
- Replacement of filter (additional charge)

Both parties are fully aware that the above said address "is not" a Jet Treatment System, but does have a UV Lamp and Outlet filter whereas, both require routine maintenance. All work will be completed under the name of Jet Environmental Treatment, LLC in a neat and professional manner.

When products (Bulbs – Filter) require replacement, you will be invoiced with payment agreements of NET 30.

Yearly agreements will be sent early November for the next calendar year. All other agreement will be pro-rated to reflect the end of currant calendar year.

Client: _____

Client's Signature:

Dated by client: 10/4/18

Phone Number: 201-747-7221

Jet Treatment Distributor: _____

Patricia L Hoffmann

Effective: 10/8/18 **Expiration:** 12/31/18

Jet Environmental Treatment, LLC.
29 Ricker Drive
Ringwood, NJ 07456
Phone: 973-255-5001
Email: infojetnj@gmail.com

Service Invoice

Date	Invoice #
10/8/2018	6408

PAID

Bill to:

James & Kati Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

Job Site:

James & Kati Ingenito
36 Cahill Cross Road
West Milford, NJ 07480

Block Lot
5307 9

Rep
Paul

Quantity	Description	Amount
	UV Sleeve cleaned & Outlet filter cleaned	
	NJ State Sales Tax 6.625%	0.00

Total $0.00

Sue Muhaw (HealthInspector2@WestMilford.org)

From: Sue Muhaw (HealthInspector2@WestMilford.org)
Sent: Tuesday, October 09, 2018 10:04 AM
To: 'Patti Hoffmann'
Cc: DJ Sisco-Izak; 'Douglas McKittrick'; Heather Watson (Health@WestMilford.org)
Subject: RE: 36 Cahill Cross Road, West Milford (UV & Filter Cleaning)

Dear Patti,

Thank you for the follow up. Yes, the non-ATU's with UV Lights on the septic's now require a written contract from the NEHA installer to maintain. A UV Light on the septic is not conventional so it will require a maintenance agreement from a NEHA Certified Installer.

In addition a POET System has been installed to the potable well.

I have shared your concerns with Doug McKittrick and DJ Sisco-Izak. They can share with you who the electrician was.

Thank you and have a great day.

Sue

From: Patti Hoffmann [mailto:infojetnj@gmail.com]
Sent: Tuesday, October 09, 2018 8:39 AM
To: Heather Watson (Health@WestMilford.org); Sue Muhaw (HealthInspector2@WestMilford.org)
Subject: 36 Cahill Cross Road, West Milford (UV & Filter Cleaning)

Good Morning,

We have established an agreement with the Ingenitos at 36 Cahill Cross Road to clean the UV Unit and outlet filter on the septic tank.

What we noticed yesterday was the cord for the UV sleeve/lamp is not long enough to remove to clean properly. This is a must to be checked while doing final inspections. Not sure if it falls under health or electrical inspections. No use installing a unit that can't be properly maintained. Also control panels for the UV should be installed outside for the ease of maintenance. We need to be able to power it up and off while on site.

Also, who is doing the maintenance on non ATU units, whereas there are system with UV and filters that are not being serviced? We have drafted a simple agreement that offers that service to those who have non ATU units. If the installer is not doing the service on the UV units this is a waste of time installing them and serves no purpose other than to make money at time of installation.

Is there a tracking system in place with the health department to stay on top of the UV Units? We will send your office our signed agreement that will be offered yearly. This one was prorated to reflect the end of this year. Our service is $200. plus tax for two cleaning per year. All of our agreement will go out November 1st for the following year. Any replacement of bulbs or filters is additional.

Let's see if we can come up with something that works for everyone involved. Jet Environmental will handle this service since we are familiar with UV units and able to replace bulbs if necessary since we carry them in our vehicles.

All My Best!
Patti Hoffmann

Authorized Sales & Service Distributor
29 Ricker Drive
Ringwood, NJ 07456
Direct: 973-255-5001

Fax: 973-616-3508

Email: infojetnj@gmail.com

* * * Communication Result Report (Nov. 2. 2017 8:36AM) * * *

1) WM Health
2)

Date/Time: Nov. 2. 2017 8:33AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
6785	Memory TX	[redacted]	P. 2	OK	

Sent to Dave Narcisso 11/2/17

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

Township of West Milford

Department of Health
1480 Union Valley Road, West Milford, NJ 07480-1300
(973) 728-2720 Fax: (973) 728-2947
HealthDepartment@wmnj.org

September 28, 2017

FILE COPY

Kurt & Angela Rifenbark
38 Cahill Cross Rd
West Milford, NJ 07480

Re: **Application to Alter an Individual Subsurface Disposal System**
McKitrick Eng.; Plan D-17059, dated September 14, 2017.
38 Cahill Cross Rd, West Milford, Block 5307 Lot 9

Dear Mr. and Mrs. Rifenbark:

The above referenced application has been provisionally ***approved*** **for a two (2) bedroom dwelling subject to NJDEP Riparian Buffer Rules and the following conditions:**

The provisions of approval are as follows:

- Property Owners Association notification required (if applicable).
- NJDEP Permit By Rule regulations for Riparian Buffer must be followed.
- **As per the discussion with the engineer today, the engineer will proposed a UV disinfection device to be installed on the P.Q. well.**
  - **It was the engineer's professional opinion that this proposed UV disinfection device on the well and the upgraded disposal field would adequately protect the potable water entering the house.**
  - **The engineer to supply a letter proposing the UV light and place these notations on the "final as-built".**
  - **A NJ Licensed Plumber will be required to install this device according to state regulations.**
- Form 2b, question 4, Regional Zone of Saturation should be shown as 21" from original grade.
- Form 2b, question 5, SSC should be shown as IIIWr.
- At open bed excavation, engineer to ensure a 48" unsaturated zone of disposal is present.
- Engineer to supervise the removal of the septic tanks and other SDS components.
- Utility markout required.
- Engineer to stake proposed disposal area.
- Engineer to supervise soil conservation measures to ensure soil runoff does not enter the stream.
- Engineer to oversee construction of rock wall along driveway.
- Engineer is to test in-place permeability and compaction of the "zone of treatment fill" material to insure it meets the specifications shown on the design. Written report shall be submitted to the WM Health Dept.

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

WEST MILFORD HEALTH DEPT.
RECEIVED

For Information Call:
Permit No. 17-1296

APPROVAL FOR PLUMBING

		Date	Inspector
[ ]	Slab		
[ ]	Rough		
[ ]	Water		
[ ]	Gas		
[ ]	LPGas Tank		
[ ]	Mechanical		
[ ]	Sewer		
[ ]	Other		
[✓]	Other UV	102017	APS
[ ]	Final		

U.C.C. F223 (rev. 2/03)

Plumbing Approval for 36 Cahill Cross Rd

Kurt Rifenbark

Tom
Do ~~first~~ SECOND
Getting UVL Inspection FRIDAY 10-20-17
Water Test MON
~~10-17-17~~
NOT until U.V. LIGHT INSP. PASSES
R3

COUNTY/MUNICIPALITY **PASSAIC/WEST MILFORD**

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

#11603

WEST MILFORD HEALTH DEPT.
SEP 20 2017
RECEIVED

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
   _X_ Deviation from Standards ___Repairs to Existing System

2. Location of Project: **36 CAHILL CROSS ROAD**

   Municipality West Milford Block No. **5307** Lot No. **9**

3. Name of Applicant (print): **KURT & ANGELA RIFENBARK**

4. Applicant's Present Address: **36 CAHILL CROSS ROAD WEST MILFORD, NJ 07480**

5. Applicant's Phone Number: [redacted]

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. Other Approvals?Certifications/Waivers/Exemptions (Attach to Application):
   ___Pinelands Commission
   ___U.S. Army Corps of Engineers
   ___NJDEP – Bureau of Flood Plain Management
   _X_ Other – Specify: **PERMIT BY RULE**

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 Angela Rifenbark Date 9-20-17

FOR AGENCY USE ONLY

___Application Denied – Reason for Denial/Citation of Rules Violated

___Application Approved

_X_Application Approved Subject to Approval by NJDEP Riparian Buffer rules & conditions in prov. permit #2

Date of Action 9/28/17 Signature of Authorized Agent

Name and Title Gene Osias Plan Review Officer

COUNTY/MUNICIPALITY **PASSAIC** **WEST MILFORD**

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

Form 2a – General Site Evealuation Data

1. Name of Site Evaluator (print) **McKITTRICK ENGINEERING ASSOCIATES**

2. Business Address of Site Evaluator: **2024 MACOPIN ROAD, SUITE B**
WEST MILFORD, NJ 07480

3. Business Phone Number of Site Evaluatior: **973-728-7228**

4. Special Site Limiitations Identified (Check appropriate Categories)
___Flood Plains ___Bedrock Outcrops ___Wetlands ___Excessively Stony
___Disturbed Ground ___Sink Holes ___Sand Dunes ___Steep Slopes
_X_Other – Specify **LIMITED AREA, PQ WELL, STREAM**

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) Suitablility of Disturbed Ground
   ___Unsuitable: Objects Subject to Disintegration or Change in Volume
   ___ExcessivelyCoarse
   ___Proctor Test Performed - % Standard Proctor Density =

7. Hydaulic Head Test:
   a) Hydraulically Restrictive Horizon: Depth Top to Bottom_____
   b) Piezomter A: Depth to Bottom _____Depth of Water Level (24 hours)
   c) Piezometer B: Depth to Bottom_____Depth of Water Level (24 hours)
   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
   _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 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 _____Date_____

Signature of Design Engineer _____Date **09/19/17**

COUNTY/MUNICIPALITY.....**PASSAIC WEST MILFORD**

APPPLICATIONFOR PERMITTO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b – Soil Log and Interpretation

1 .Log Number...**1**... Method (Check One): **X** Profile Pit_____ Boring_____

2. Soil Log:

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume & Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling – Abundance, Size and Contrast; If Present
	0" – 33" UNCLASSIFIED FILL
	33" – 35" ORIGINAL TOP SOIL
	35" - 60" 10YR 4/4 SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE, 20% GRAVEL, 5% COBBLES
	60" –107" 10YR 5/4 FINE SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE, 10% GRAVEL

-ROOTS TO 54"
-SEEPAGE AT 71"
-10YR 6/1 &6/8 MANY MEDIUM DISTINCT MOTTLES AT 54"
-SAMPLE FROM 69" YIELDED K3 SPCR

3. Ground Water Observations:
X Seepage – Indicate Depth.....**71"**.....
_____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 to Bottom.....
___Excessively Coarse Substratum – Depth to Top.....
___Hydraulically Restrictive Horizon – Depth to Bottom.....
___Hydraulically Restrictive Substratum – Depth to Top-------
___Perched Zone of Saturation – Depth Top to Bottom.....
X Regional Zone of Saturation – Depth to Top..~~54"~~.....21" from ag grade

5. Soil Suitability Classification: ~~IIWr~~ III Wr

6. 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 Soil Evaluator.....Date.....

Signature of Design Engineer.....Date...**09/19/17**

COUNTY/MUNICIPALITY **PASSAIC WEST MILFORD**

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

Form 3a. Soil Permeabilty Data

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*
SPCR	**1**	**A**	**69**	**K3**
SPCR	**1**	**B**	**69**	**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…**1A**……
__**X**__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 ……..
__**X**__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……Date……

Signature of Design Engineer……Date……**09/19/17**……

COUNTY/MUNICIPALITY.....**PASSAIC WEST MILFORD**

WEST MILFORD HEALTH DEPT.
SEP 20 2017
RECEIVED

APPLICATION FOR PERMIT TO CONSTRUCT ALTER/REPAIR
AN INDIVICUAL SUBSURFACE SEWAGE DISIPOSAL SYSTEM

Form 3c. – Soil Permeability Class Rating Data

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

2. Sample Depth.....**69"**..... Soil Pit/Boring Number.....**1**..... Date Collected.....**09/07/17**.....

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams...**463.9**...
   Weight of Material Retained on 2mm sieve, W.C.F., grams ...**71.4**.....
   Wt. % Coarse Fragment (W.C.F./W.T. x 100):...**15.4**.....

4. Oven Dry Weight (24hrs, 105^0 C) of 40 Gram Air Dry Sample, grams, Wt .....**39.5**....

5. Hydrometer Calibrations, Rc .....**6.0**.....

6. Hydrometer Reading – 40 seconds, grams, R1 ...**13.0**.....
   Temperature of Suspension, ^{0}F.....**70**.....

7. Corrected Hydrometer Reading, grams, R1'...**7.4**..

8. Hydrometer Reading – 2 hours, grams, R2...**7.5**.....
   Temperature of Suspension, ^{0} F...**70**...

9. Corrected Hydrometer Reading, grams, R2'..**1.9**...

10. % sand = (Wt. – R1')/Wt. x 100 = (**39.5** – **7.4**)/**39.5** x 100 = **81.3**....

11. % clay = R2'/Wt. x 100 = **1.9**/**39.5** x 100 = **4.8**.

12. Sieve Analysis:

C) a) Total Sand Fraction - (Soil Retained in 0.047 mm Sleeve), grams...**32.7**...

   b) Wt. of Fine Plus Very Fine Sand Fraction – (Sand Passing 0.25 mm Sieve), grams ...**17.9**.....

   c) % Fine Plus Very Fine Sand (b/a).....**54.7**.....

13. Soil Morphology (Natural Soil Samples Only:
   Structure of Soil Horizon Tested .....**SUBANGULAR BLOCKY**.....
   Consistence of oil Horizon Tested: Dry.....Moist.....**FRIABLE**.....

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 Soil Evaluator.....Date.....

Signature of Design Engineer.....Date...**09/19/17**.....

COUNTY/MUNICIPALITY.....**PASSAIC WEST MILFORD**

APPLICATION FOR PERMIT TO CONSTRUCT ALTER/REPAIR
AN INDIVICUAL SUBSURFACE SEWAGE DISIPOSAL SYSTEM

Form 3c. – Soil Permeability Class Rating Data

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

2. Sample Depth.....**69"**..... Soil Pit/Boring Number.....**1**..... Date Collected.....**09/07/17**.....

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams...**422.3**...
   Weight of Material Retained on 2mm sieve, W.C.F., grams ...**53.2**.....
   Wt. % Coarse Fragment (W.C.F./W.T. x 100):...**12.6**.....

4. Oven Dry Weight (24hrs, 105^0 C) of 40 Gram Air Dry Sample, grams, Wt .....**39.5**....

5. Hydrometer Calibrations, Rc .....**6.0**.....

6. Hydrometer Reading – 40 seconds, grams, R1 ...**12.75**.....
   Temperature of Suspension, ^{0}F.....**70**.....

7. Corrected Hydrometer Reading, grams, R1'...**7.15**..

8. Hydrometer Reading – 2 hours, grams, R2...**7.5**.....
   Temperature of Suspension, ^{0} F...**70**...

9. Corrected Hydrometer Reading, grams, R2'..**1.9**...

10. % sand = (Wt. – R1')/Wt. x 100 = (**39.5** – **7.15**)/**39.5** x 100 = **81.9**....

11. % clay = R2'/Wt. x 100 = **1.9**/**39.5** x 100 = **4.8**

12. Sieve Analysis:

C) a) Total Sand Fraction - (Soil Retained in 0.047 mm Sleeve), grams...**34.0**...

   b) Wt. of Fine Plus Very Fine Sand Fraction – (Sand Passing 0.25 mm Sieve), grams ...**18.1**.....

   c) % Fine Plus Very Fine Sand (b/a).....**53.2**.....

13. Soil Morphology (Natural Soil Samples Only:
   Structure of Soil Horizon Tested .....**SUBANGULAR BLOCKY**.....
   Consistence of oil Horizon Tested: Dry.....Moist.....**FRIABLE**.....

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 Soil Evaluator.....Date.....

Signature of Design Engineer.....Date...**09/19/17**.....

COUNTY/MUNICIPALITY...**PASSAIC WEST MILFORD**

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

Form 4 - General Design Data

1. Volume of Sanitary Sewage, gal. ...**350**.....
   _X_ Residential: No. of Dwelling Units....**1** .....Total No. of Bedrooms ...**2**.....
   ____ Commercial/Institutional – Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data. Indicate source of data, frequency of readings, average daily flow and maximum 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: **PUMP & REMOVE EXISTING TANKS AND FIELD . INSTALL SEPTIC TANK, DOSE TANK AND P D DISPOSAL FIELD**
      .....

3. System Components:
   a) Grease Trap Capacity, gals.....
      Show Calculation Used.....
   b) Septic Tank Capacities, gals:**1000**....First (Single) Compartment...**1000**.....
      Second Compartment.....Third Compartment.....
   c) Effluent Distribution
      Method: ____ Gravity Flow ____ Gravity Dosing _X_ Pressure Dosing
      Dosing Device: _X_ Pump ____ Siphon
   d) Dosing Tank Capacities, gals: Total Capacity...**1000**....Dose Volume...**90**.....
      Reserve Capacity...**700** +/-..
   e) Laterals: Number....**5**...Total Length...**106'**...Pipe Size...**1"**....Spacing...**3'**.....
   f) Connecting Pipe: Size...**2"**... Length...**20'**.....
   g) Manifold: Size...**2"**.. Length...**12'**.....
   h) Disposal Field: Type of Installation...**SOIL REPLACEMENT BOTTOM LINED**.....
      Design Permeability (Percolation Rate).....**K4**.....
      Trenches: Width..... Total Length..... Bed: Area...**466 SF**....
      Seepage Pits: Design Percolation Rate.....
   i) Seepage Pits: Design Percolation Rate.....
      Number of Pits..... Total Percolating Area Provided.....

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, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
   _X_ 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. 58:10A-1 et seq.) and is subject to penalites as prescribed in N.J.A.C. 7:14-8.

Signature of Design Engineer.....Date.....**09/19/17**.....

COUNTY/MUNICIPALITY...**PASSAIC WEST MILFORD**

APPLICATION FOR PERMITTOCONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWER DISPOSAL SYSTEM

Form 5 – Design of Pressure Dosing System

1. Configuration of Distribution Network:
   Type of Manifold: **X** End _____ Central
   Distribution Laterals: Number **5** Length, ft. **20** Spacing, ft. **3**
   Hole Diameter, ins. **1/4** Hole Spacing, ins. **36**
   Diameter of Laterals, ins. **1"**

2. Lateral Discharge Rate:
   Design Pressure Head at Supply End of Laterals, H_p, ft. **2.5**
   Hole Discharge Rate, Q, gpm **1.18**
   Number of Holes per Lateral, n **6**
   Lateral Discharge Rate, (Q xn) gpm **7.04**

3. Manifold Length, ft. **12** Manifold Diameter, ins. **2**

4. System Discharge Rate, gpm **35.4**

5a. Pump Selection:
   Diameter of Delivery Pipe **2"** Length of Delivery Pipe **20'**
   Friction Loss in Delivery Pipe, H_f, ft. **0.53**
   Elevation of Dosing Tank Low Water Level **781.0**
   Elevation of Lateral Invert **786.0**
   Elevation Head, H_e, ft. **5.0**
   Total Operating Head, H_t ($H_p + H_f + H_e$), ft. **8.1**
   Pump Model **3885** Rated Horsepower **1/3**
   Pump Discharge Rate at Total Operating Head, gpm **67**

5b. Siphon Elevation:
   Diameter of Delivery Pipe _____ Length of Delivery Pipe _____
   Friction Loss in DeliveryPipe, H_f, ft. _____
   Velocity Head, H_v, ft. _____
   Total Operating Head, H_t ($H_p + H_f + H_v$), ft. _____
   Elevation of Lateral Invert _____
   Elevation of Siphon Invert _____

6. Dose Volume:
   Design Volume of Sewage, gal/day **350**
   Design Permeability, in/hr. **K4** or Percolation Rate, min/in. _____
   Internal Volume of Distribution Network **9.2 GAL.**
   Dose Volume **90 G 25% Q**

7. I hereby certify that the information furnished on Form 5 of this application (and attachments thereto) is true an 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 Design Engineer _____ Date **09/19/17**

West Milford Health Dept. checklist

Applicant KURT & ANGELA RIFENBARK

New ___ Alteration X Repair ___ Number of bedrooms 2 DEP form ___

Deviations from Standards A

Block 5307 Lot 9 Street 36 CAHILL Cross Rd

7:9A-3.5(d) ___ Form 1: ✓

___ Form 2a: ✓

___ Form 2b: ✓ 33" fill mottle @ 54" ✓

___ Form 3a: ✓

___ Form 3b,c,d,e,f,or,g: ✓ le3 e 69"

___ Form 4: ✓ 466 sf

7:9A-3.5(d) ___ Form 5: ✓

7:9A-3.5(c) ___ Site plan prepared in accordance with N.J.A.C. 13:40-7 and drawn to scale adequate to depict clearly the following features within a 150-foot radius around the proposed system. All pages signed and sealed by licensed engineer, along with a signed and sealed survey by a licensed New Jersey surveyor. Ref. - see plan ✓

N.J.A.C. 13:40-7

___ Location of all components of the proposed system, including specifications and proposed elevations for the following, but not limited to:

7:9A-8.2(b)	A. septic tanks	A. ✓
-8.1	B. grease traps	B.
-9.2	C. dosing tanks	C. ✓
-9.4	D. D-boxes	D.
-9.5	E. distribution laterals	E. ✓
10.1 A thru H	F. disposal fields	F. ✓
-3.5(c) 2	G. interceptor drains	G.
-11 et.	H. seepage pits	H.
-3.5(c) 2	I. lot boundaries	I. ✓
-3.5(c) 2	J. existing and proposed drains	J.
-3.5(d)	K. existing and ~~proposed~~ wells	K. ✓
-3.5(c) 2	L. existing and proposed disposal areas	L. ✓
-3.5(d)	M. fuel storage tanks	M.
-3.5(d)	N. sheds	N.
-10.1	O. fill material	O. ✓
-3.5(c) 2	P. buildings, driveways, decks	P. ✓
-3.5(c) 2	Q. retaining walls/ 3:1 slope	Q. ✓
-3.5(c) 2	R. storm drains and grates	R.
7:9A-10.1(j) 3	S. existing slope does not exceed 10% for disposal beds or 25% for disposal trenches	S. ✓

Applicant K + A Rifenbark Block 5307 lot 9

N.J.A.C. 7:9A-3.5(c)2.iv	Existing and finished grade topography (2 foot contour intervals)	✓
3.5(c)2.v	Benchmark	✓
3.5(c)2.vi	Location of all surface water bodies, natural and artificial, and all springs or areas of ground water seepage.	✓
3.5(c)2.vii	Location of existing and proposed surface water diversions.	ery to stream
3.5(c)2.viii	Locations of all outcrops of bedrock	none prop
2.viii	Conformance with setback requirements as required in N.J.A.C. 7:9A-4.3	✓ no-sa plan
2.ix	Location of all soil profile pits, soil borings and permeability tests.	✓
2.x	Location of stream encroachment boundaries for streams within the near vicinity of the site (no floodway, flood fringe, or transition area note, if applicable).	none prop Riparian Buffer
2.xi	State approved boundaries of any wetland areas or transition areas within the boundaries of the property or within 150 feet of the area of the proposed system. (GP25 if applicable for alterations)	none prop
3	Soil logs prepared as prescribed in N.J.A.C. 7:9A-5.3	✓
4	Soil suitability class determined in N.J.A.C. 7:9A-5.4	✓
5	Results of permeability tests/ N.J.A.C. 7:9A-6	✓
6	Maximum daily volume of sanitary sewage and method of calculation Method of verification for alterations only	350 3 Bdrm
3.5(c)8	All data and calculations used in the design of the sewage system	✓
3.5(d)8	List all variances requested on drawing for proposed alterations only	✓
3.5(c)2.xi	150-foot radius around any proposed well, locating site characteristics as per N.J.A.C. 7:10-12.12	n/A

West Milford Health Dept. checklist for sewage applications-

Applicant KtA R. [illegible] Block 5307 lot 9

Bed Cross-Section elevations provided:

N3A C7:9A- 3.5(d)

___	Existing grade	788.5 – 784.25
___	Finished grade	787.3
___	Lateral invert	786
___	Level of infiltration	785
___	Seasonal high water table	≥ 781 Eng To confirm
___	Bottom of excavation	781

N3A C7:9A- 3.5(d)

Plan Requirements Per West Milford Township Engineering Department: 783.75 − 4.6 = 779.15

Surface water drainage considerations:

___ A. All proposed drainage & grading: ___________

___ B. Existing & proposed contours or elevation areas where:

1. Changes of grades are proposed: ___________

2. At the inverts & tops of banks of proposed swales: POA, N/applic ___________

Additional comments: Permit by Rule

form 26" Question 4

regional zone of sat 21" from org grade due to 33" fill

Question 5 – [illegible] due to fill

Effluent [illegible]

20T fill + [illegible] sd 3

Eng suggest [illegible] 20

Eng – 48" unsat

soil cons – storm + [illegible]

storm [illegible] – storm + [illegible]

[illegible] on well = [illegible] on final as built

Rock board

fibers - 25% +

NJ lic Plumber - Bldg Sewer
NJ lic Plumber - U V Rgmt

Bry to oversee Rockwell
slag Drawing

5307-9

Memo to File

RE: 36 Cahill Cross Road

From: Gene Osias

FILE COPY

October 31, 2017

As per the request from Michael Hodges, Health Director, I called Mr, David Narciso, Esq. to address his concerns over the location of the approved alteration to the Individual Subsurface Sewage Disposal System (ISSDS).

I called late morning, Mr. Narciso was not is his office and I left a voice mail explaining that the professional opinion of the New Jersey Licensed Professional Engineer was the upgraded disposal area with the Zone of Treatment Fill provided better protection to the well than the current disposal area even though the new disposal area was closer to the well than the existing system.

Mr. Narciso returned my call in the afternoon.

Mr. Narciso said he did not understand how the system could be approved closer to the well. He said it was common sense that a system closer to the well should not be approved and the code required 100'. He also said there were other areas on the lot where the system could have been located further from the well. He said the representative from the septic inspection company tried to speak to the design engineer, Douglas McKittrick, PE and was told by him to "mind her own business". He asked me if this was "professional behavior"?.

I explained the following to Mr. Narciso:

The design of ISSDS in the State of NJ is considered engineering under the state regulations and as such, only a NJ Licensed Professional Engineer can determine the best location for the system and the design that will allow the system to function better than the existing system.

I told him that even though he may say common sense would indicate a location closer to the well would not improve the situation, the engineer had a different professional opinion and the engineering opinion from the design engineer was the 48" unsaturated zone of treatment with the zone of treatment fill upgraded the disposal area so even though closer to the well was better than the existing system.

I also referred him to the NJ Engineering Board if he had concerns over the professional behavior ot the NJ Licensed Engineer.

I explained that when reviewing the design, I had a concern about the location being closer to the well and contacted the engineer. In my conversation with Douglas McKittrick, PE, ti was his engineering professional expert opinion that:

- It was his expert opinion that the design was as close as possible to meeting the code as he could achieve due to the site limitations.
- The location he placed the disposal area was the best area to locate the system.
- The upgraded disposal area with the 48" unsaturated zone of treatment fill significantly improved the system even though closer to the well.
- During my conversation, the design engineer decided to add an Ultraviolet Disinfection unit to the potable water entering the house.
- The design engineer stated to me that it was his professional opinion that this proposed UV disinfection unit on the well water and the upgraded disposal area would adequately protect the potable water entering the house.

Based on my conversation with the engineer and his expressed professional opinions listed above, the design was provisionally approved based on the conditions in my provisional approval letter. Mr, Narciso asked me where was this letter. I told him it was in the file and he could request a copy of it. He asked me if the engineer also signed this letter, or just me. I told him the letter was sent to the homeowner and copied to the engineer.

Mr. Narciso also asked what was meant by an unsaturated zone of treatment fill. I explained that in this design, the seasonal high water table was deeper than 48" below the bottom of the stone in the disposal area and the effluent from the disposal area passed though 48" of this zone of treatment fill before the effluent would encounter groundwater, thus providing this unsaturated aerobic area for treatment in the zone of treatment.

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 N.J.A.C. 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.

WEST MILFORD HEALTH DEPT.
OCT 18 2017
RECEIVED

PART A – General Information

1. Permitted Activities (Check applicable categories):

Permit Number: _____

_____ New Construction
__X__ Alteration/ No Expansion or Change of Use
_____ Alteration/ Expansion or Change in Use
_____ Alteration/ Malfunctioning System
__X__ Deviation from Standards
_____ Repairs to Existing System

2. Location of Project: Passaic County
   Municipality: West Milford Block: 5307 Lot: 9
   Street Address: 36 Cahill Cross Road
3. Name and Present Address of Applicant: Kurt Rifenbark, 36 Cahill Cross Road
   Applicant's Phone Number: West Milford, NJ 07480, [redacted]

PART B – Professional Engineers 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 requirement of N.J.A.C. 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.

_____
Signature and Seal
Name: (Type or Print), License # Douglas McKittrick 24GE02824800
Date: 10/14/17

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 requirement of N.J.A.C. 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, Type of License Held
Name: (Type or Print), License # _____
Date: _____

For Agency Use Only:
Date Received: 10/18/17
Form Determined to Be: ___ Complete ___ Incomplete
Date Returned: _____
Date Received: _____
Date Certification Approved: 10/24/17
Authorized Signature: _____ REMS CONSULTANT

A & A Concrete Products, Inc.
3 South Corp. Drive.
P.O. Box 108
Riverdale, NJ 07457

Certificate of Compliance

Description of Tank: 1000 round septic
1000 round pump

Date of Installation: 10/5/17

Job Address: 36 Cahill Cross Rd.

Contractor: DJ Sisco

Evaluation Method: Vacuum

Evaluation Conducted By: T. Alway

BRAEN VAN ORDEN
SAND & GRAVEL OF RINGWOOD

Van Orden Sand & Gravel
589 Westbrook Road
Ringwood, NJ 07456
973-839-0207

08/18/2017

Dear Madam/Sir:
The following are the results of sieve Analysis as per ASTM C-33/N.J.A.C. 7:9A-10.1(f)4.

1004 - Septic-C-33 Zone of Treatment

Procedure	Sieve/Test	Average	Unit	Zone of Treatment
	3/8" (9.5mm)	100.0	%	100-100
	#4 (4.75mm)	100.0	%	
	#8 (2.36mm)	95.4	%	80-100
	#16 (1.18mm)	67.3	%	50-85
	#30 (0.6mm)	42.2	%	25-60
	#50 (0.3mm)	21.9	%	10-30
	#100 (0.15mm)	8.7	%	2-10
	#200 (75µm)	1.92	%	
	Pan	0.00	%	

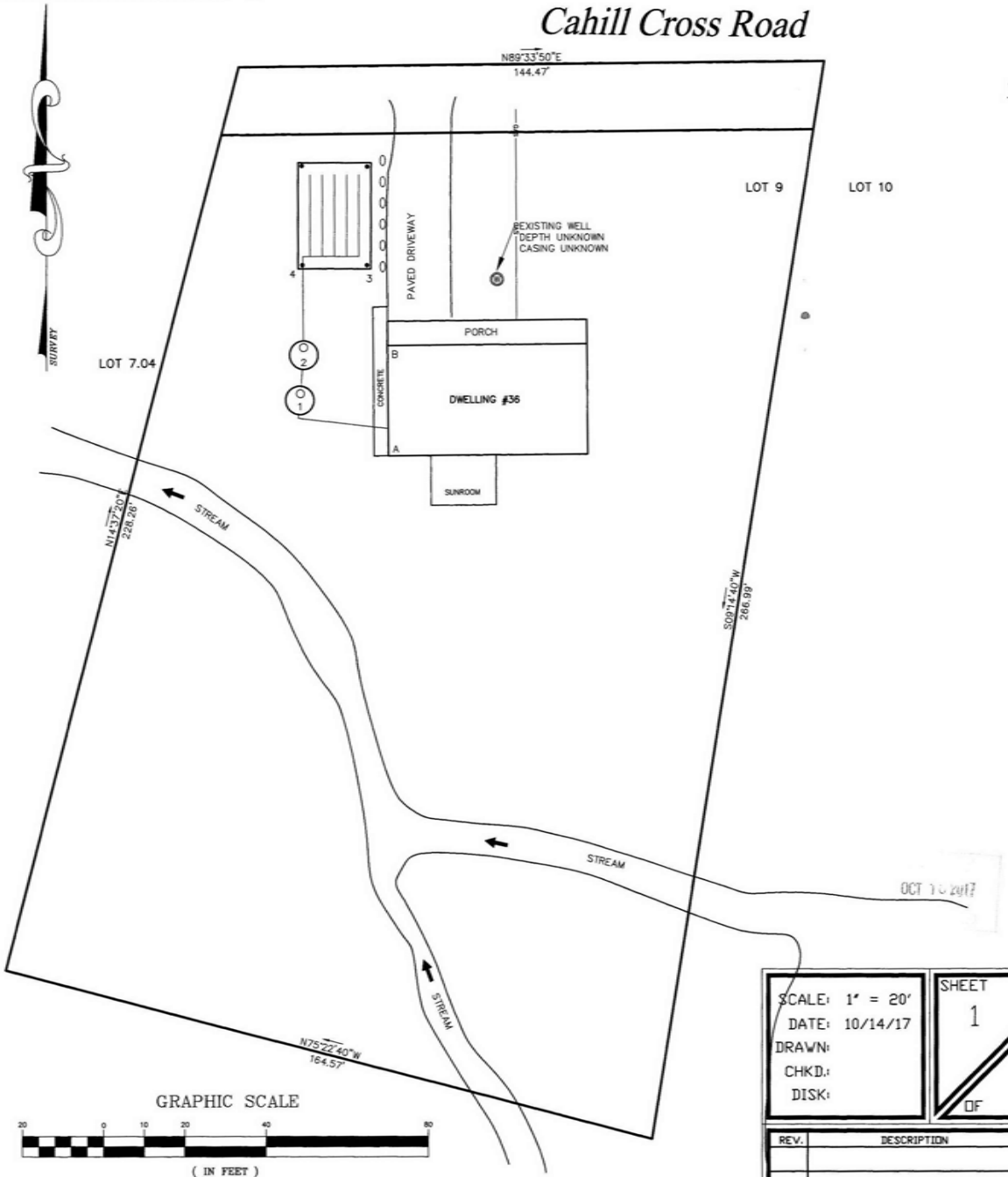
The sample from the stockpile at Van Orden Sand & Gravel of Ringwood meets the specification for N.J.A.C. 7:9A-10.1(f) 4. NJ Mine Registration Number 004399.

If you have any questions, please call Russ Berger at 973-720-6443 or email RBerger@braenstone.com

Signature Russ Berger

Name/Title Russ Berger / Director of Quality Control

Cahill Cross Road



WATER STERILIZATION:

UV STERILIZATION LIGHTS WERE INSTALLED BY THE SEPTIC CONTRACTOR ON THE IN-LET SIDE OF THE PUMP TANK AND BY THE HOMEOWNER ON THE POTABLE WATER SYSTEM. THESE UNITS REQUIRE PERIODIC MAINTENANCE TO ASSURE ADEQUATE PRO-TECTION AGAINST BACTERIA.

KEY:

A = CORNER OF HOUSE
B = CORNER OF HOUSE
1 = NEW 1000 G SEPTIC TANK-MH
2 = NEW 1000 G PUMP TANK-MH
3 = CORNER OF BED-INSPECTION PORT
4 = CORNER OF BED-INSPECTION PORT

ITEM	DISTANCE	ITEM	ELEVATION
A1	26.6 FT	ST IN	786.4
A2	33.8 FT	ST OUT	786.3
A3	46.8 FT	PC IN	786.1
A4	51.1 FT	BE	780.8
B1	24.5 FT	B. STONE	785.3
B2	20.7 FT	MANIFOLD	786.3
B3	19.8 FT	FG	787.7
B4	28.5 FT		

INSPECTION	DATE
OPEN BED	10/08/17
FILL	10/09/17
PIPE & STONE	10/10/17
FINAL GRADE	10/13/17

OCT 16 2017

SURVEY REFERENCES:
1. BOUNDARY SURVEY PREPARED BY WILLIAM HELD, NJPLS #6549, NOT DATED.
2. TOPOGRAPHIC SURVEY PREPARED BY GEOD SURVEY TECHNOLOGIES, PROJECT 98-1404, DATED 3/16/1998, SHEETS 6 AND 7.
3. WEST MILFORD TAX MAP SHEET 53.

SCALE: 1" = 20'
DATE: 10/14/17
DRAWN:
CHKD.:
DISK:

SHEET 1 OF 1

REV.	DESCRIPTION	DATE
1	ADDED UV LIGHT NOTE	10/17/17

McKITTRICK ENGINEERING ASSOCIATES, INC.
PROFESSIONAL ENGINEERING AND PLANNING
CONSTRUCTION MANAGEMENT
2024 MACOPIN ROAD
WEST MILFORD, N.J. 07480
CERT. OF AUTHORIZATION No. (973) 728-7228 24GA27995300

SEPTIC AS-BUILT

BLOCK:	5307	TOWNSHIP:	WEST MILFORD
LOT:	9	COUNTY:	PASSAIC
		APPLICANT:	RIFENBARK
		PROJECT:	D-17059

DOUGLAS McKITTRICK N.J. PROFESSIONAL ENGINEER 28248
N.J. PROFESSIONAL PLANNER 2825

PLUMB. + ELEC PERMITS
#17-1228

TOWNSHIP OF WILFORD
DEPARTMENT OF HEALTH
LEY ROAD
WEST MILFORD, NJ 07480

Permit # 12479

SEPTIC INSPECTION REPORT

Applicant: RIKENBANK Telephone

Location: 36 CASTLE CREST Rd Block 5307 Lot 9

Septic Installer: DJ SISCO [redacted]

DATE	TYPE OF INSPECTION	INSPECTOR
10/4/17	MND SENT	SAM

NOTES: RED UV LIGHTS ON SEPTIC + WELL

10/6/17 - EXCAVATION - SEEPAGE @ BOTTOM OF EXC. P.C. TO COVER

10/6/17 - SUMP HOLE - SAW 3/4 - PE WELL COVERING MATERIAL + ELEVATION

10/10/17 PIPE + STONE & PUMP TEST NO ALARM

10/12/17 - ALARM + F.GR - OK - SAM

cell [redacted]
Kurt Rifenbark
10-12-17

Owes

ok in the mail per Mr. Rifenbark

UVL Fee

$55.—

Heather has permit

RS

Permit No 12479

CK# 1101
$185.00

DEPARTMENT OF HEALTH

TOWNSHIP OF WEST MILFORD

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

Owner's Name Angela Rifenbark Phone [redacted]

Location (Address) 36 Cahill Cross Rd Block No. 5307 Lot No. 9

Contractor's Name Sisco Services LLC Phone 201-749-2415

Contractor's Signature X David Sisco-Dyke

Single Family dwelling: Number of Bedrooms 2

Commercial Building: Number of Realty Units —

In accordance with the provisions of an ordinance entitled:
"Including Subsurface Sewage Disposal Code (1990) N.J.A.C. 7-9A"
concerning standards for individual subsurface sewage disposal systems.

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

NOTES: (1) Requires UV's for well + septic.
(2) Permit by mike per D Kluckhuhn PE.

10-4-17
Date

X
Administrative Officer

PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUANCE.

ENGINEER MUST INSPECT AND CERTIFY ALL ELEVATIONS.

Township of West Milford

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

September 28, 2017

FILE COPY

Kurt & Angela Rifenbark
36 Cahill Cross Rd
West Milford, NJ 07480

Re: Application to Alter an Individual Subsurface Disposal System
McKittrick Eng.; Plan D-17059, dated September 14, 2017.
36 Cahill Cross Rd, West Milford, Block 5307 Lot 9

Dear Mr. and Mrs. Rifenbark:

The above referenced application has been provisionally ***approved*** **for a two (2) bedroom dwelling subject to NJDEP Riparian Buffer Rules and the following conditions:**

The provisions of approval are as follows:

- Property Owners Association notification required (if applicable).
- NJDEP Permit By Rule regulations for Riparian Buffer must be followed.
- **As per the discussion with the engineer today, the engineer will proposed a UV disinfection device to be installed on the P.Q. well.**
    - **It was the engineer's professional opinion that this proposed UV disinfection device on the well and the upgraded disposal field would adequately protect the potable water entering the house.**
    - **The engineer to supply a letter proposing the UV light and place these notations on the "final as-built".**
    - **A NJ Licensed Plumber will be required to install this device according to state regulations.**
- Form 2b, question 4, Regional Zone of Saturation should be shown as 21" from original grade.
- Form 2b, question 5, SSC should be shown as IIIWr.
- At open bed excavation, engineer to ensure a 48" unsaturated zone of disposal is present.
- Engineer to supervise the removal of the septic tanks and other SDS components.
- Utility markout required.
- Engineer to stake proposed disposal area.
- Engineer to supervise soil conservation measures to ensure soil runoff does not enter the stream.
- Engineer to oversee construction of rock wall along driveway.
- Engineer is to test in-place permeability and compaction of the "zone of treatment fill" material to insure it meets the specifications shown on the design. Written report shall be submitted to the WM Health Dept.

- Engineer to supervise setting of pump floats to ensure that adequate dose volume (25%Q and the internal pipe volume) is achieved.
- Engineer to oversee grading in the area around the proposed system to insure that the stormwater runoff flow will not increase onto the adjacent properties or the stream.
- NJ licensed plumber to connect building sewer to new tank.

- **The engineer has designed an effluent filter on the outlet of the septic tank.**
  - **These filters require regular maintenance to function and prevent possible back up of effluent into the house.**
  - **Consult with the engineer and contractor on schedule for this maintenance.**
- **Upon sale of the house, new property owner must be notified of the presence of this filter and the need for maintenance.**

The septic construction permit fee is $185.00 and the permit will only be issued to the installer when proof of an electrical permit for the pump tank and plumbing permit are submitted. All septic work must be performed by a West Milford licensed septic and inspected by the professional engineer.

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

Yours truly,

Gene Osias, REHS
Review Officer

cc: McKittrick Eng.

Block: 5307	Land Desc: .731 AC	Owners Name:	RIFENBARK KURT		Land:	94,400	Exemption	Net Taxable Value	Deductions
Lot: 9	Bldg Desc:	Street Address:	36 CAHILL CROSS RD	Bank: 00000	Impr:	126,700	Code:		Cd No-Ow
Qual:	Addl Lots:	City & State:	WEST MILFORD NJ	Zip: 07480	Total:	221,100	Value: 0	221,100	
Card: M (#1 of 1)	Acreage: 0.731 Class: 2	Property Loc:	36 CAHILL CROSS RD	Zone:			Map:	WEST MILFORD	

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
RIFENBARK, GERALD L & LENORE	10/01/08	D1680/135	1	25

ASSESSMENT HISTORY

Year	Land	Impr	Total
2011	55700	80600	136300
2012	94400	126700	221100

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.
03/30/11	BATHROOM RENOVATION	3000	07/27/11
05/02/05	DECK & DECK ENCLOSURE	20210	02/07/17
02/10/05	ALTERATIONS	15000	03/13/06
08/30/99	REROOF	2700	09/15/99

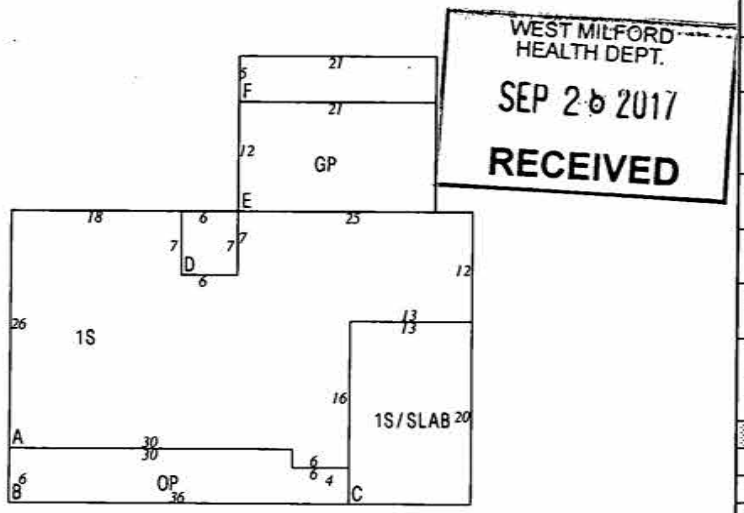
LAND CALCULATIONS

Frt	Rr	SB	T	FF	Avg	Tabl	EqF	Rate	Site	Cond			Value

	Units	Rate	Site	Cond			Value
TRAFFIC 95							
PART WETLANDS 95	0.731 AC	20000	90000	100	100	100	104620

Net Adj: 90.25 SF: 31,833 Auto: Y Land Value: 94,419

STREAM ACROSS LOT/OUTSIDE ACCESS TO SMALL DUGOUT BSMT



A: 1S	u0 r0;u26 r18 d7 r6 u7 r25 d12 l13 d16 l6 u	1062
B: OP	u0 r0;d6 r36 u416 u2 l30	204
C: 1S/SLAB	u14 r36;r13 d20	260
D: 1S/B	u26 r18;r6 d7	42
E: GP	u26 r24;u12 r21	252
F: WD	u38 r24;u5 r21	105
G:		0
H:		0
I:	M:	
J:	N:	
K:	O:	
L:	P:	

Scale: 20

SITE INFORMATION

Road: PAVED		Utilities:	
Curbs:	YES	Sewer:	NONE
Sidewalk:	NO	Water:	NONE
Measured:	JG	Gas:	YES
Info:		Topo:	LOW
Inspected:	Y	Neigh:	210
08/23/11		VCS:	A210

BUILDING INFORMATION

Type and Use: ONE FAMILY	Class/Quality: 16
Story Height:	Condition: UPDATES
Style: RANCH	Year Built/EffA: 1957 / 54 (Y)
Exterior Finish: ALUM/VINYL	Info By:
Roof Type: GABLE	Livable Area: 1364 SF
Roof Material: ASPHALT SHINGLE	Interior Cond: AVERAGE
Foundation: CONC/CIND BLK	Interior Wall: SR/PL
Baths: M:	A: 1 O:
Kitchens: M:	A: 1 O:

ROOM COUNT

	B	1	2	3/A	Tot
Living Rm		1			1
Dining Rm					
Kitchen		1			1
Dinette					
5 Fixt Bath					
4 Fixt Bath					
3 Fixt Bath		1			1
2 Fixt Bath					
Bed Room		2			2
Fam Room		1			1
Den/Other					

Old B: 372 5

Old L: 5 09/28/17

RESIDENTIAL COST APPROACH

Basement

BASEMENT 42 x 20.170 + 0 x1.00 x1.00= 847

Main Bldg

FIRST STORY 1364 x 49.340 +22204 x1.00 x1.00= 89504

SLAB 260 x -3.820 + 0 x1.00 x1.00= -993

Heat/AC

FORCED HOT AIR 1364 x 2.460 + 864 x1.00 x1.00= 4219

AC ADDED TO HOT 1364 x 0.950 + 2064 x1.00 x1.00= 3360

Plumbing

3 FIXTURE BATH 1- 2 x2595.000 + 0 x1.00 x1.00= -2595

2 FIXTURE BATH 0- 1 x1895.000 + 0 x1.00 x1.00= -1895

Fireplace

FIREPLACE 1STY 1 x4245.000 + 0 x1.00 x1.00= 4245

Attic

Deck/Patio/Garage/Misc

OPEN PORCH 204 x 10.773 + 453 x1.00 x1.00= 2651

DECK 105 x 5.310 + 182 x1.00 x1.00= 740

GLAZED PORCH 252 x 27.150 + 1060 x1.00 x1.00= 7902

Base Cost:	107985	CCF: 140 CLA: 100		Cost New:	151179
Phys Depr:	16.20 (Y)	Func Depr:		Net Depr:	83.80
Loc Depr:		Mkt+:	Mkt-:	Bldg Value:	126688

Detached Items:

Land: 94,400 Impr: 126,700 Total: 221,100

COUNTY/MUNICIPALITY **PASSAIC/WEST MILFORD**

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

#11603

WEST MILFORD HEALTH DEPT.
SEP 20 2017
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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
   _X_ Deviation from Standards ___Repairs to Existing System

2. Location of Project: **36 CAHILL CROSS ROAD**

   Municipality West Milford Block No. **5307** Lot No. **9**

3. Name of Applicant (print): **KURT & ANGELA RIFENBARK**

4. Applicant's Present Address: **36 CAHILL CROSS ROAD WEST MILFORD, NJ 07480**

5. Applicant's Phone Number: [redacted]

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. Other Approvals?Certifications/Waivers/Exemptions (Attach to Application):
   ___Pinelands Commission
   ___U.S. Army Corps of Engineers
   ___NJDEP – Bureau of Flood Plain Management
   _X_ Other – Specify: **PERMIT BY RULE**

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 Angela Rifenbark Date 9-20-17

FOR AGENCY USE ONLY

___Application Denied – Reason for Denial/Citation of Rules Violated

___Application Approved

___Application Approved Subject to Approval by NJDEP

Date of Action Signature of Authorized Agent
Name and Title

COUNTY/MUNICIPALITY **PASSAIC** **WEST MILFORD**

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

Form 2a – General Site Evealuation Data

1. Name of Site Evaluator (print) **McKITTRICK ENGINEERING ASSOCIATES**

2. Business Address of Site Evaluator: **2024 MACOPIN ROAD, SUITE B**
WEST MILFORD, NJ 07480

3. Business Phone Number of Site Evaluatior: **973-728-7228**

4. Special Site Limiitations Identified (Check appropriate Categories)
___Flood Plains ___Bedrock Outcrops ___Wetlands ___Excessively Stony
___Disturbed Ground ___Sink Holes ___Sand Dunes ___Steep Slopes
_X_Other – Specify **LIMITED AREA, PQ WELL, STREAM**

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) Suitablility of Disturbed Ground
   ___Unsuitable: Objects Subject to Disintegration or Change in Volume
   ___ExcessivelyCoarse
   ___Proctor Test Performed - % Standard Proctor Density =

7. Hydaulic Head Test:
   a) Hydraulically Restrictive Horizon: Depth Top to Bottom_____
   b) Piezomter A: Depth to Bottom _____Depth of Water Level (24 hours)
   c) Piezometer B: Depth to Bottom_____Depth of Water Level (24 hours)
   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
   _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 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 _____Date_____

Signature of Design Engineer _____Date **09/19/17**

COUNTY/MUNICIPALITY.....**PASSAIC WEST MILFORD**

APPPLICATIONFOR PERMITTO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

WEST MILFORD HEALTH DEPT.
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Form 2b – Soil Log and Interpretation

1 .Log Number...**1**... Method (Check One): _**X**_Profile Pit_____ Boring_____

2. Soil Log:

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume & Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling – Abundance, Size and Contrast; If Present

0" – 33" UNCLASSIFIED FILL
33" – 35" ORIGINAL TOP SOIL
35" - 60" 10YR 4/4 SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE, 20% GRAVEL, 5% COBBLES
60" –107" 10YR 5/4 FINE SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE, 10% GRAVEL

-ROOTS TO 54"
-SEEPAGE AT 71"
-10YR 6/1 &6/8 MANY MEDIUM DISTINCT MOTTLES AT 54"
-SAMPLE FROM 69" YIELDED K3 SPCR

3. Ground Water Observations:
_**X**_Seepage – Indicate Depth.....**71"**.....
____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 to Bottom.....
___Excessively Coarse Substratum – Depth to Top.....
___Hydraulically Restrictive Horizon – Depth to Bottom.....
___Hydraulically Restrictive Substratum – Depth to Top-------
___Perched Zone of Saturation – Depth Top to Bottom.....
_**X**_Regional Zone of Saturation – Depth to Top...**54"**.....

5. Soil Suitability Classification: **IIWr**

6. 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 Soil Evaluator.....Date.....

Signature of Design Engineer.....Date...**09/19/17**

COUNTY/MUNICIPALITY **PASSAIC WEST MILFORD**

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

Form 3a. Soil Permeabilty Data

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*
SPCR	**1**	**A**	**69**	**K3**
SPCR	**1**	**B**	**69**	**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...**1A**.....
X 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 .....
X 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..... Date.....

Signature of Design Engineer..... Date.....**09/19/17**.....

COUNTY/MUNICIPALITY.....**PASSAIC WEST MILFORD**

APPLICATION FOR PERMIT TO CONSTRUCT ALTER/REPAIR
AN INDIVICUAL SUBSURFACE SEWAGE DISIPOSAL SYSTEM

Form 3c. – Soil Permeability Class Rating Data

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

2. Sample Depth.....**69"**..... Soil Pit/Boring Number.....**1**..... Date Collected.....**09/07/17**.....

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams...**463.9**...
   Weight of Material Retained on 2mm sieve, W.C.F., grams ...**71.4**.....
   Wt. % Coarse Fragment (W.C.F./W.T. x 100):...**15.4**.....

4. Oven Dry Weight (24hrs, 105^0 C) of 40 Gram Air Dry Sample, grams, Wt .....**39.5**....

5. Hydrometer Calibrations, Rc .....**6.0**.....

6. Hydrometer Reading – 40 seconds, grams, R1 ...**13.0**.....
   Temperature of Suspension, ^{0}F.....**70**.....

7. Corrected Hydrometer Reading, grams, R1'...**7.4**..

8. Hydrometer Reading – 2 hours, grams, R2...**7.5**.....
   Temperature of Suspension, ^{0} F...**70**...

9. Corrected Hydrometer Reading, grams, R2'...**1.9**...

10. % sand = (Wt. – R1')/Wt. x 100 = **(39.5 – 7.4)/39.5** x 100 = **81.3**....

11. % clay = R2'/Wt. x 100 = **1.9/39.5** x 100 = **4.8**.

12. Sieve Analysis:

C) a) Total Sand Fraction - (Soil Retained in 0.047 mm Sleeve), grams...**32.7**...

   b) Wt. of Fine Plus Very Fine Sand Fraction – (Sand Passing 0.25 mm Sieve), grams ...**17.9**.....

   c) % Fine Plus Very Fine Sand (b/a).....**54.7**.....

13. Soil Morphology (Natural Soil Samples Only:
   Structure of Soil Horizon Tested .....**SUBANGULAR BLOCKY**.....
   Consistence of oil Horizon Tested: Dry.....Moist.....**FRIABLE**.....

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 Soil Evaluator.....Date.....

Signature of Design Engineer.....Date...**09/19/17**.....

COUNTY/MUNICIPALITY.....**PASSAIC WEST MILFORD**

APPLICATION FOR PERMIT TO CONSTRUCT ALTER/REPAIR
AN INDIVICUAL SUBSURFACE SEWAGE DISIPOSAL SYSTEM

Form 3c. – Soil Permeability Class Rating Data

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

2. Sample Depth.....**69"**..... Soil Pit/Boring Number.....**1**..... Date Collected.....**09/07/17**.....

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams...**422.3**...
   Weight of Material Retained on 2mm sieve, W.C.F., grams ...**53.2**.....
   Wt. % Coarse Fragment (W.C.F./W.T. x 100):...**12.6**.....

4. Oven Dry Weight (24hrs, 105^0 C) of 40 Gram Air Dry Sample, grams, Wt .....**39.5**....

5. Hydrometer Calibrations, Rc .....**6.0**.....

6. Hydrometer Reading – 40 seconds, grams, R1 ...**12.75**.....
   Temperature of Suspension, ^{0}F.....**70**.....

7. Corrected Hydrometer Reading, grams, R1'...**7.15**..

8. Hydrometer Reading – 2 hours, grams, R2...**7.5**.....
   Temperature of Suspension, ^{0} F...**70**...

9. Corrected Hydrometer Reading, grams, R2'..**1.9**...

10. % sand = (Wt. – R1')/Wt. x 100 = (**39.5** –**7.15**)/**39.5** x 100 = **81.9**....

11. % clay = R2'/Wt. x 100 = **1.9/39.5** x 100 = **4.8**

12. Sieve Analysis:

C) a) Total Sand Fraction - (Soil Retained in 0.047 mm Sleeve), grams...**34.0**...

   b) Wt. of Fine Plus Very Fine Sand Fraction – (Sand Passing 0.25 mm Sieve), grams ...**18.1**.....

   c) % Fine Plus Very Fine Sand (b/a).....**53.2**.....

13. Soil Morphology (Natural Soil Samples Only:
   Structure of Soil Horizon Tested .....**SUBANGULAR BLOCKY**.....
   Consistence of oil Horizon Tested: Dry.....Moist.....**FRIABLE**.....

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 Soil Evaluator.....Date.....

Signature of Design Engineer.....Date...**09/19/17**.....

COUNTY/MUNICIPALITY...**PASSAIC WEST MILFORD**

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

WEST MILFORD
HEALTH DEPT.
SEP 20 2017
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Form 4 - General Design Data

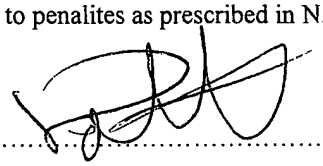
1. Volume of Sanitary Sewage, gal. ...**350**.....
   _X_ Residential: No. of Dwelling Units....**1** .....Total No. of Bedrooms ...**2**.....
   ___ Commercial/Institutional – Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data. Indicate source of data, frequency of readings, average daily flow and maximum 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: **PUMP & REMOVE EXISTING TANKS AND FIELD . INSTALL SEPTIC TANK, DOSE TANK AND P D DISPOSAL FIELD**
      .....

3. System Components:
   a) Grease Trap Capacity, gals.....
      Show Calculation Used.....
   b) Septic Tank Capacities, gals:**1000**....First (Single) Compartment...**1000**.....
      Second Compartment.....Third Compartment.....
   c) Effluent Distribution
      Method: _____ Gravity Flow _____ Gravity Dosing _X_ Pressure Dosing
      Dosing Device: _X_ Pump _____ Siphon
   d) Dosing Tank Capacities, gals: Total Capacity...**1000**....Dose Volume...**90**.....
      Reserve Capacity...**700 +/-**..
   e) Laterals: Number....**5**...Total Length...**106'**...Pipe Size...**1"**....Spacing...**3'**.....
   f) Connecting Pipe: Size...**2"**... Length...**20'**.....
   g) Manifold: Size...**2"**.. Length...**12'**.....
   h) Disposal Field: Type of Installation...**SOIL REPLACEMENT BOTTOM LINED**.....
      Design Permeability (Percolation Rate).....**K4**.....
      Trenches: Width..... Total Length..... Bed: Area...**466 SF**....
      Seepage Pits: Design Percolation Rate.....
   i) Seepage Pits: Design Percolation Rate.....
      Number of Pits..... Total Percolating Area Provided.....

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, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
   _X_ 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. 58:10A-1 et seq.) and is subject to penalites as prescribed in N.J.A.C. 7:14-8.



Signature of Design Engineer.....Date.....**09/19/17**.....

COUNTY/MUNICIPALITY...**PASSAIC WEST MILFORD**

APPLICATION FOR PERMITTOCONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWER DISPOSAL SYSTEM

Form 5 – Design of Pressure Dosing System

1. Configuration of Distribution Network:
   Type of Manifold: **X** End _____ Central
   Distribution Laterals: Number **5** Length, ft. **20** Spacing, ft. **3**
   Hole Diameter, ins. **1/4** Hole Spacing, ins. **36**
   Diameter of Laterals, ins. **1"**

2. Lateral Discharge Rate:
   Design Pressure Head at Supply End of Laterals, H_p, ft. **2.5**
   Hole Discharge Rate, Q, gpm **1.18**
   Number of Holes per Lateral, n **6**
   Lateral Discharge Rate, (Q xn) gpm **7.04**

3. Manifold Length, ft. **12** Manifold Diameter, ins. **2**

4. System Discharge Rate, gpm **35.4**

5a. Pump Selection:
   Diameter of Delivery Pipe **2"** Length of Delivery Pipe **20'**
   Friction Loss in Delivery Pipe, H_f, ft. **0.53**
   Elevation of Dosing Tank Low Water Level **781.0**
   Elevation of Lateral Invert **786.0**
   Elevation Head, H_e, ft. **5.0**
   Total Operating Head, H_t ($H_p + H_f + H_e$), ft. **8.1**
   Pump Model **3885** Rated Horsepower **1/3**
   Pump Discharge Rate at Total Operating Head, gpm **67**

5b. Siphon Elevation:
   Diameter of Delivery Pipe _____ Length of Delivery Pipe _____
   Friction Loss in DeliveryPipe, H_f, ft. _____
   Velocity Head, H_v, ft. _____
   Total Operating Head, H_t ($H_p + H_f + H_v$), ft. _____
   Elevation of Lateral Invert _____
   Elevation of Siphon Invert _____

6. Dose Volume:
   Design Volume of Sewage, gal/day **350**
   Design Permeability, in/hr. **K4** or Percolation Rate, min/in. _____
   Internal Volume of Distribution Network **9.2 GAL.**
   Dose Volume **90 G 25% Q**

7. I hereby certify that the information furnished on Form 5 of this application (and attachments thereto) is true an 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 Design Engineer _____ Date **09/19/17**

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

10/4/17
Mid28

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 5307 Lot 9 Qualification Code

Work Site Location 36 Cahill Cross Rd
West Milford NJ 07480

Owner in Fee: Angela Rinehart

Tel. [redacted] e-mail

Address 36 Cahill Cross Rd West Milford
street municipality

WEST MILFORD HEALTH DEPT.
OCT 04 2017
RECEIVED
zip code

Contractor: Pristine Electric LLC Tel. (973) 934-1131

Address 27 Kenneth Pl
Hewitt NJ 07421 e-mail

Contractor License No. 16549 A Exp. Date 12/31/16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 27-1653729 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 1,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Michael Stroble

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applica

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Septic System

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Septic Pump	1

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

UCC/F-120
(rev. 11/09)

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/4/17
Control #
Date Issued
Permit # 17-1228

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

WEST MILFORD HEALTH DEPT. OCT 04 2017 RECEIVED

Block 5307 Lot 9 Qualification Code

Work Site Location 36 Cahill Cross Rd West Milford NJ

Owner in Fee: Angela Kitchenbark

Tel. [redacted] e-mail

Address 36 Cahill Cross Rd. West Milford 07480
street municipality zip code

Contractor: Sisco Services LLC Tel. (201) 749-2415

Address 38 Castle Rock Rd. Hewitt NJ 07421 e-mail dig@siscoservices.com

Contractor License No. 13VH088 27600 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B.PLUMBING CHARACTERISTICS

Use Group: Present Proposed

Building Sewer Size 1 Public Sewer Private Septic

Water Service Size 1 1/4 1 Public Water Private Well

Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Sign / Contractor Sign AND Seal here: David Sisco-Hgk

Print name here: David Sisco-Hgk

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

DESCRIPTION OF WORK
Septic System

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
1	Urinal/Bidet	
1	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	50.00
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

UCC/F-130
(rev. 11/09)

Administrative Surcharge $	
Minimum Fee $	50.00
State Permit Surcharge Fee $	2.00
TOTAL FEE $	52.00

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

9-7-17
7H
1130

WEST MILFORD
Rifenbark SOIL LOGS

Owner Mcfenback Address 36 Cahill Cross

Block 5307 Lot 9 New Constr: ____ ~~Repair:~~ Alt.

Performed by: McKittrick Witness by: AH

Date: 9/7/17 Summary of site limiting conditions: STREAM,

SOIL LOG #1

Depth	Munsel Color	Soil textures	Soil struc	%Coarse fraq	Soil consist
0-33"	Fill				
33"-35"	O.T.S.				
35"-60"	10YR,4/4	SA LOAM	SA	20G,SC	Friable
60"-107"	10YR,5/4	FINE SA LOAM	SAB	10G,	Friable

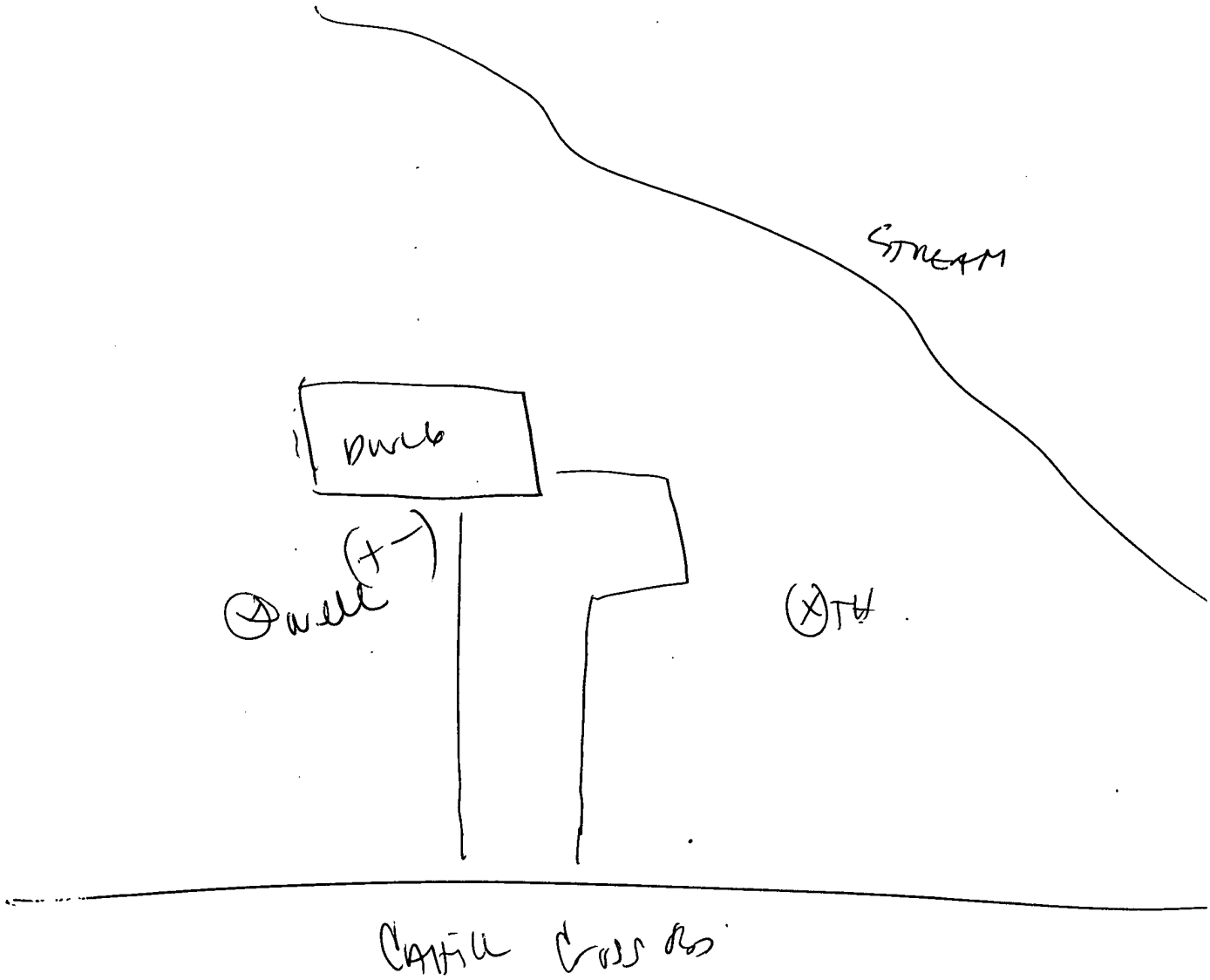
Mottling Depth	Abundance	Size	Contrast	Color
54" TBV	10YR,6/1 5/8	M	M	D

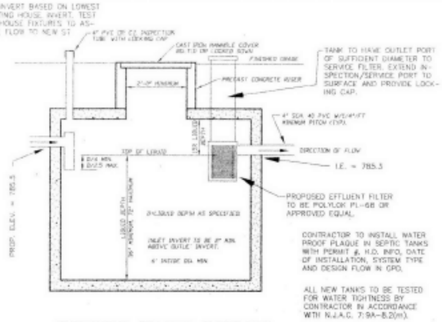
Ground Water

Seepage @____ Water standing @____ After ____ Hours ____

Rock Substratum @____________ Fractured or Massive

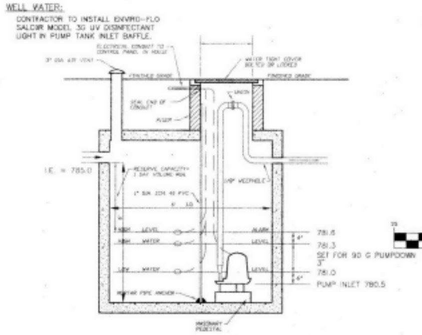
MOTT → 54"
Sample @ 69"


STREAM
DWLG
(+-)
Dwell
(X)TH
CATTLE CROSS


SET INVERT BASED ON LOWEST EXISTING HOUSE INVERT. TEST ALL HOUSE FIXTURES TO ASSURE FLOW TO NEW ST.
TANK TO HAVE OUTLET PORT OF SUFFICIENT DIAMETER TO SERVICE FILTER. EXTEND INSPECTION/SERVICE PORT TO SURFACE AND PROVIDE LOCKING CAP.
DIRECTION OF FLOW
I.E. = 785.3
PROPOSED EFFLUENT FILTER TO BE POLYLOK PL-68 OR APPROVED EQUAL.
CONTRACTOR TO INSTALL WATER PROOF PLAQUE IN SEPTIC TANKS WITH PERMIT #, H.D. INFO, DATE OF INSTALLATION, SYSTEM TYPE AND DESIGN FLOW IN GPD.
ALL NEW TANKS TO BE TESTED FOR WATER TIGHTNESS BY CONTRACTOR IN ACCORDANCE WITH N.J.A.C. 7:9A-8.2(m).

SEPTIC TANK DETAIL

1000 GALLON CONCRETE TANK WITH N.S.F. OUTLET FILTER



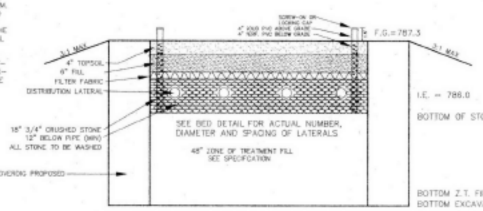
SEPTIC TANK CAPACITY:
1. 250 GAL/BR REQUIRED.
2. NUMBER OF BR'S = 2
3. RQRD. CAPACITY = 1000 GAL. (MIN)
4. PROVIDED CAP. = 1000 GAL
5. TANKS PROP. = 1 @ 1000 GALLONS

DOSING TANK DETAIL

1000 GALLON CONCRETE TANK

N.T.S.

CONTRACTOR/HOMEOWNER NOTES:
1. NO GARBAGE DISPOSALS ALLOWED ON THIS SYSTEM.
2. INSTALL LOW FLOW/WATER CONSERVATION FIXTURES.
3. NO WATER TREATMENT BACKWASH INTO THIS SYSTEM.
4. CONTRACTOR TO COMPLETE FLOW VERIFICATION AND OLD TANK REMOVAL CERTICATION FORMS PROVIDED BY THE DESIGN ENGINEER UPON COMPLETION OF THE INSTALLATION. NO CERTIFICATE OF COMPLIANCE WILL BE ISSUED WITHOUT THE REQUISITE CONTRACTOR CERTIFICATIONS.
5. CONTRACTOR TO SUBMIT ALL TANK PRESSURE TESTING RESULTS TO THE DESIGN ENGINEER. NO CERTIFICATE OF COMPLIANCE WILL BE ISSUED WITHOUT THE PROPER TANK TESTING RESULTS.


F.G.=787.3
4" TOPSOIL
6" FILL
FILTER FABRIC
DISTRIBUTION LATERAL
18" 3/4" CRUSHED STONE
12" BELOW PIPE (MIN)
ALL STONE TO BE WASHED
NO OVERDIG PROPOSED
SEE BED DETAIL FOR ACTUAL NUMBER, DIAMETER AND SPACING OF LATERALS
48" ZONE OF TREATMENT FILL SEE SPECIFICATION
I.E. = 786.0
BOTTOM OF STONE 785.0
BOTTOM Z.T. FILL = 781.0
BOTTOM EXCAVATION = 781.0
S.H.W.T. BELOW 781.0

INSPECTION PORT/BED SECTION

INSPECTIONS

THE DESIGN ENGINEER MUST PROVIDE INSPECTIONS DURING SYSTEM INSTALLATION AND PRIOR TO THE ISSUANCE OF AN AS-BUILT DRAWING AND CERTIFICATE OF COMPLIANCE. INSPECTIONS TO BE PERFORMED INCLUDE BUT ARE NOT LIMITED TO OPEN BED, FILL INSTALLATION, PIPE AND STONE, PUMP AND ALARM TEST AND FINAL GRADE. CONTRACTOR MUST SUPPLY ENGINEER WITH TANK PRESSURE TEST CERTIFICATIONS AND QUARRY TICKETS FOR ALL FILL MATERIALS INCLUDING BANK RUN, ZONE OF TREATMENT FILL AND CRUSHED STONE. NO CERTIFICATE OF COMPLIANCE WILL BE SIGNED WITHOUT THE REQUIRED INSPECTIONS AND QUARRY PAPERWORK.

SEPTIC TANK NOTES

1. SEPTIC TANK TO BE WATER TIGHT. ALL JOINTS BELOW THE LIQUID LEVEL OR BELOW THE SEASONALLY HIGH WATER TABLE TO BE PROVIDED WITH A PERMANENT WATER TIGHT SEAL.
2. ALL COVERS MUST BE CAPABLE OF WITHSTANDING ALL ANTICIPATED LOADS. PRECAST SLABS SHALL BE A MINIMUM OF THREE INCHES, ADEQUATELY REINFORCED AND WATER TIGHT.
3. THE WALLS AND BASE OF POURED-IN-PLACE CONCRETE TANKS SHALL NOT BE LESS THAN SIX INCHES IN THICKNESS. THE SIDES AND BOTTOM OF PRECAST CONCRETE TANKS SHALL BE A MINIMUM OF THREE INCHES IN THICKNESS AND SHALL BE ADEQUATELY REINFORCED.

[illegible]

SOIL LOG #1

0" – 33" UNCLASSIFIED FILL
33" – 35" 10YR 4/3 ORIGINAL TOP SOIL
35" –60" 10YR 4/4 SANDY LOAM, SUBANGULAR BLOCKY, 20% GRAVEL, 5% COBBLES
60" –107" 10YR 5/4 FINE SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE, 10% GRAVEL

-ROOTS TO 54"
-SEEPAGE @ 71"
-10YR 6/1 & 6/8 MANY MEDIUM DISTINCT MOTTLES @ 54"
-SAMPLE FROM 69" YIELDED K3 SPCR

SOIL LOGS PERFORMED ON 09/07/17 BY DOUGLAS McKITTRICK, P.E. AND WITNESSED BY SUSAN MUHAW FROM THE WEST MILFORD HEALTH DEPT.

BENCHMARK = E.G. AT CORNER OF CONTRETE
ELEVATION = 790.1

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

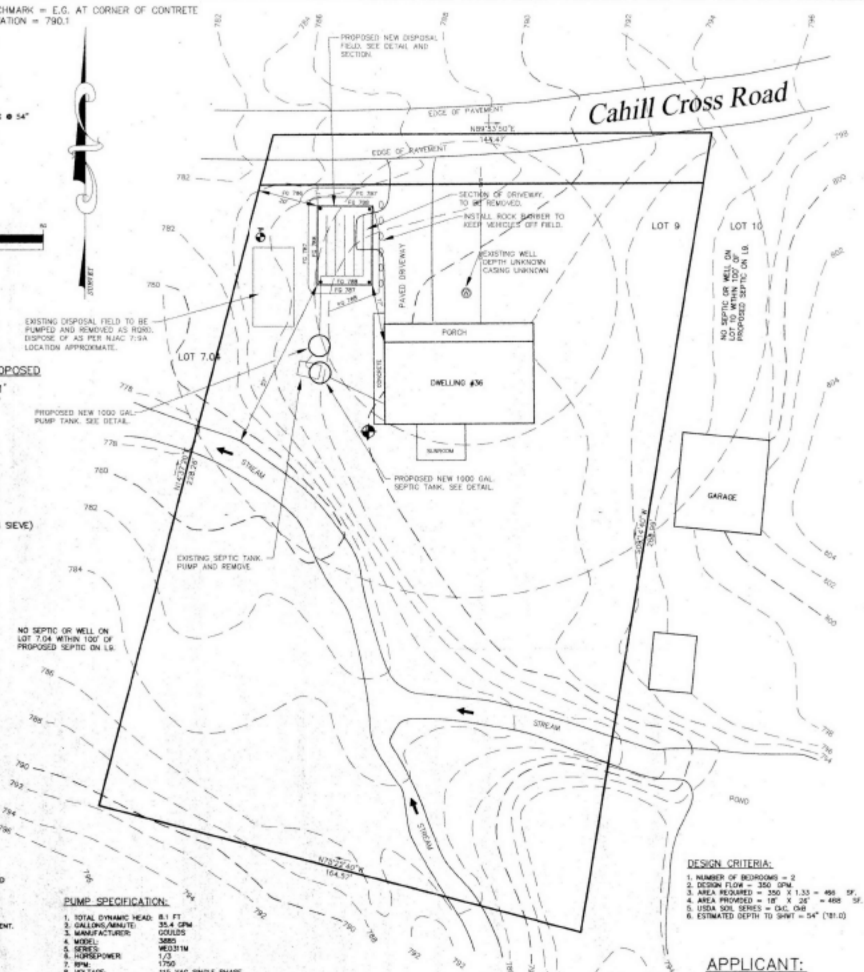
DESIGN WAIVERS

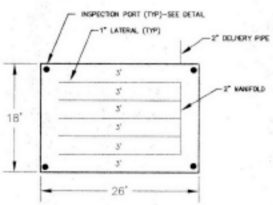
ITEM	REQUIRED	EXISTING	PROPOSED
D TO WELL PQ	100'	55'	31'
D TO PL	10'	74'	7'

ZONE OF TREATMENT MATERIAL
1. COARSE FRAGMENT <15% VOLUME OF 20% WT (>#8 SIEVE)
2. 80% TO 100% THROUGH #8 SIEVE
3. 50% TO 85% THROUGH #16 SIEVE
4. 25% TO 60% THROUGH #30 SIEVE
5. 10% TO 30% THROUGH #50 SIEVE
6. 2% TO 10% THROUGH #100 SIEVE

CONTRACTOR TO OBTAIN A SIEVE ANALYSIS OF FILL MATERIAL FROM QUARRY PRIOR TO ON SITE DELIVERY. SAMPLE AND TEST MUST BE FROM MATERIAL SHIPPED TO SITE. OUTDATED TESTS WILL NOT BE ACCEPTED.

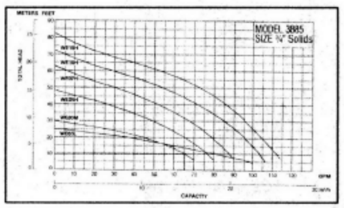
TREE NOTE:
ALL TREES WITHIN 10' OF ANY EXCAVATION FOR THE SEPTIC MUST BE REMOVED.


Cahill Cross Road
EDGE OF PAVEMENT
PROPOSED NEW DISPOSAL FIELD. SEE DETAIL AND SECTION.
SECTION OF DRIVEWAY TO BE REMOVED.
INSTALL ROCK BARRIER TO KEEP VEHICLES OFF FIELD.
EXISTING WELL DEPTH UNKNOWN CASING UNKNOWN
PAVED DRIVEWAY
LOT 9
LOT 10
NO SEPTIC OR WELL ON LOT 10 WITHIN 100' OF PROPOSED SEPTIC ON LB.
EXISTING DISPOSAL FIELD TO BE PUMPED AND REMOVED AS RQRD. DISPOSE OF AS PER NJAC 7:9A LOCATION APPROXIMATE.
LOT 7.04
PORCH
DWELLING #36
PROPOSED NEW 1000 GAL PUMP TANK. SEE DETAIL.
PROPOSED NEW 1000 GAL SEPTIC TANK. SEE DETAIL.
STREAM
GARAGE
EXISTING SEPTIC TANK. PUMP AND REMOVE.
NO SEPTIC OR WELL ON LOT 7.04 WITHIN 100' OF PROPOSED SEPTIC ON LB.
POND
N75°22'40"W
164.57'



BED DETAIL

INTERNAL SYSTEM VOL. = 9.2 GALLONS



PUMP CURVE

PRESSURE DOSING DATA:
1. ALL LATERALS TO HAVE ENDS CAPPED.
2. LATERALS TO HAVE SINGLE 1/4" DIAMETER HOLES POINTED STRAIGHT DOWN. HOLES TO BE DEBURRED PRIOR TO INSTALLATION.
3. STAGGER LATERALS TO MAXIMIZE SPACING BETWEEN DISCHARGE HOLES.
4. DISCHARGE HOLES TO BE 36" ON CENTER.
5. DRILL 1/4" HOLE IN END CAP AT CROWN FOR LATERAL VENT.
6. DESIGN SUPPLY PRESSURE = 2.5 FT.
7. PIPE SIZE = 1"
8. DISCHARGE/HOLE = 1.18 GPM.
9. DISCHARGE/LATERAL = 6 X 1.18 = 7.08 GPM.
10. MANIFOLD SIZE (FIG. 15, APPENDIX A) = 3 INCH.
11. SYSTEM DISCHARGE RATE = 35.4 GPM.
12. HEAD LOSS (FIG. 16, APPENDIX A) = 2.62 FT/100 FT. = 20 /100 X 2.62 = 0.53 FT.
13. TOTAL DYNAMIC HEAD = 2.5 (Hp) + 0.53 (Hf) + 5.0 (He) = 8.1 FT.
14. DOSE VOLUME = 90 GALLONS, 25% Q.

PUMP SPECIFICATION:

1.	TOTAL DYNAMIC HEAD:	8.1 FT
2.	GALLONS/MINUTE:	35.4 GPM
3.	MANUFACTURER:	GOULDS
4.	MODEL:	3885
5.	SERIES:	WE0311M
6.	HORSEPOWER:	1/3
7.	RPM:	1750
8.	VOLTAGE:	115 VAC SINGLE PHASE

OR APPROVED EQUAL

CONTROLS TO BE GOULDS A3-2012 OR EQUAL.
LEVEL ALARM TO BE GOULDS A4-1 W/ A2-3 SWITCHES OR EQUAL.

NOTE:
SITE IS NOT IN A FLOOD HAZARD AREA, WETLAND AREA OR WETLAND TRANSITION AREA. SITE IS IN A RIPARIAN BUFFER AND QUALIFIES FOR A PERMIT BY RULE.

DESIGN CRITERIA:
1. NUMBER OF BEDROOMS = 2
2. DESIGN FLOW = 350 GPM.
3. AREA REQUIRED = 350 X 1.33 = 466 SF.
4. AREA PROVIDED = 18' X 26' = 468 SF.
5. USDA SOIL SERIES = CkC, CkB
6. ESTIMATED DEPTH TO SHWT = 54" (781.0)

APPLICANT:

ANGELA RIFENBARK
36 CAHILL CROSS ROAD
WEST MILFORD, NJ 07480
[redacted]

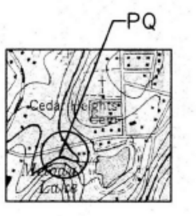
COLOR CODE
FOR MARKING UNDERGROUND UTILITY LINES

RED	ELECTRIC
YELLOW	GAS-OIL-STEAM
ORANGE	COMMUNICATION CATV
BLUE	WATER
GREEN	SEWER
PINK	TEMPORARY SURVEY MARKINGS
WHITE	PROPOSED EXCAVATION

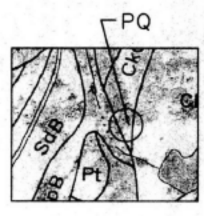
CALL FOR FREE MARKOUTS
3 FULL DAYS BEFORE YOU DIG
1-800-272-1000
NEW JERSEY ONE CALL

REQUIRED INFORMATION FOR MARKOUT REQUEST
NAME OF CALLER TITLE
PHONE NO. FAX NO.
BEST TIME TO CALL BACK
CONTRACTOR
CONTRACTOR ADDRESS
WORK DONE FOR
ADDRESS PHONE NO.
DIG LOCATION
MUNICIPALITY STREET ADDRESS
NEAREST INTERSECTION
TYPE OF WORK
EXTENT OF WORK
START DATE START TIME

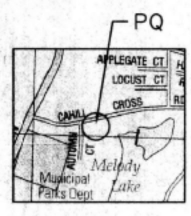
CALL 3 FULL WORKING DAYS BEFORE YOU DIG IN NEW JERSEY FOR FREE MARKOUTS
1-800-272-1000
NEW JERSEY ONE CALL



U.S.G.S. MAP



U.S.D.A. SOIL MAP



KEY MAP

SURVEY REFERENCES:
1. BOUNDARY SURVEY PREPARED BY WILLIAM HELD, NJPLS #6549, NOT DATED.
2. TOPOGRAPHIC SURVEY PREPARED BY GEOD SURVEY TECHNOLOGIES, PROJECT 98-1404, DATED 3/16/1998, SHEETS 6 AND 7.
3. WEST MILFORD TAX MAP SHEET 53.

SCALE:	1" = 20'
DATE:	09/14/17
DRAWN:	
CHKD.:	
DISK:	

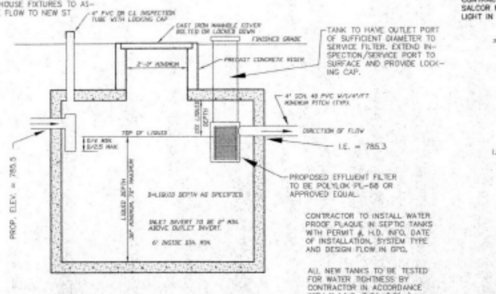
SHEET 1 OF 1

McKITTRICK ENGINEERING ASSOCIATES, INC.
PROFESSIONAL ENGINEERING AND PLANNING
CONSTRUCTION MANAGEMENT
2024 MACOPIN ROAD
WEST MILFORD, N.J. 07480
CERT. OF AUTHORIZATION No. *(973) 728-7228* 24GA27995300

REV.	DESCRIPTION	DATE

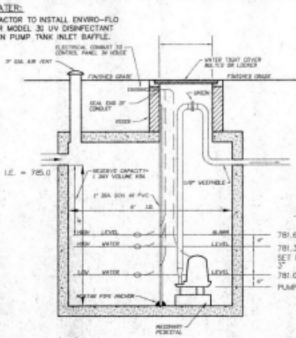
SEPTIC ALTERATION

BLOCK:	5307	TOWNSHIP:	WEST MILFORD
LOT:	9	COUNTY:	PASSAIC
DOUGLAS McKITTRICK PROFESSIONAL ENGINEER 28248 N.J. PROFESSIONAL PLANNER 2825		APPLICANT:	RIFENBARK
		PROJECT:	D-17059



SEPTIC TANK DETAIL

1000 GALLON CONCRETE TANK WITH N.S.F. OUTLET FILTER



DOSING TANK DETAIL

1000 GALLON CONCRETE TANK

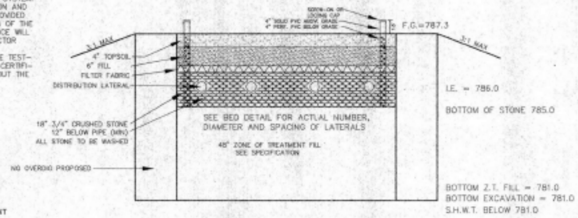
N.T.S.

SEPTIC TANK CAPACITY:

1. 250 GAL/BR REQUIRED.
2. NUMBER OF BR'S = 2
3. RQRD. CAPACITY = 1000 GAL. (MIN)
4. PROVIDED CAP. = 1000 GAL.
5. TANKS PROP. = 1 @ 1000 GALLONS

CONTRACTOR/HOMEOWNER NOTES:

1. NO GARBAGE DISPOSALS ALLOWED ON THIS SYSTEM.
2. INSTALL LOW FLOW/WATER CONSERVATION FIXTURES.
3. NO WATER TREATMENT BACKWASH INTO THIS SYSTEM.
4. CONTRACTOR TO COMPLETE FLOW VERIFICATION AND OLD TANK REMOVAL CERTICATION FORMS PROVIDED BY THE DESIGN ENGINEER UPON COMPLETION OF THE INSTALLATION. NO CERTIFICATE OF COMPLIANCE WILL BE ISSUED WITHOUT THE REQUISITE CONTRACTOR CERTIFICATIONS.
5. CONTRACTOR TO SUBMIT ALL TANK PRESSURE TESTING RESULTS TO THE DESIGN ENGINEER. NO CERTIFICATE OF COMPLIANCE WILL BE ISSUED WITHOUT THE PROPER TANK TESTING RESULTS.



INSPECTION PORT/BED SECTION

INSPECTIONS

THE DESIGN ENGINEER MUST PROVIDE INSPECTIONS DURING SYSTEM INSTALLATION AND PRIOR TO THE ISSUANCE OF AN AS-BUILT DRAWING AND CERTIFICATE OF COMPLIANCE. INSPECTIONS TO BE PERFORMED INCLUDE BUT ARE NOT LIMITED TO OPEN BED, FILL INSTALLATION, PIPE AND STONE, PUMP AND ALARM TEST AND FINAL GRADE. CONTRACTOR MUST SUPPLY ENGINEER WITH TANK PRESSURE TEST CERTIFICATIONS AND QUARRY TICKETS FOR ALL FILL MATERIALS INCLUDING BANK RUN, ZONE OF TREATMENT FILL, AND CRUSHED STONE. NO CERTIFICATE OF COMPLIANCE WILL BE SIGNED WITHOUT THE REQUIRED INSPECTIONS AND QUARRY PAPERWORK.

SEPTIC TANK NOTES

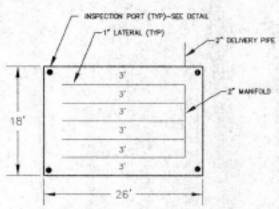
1. SEPTIC TANK TO BE WATER TIGHT. ALL JOINTS BELOW THE LIQUID LEVEL OR BELOW THE SEASONALLY HIGH WATER TABLE TO BE PROVIDED WITH A PERMANENT WATER TIGHT SEAL.
2. ALL COVERS MUST BE CAPABLE OF WITHSTANDING ALL ANTICIPATED LOADS. PRECAST SLABS SHALL BE A MINIMUM OF THREE INCHES, ADEQUATELY REINFORCED AND WATER TIGHT.
3. THE WALLS AND BASE OF POURED-IN-PLACE CONCRETE TANKS SHALL NOT BE LESS THAN SIX INCHES IN THICKNESS. THE SIDES AND BOTTOM OF PRECAST CONCRETE TANKS SHALL BE A MINIMUM OF THREE INCHES IN THICKNESS AND SHALL BE ADEQUATELY REINFORCED.
4. ALL INSIDE CONCRETE SURFACES SHALL BE SEALED WITH TWO COATINGS OF AN APPROPRIATE INERT COATING TO MINIMIZE CORROSION. COATING OF PRECAST TANKS SHALL BE APPLIED BY THE MANUFACTURER.
5. SEPTIC TANK SHALL BE PLACED ON A FIRM AND STABLE FOUNDATION TO MINIMIZE SHIFTING AND SETTLEMENT.
6. THE DEPTH BELOW THE LIQUID LEVEL OF THE TANK SHALL NOT BE LESS THAN 36 INCHES OR MORE THAN 72 INCHES.
7. TANK TO BE UPRIGHT CYLINDRICAL WITH A MINIMUM DIAMETER OF FIFTY TWO INCHES.
8. INLET AND OUTLET CONNECTIONS SHALL BE ARRANGED TO PROVIDE EFFECTIVE RETENTION OF SCUM AND SLUDGE AND SHALL BE RESISTANT TO SULFURIC ACID ATTACK. PERMANENT WATER TIGHT SEALS ARE TO BE PROVIDED BETWEEN THE CONNECTIONS AND THE TANK WALL.
9. A BAFFLE OR PIPE TEE, MINIMUM OF FOUR INCHES DIAMETER, IS REQUIRED AT THE TANK INLET. BAFFLE BOTTOM OF BOTTOM OF VERTICLE LEG OF TEE SHALL EXTEND 25% TO 40% OF LIQUID DEPTH BELOW LIQUID LEVEL. INLET INVERT SHALL BE A MINIMUM OF TWO INCHES ABOVE THE OUTLET INVERT.
10. TANK OUTLET CONNECTION SHALL BE PROVIDED WITH WITH A TEE OF NOT LESS THAN FOUR INCHES DIAMETER. IT SHALL BE PERMANENTLY FASTENED IN PLACE WITH THE BOTTOM EXTENDING BELOW THE LIQUID LEVEL BY A DISTANCE OF 25% TO 40% OF THE LIQUID DEPTH. OUTLET BAFFLE OR TEE SHALL BE PROVIDED WITH A GAS DEFLECTION BAFFLE. IN LIEU OF A BAFFLE OR TEE CONNECTION, AN ALTERNATIVE DEVICE SUCH AS A SEPTIC SOLIDS RETAINER MAY BE USED PROVIDED THAT THIS DEVICE BEARS THE SEAL OF THE NATIONAL SANITATION FOUNDATION (NSF) CERTIFYING THAT THE DEVICE HAS BEEN APPROVED BY THE NSF FOR THE SPECIFIC USE PROPOSED AND THAT THE INSTALLATION CONFORMS TO THE MANUFACTURER'S RECOMMENDATIONS.
11. THE SPACE BETWEEN THE LIQUID SURFACE AND THE TOP OF THE OUTLET TEE OR BAFFLE SHALL NOT BE LESS THAN 15% OF THE TOTAL LIQUID DEPTH.
12. THE SEPTIC TANK SHALL BE PROVIDED WITH AT LEAST ONE ACCESS MANHOLE A MINIMUM OF TWENTY FOUR INCHES SQUARE OR TWENTY FOUR INCHES IN DIAMETER.
13. ALL MANHOLES SHALL BE EXTENDED FLUSH WITH FINISHED GRADE BY MEANS OF A RISER FITTED WITH A REMOVABLE WATER TIGHT COVER. COVERS SHALL BE BOLTED OR LOCKED TO PREVENT ACCESS BY CHILDREN. COVERS SHALL BE OF CAST IRON WHEN A CONCRETE RISER IS USED.
14. AN INSPECTION PORT EXTENDING TO FINISHED GRADE SHALL BE PROVIDED OVER EACH TANK INLET AND OUTLET WHICH IS NOT DIRECTLY BELOW A MANHOLE EXCEPT THOSE OUTLETS WHERE A SEPTIC SOLIDS RETAINER IS USED. INSPECTION PORTS SHALL EXTEND TO FINISHED GRADE, SHALL BE CONSTRUCTED OF FOUR INCH CAST IRON OR PVC, AND SHALL HAVE A LOCKED OR BOLTED CAP.
15. BACKFILL AROUND SEPTIC TANKS SHALL BE FREE OF LARGE STONES, ROOTS OR FOREIGN OBJECTS, SHALL BE PLACED IN THIN LAYERS, NOT TO EXCEED EIGHT INCHES, AND SHALL BE THOROUGHLY TAMPED IN SUCH A MANNER THAT WILL NOT PRODUCE UNDUE STRAIN ON THE TANK.

NOTES

1. BOTTOM OF BED 4 ABOVE MAXIMUM WATER TABLE.
2. STABILIZE ALL SLOPES 3:1 MAXIMUM.
3. ALL PIPES TO TANKS TO BE SCHEDULE 40 PVC PITCHED 1/4"/FT.
4. ~~[illegible]~~
5. ALL TANKS AND ~~DISTRIBUTION BOX~~ TO BE PRECAST CONCRETE.
6. ~~[illegible]~~
7. NO CASED WELLS WITHIN 50' OF SEPTIC.
8. ~~[illegible]~~
9. ENGINEER NOT RESPONSIBLE FOR SUBSURFACE CONDITIONS NOT ENCOUNTERED DURING PERC TEST.
10. ~~[illegible]~~
11. THE ENGINEER'S LIABILITY WITH REGARD TO THIS SUBSURFACE SEWAGE DISPOSAL SYSTEM TERMINATES UPON APPROVAL OF THE LOCAL AUTHORITY UNLESS THE ENGINEER IS CONTRACTED TO INSPECT AND SUPERVISE THE INSTALLATION OF THE SAME.
12. SEPTIC AND WELL LOCATIONS DETERMINED BY FIELD OBSERVATION AND INTERVIEWING ABUTTERS.

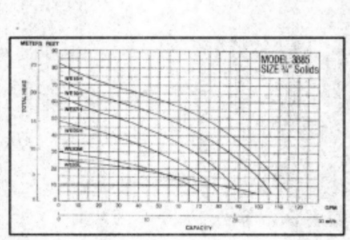
SURVEY REFERENCES:

1. BOUNDARY SURVEY PREPARED BY WILLIAM HELD, NJPLS #6549, NOT DATED.
2. TOPOGRAPHIC SURVEY PREPARED BY GEOD SURVEY TECHNOLOGIES, PROJECT 98-1404, DATED 3/16/1998, SHEETS 6 AND 7.
3. WEST MILFORD TAX MAP SHEET 53.



BED DETAIL

INTERNAL SYSTEM VOL. = 9.2 GALLONS



PUMP CURVE

COLOR CODE FOR MARKING UNDERGROUND UTILITY LINES	
RED	ELECTRIC
YELLOW	GAS-OIL-STEAM
ORANGE	COMMUNICATION CATV
BLUE	WATER
GREEN	SEWER
PINK	TEMPORARY SURVEY MARKINGS
WHITE	PROPOSED EXCAVATION

CALL FOR FREE MARKOUTS 3 FULL DAYS BEFPRE YOU DIG

1-800-272-1000

NEW JERSEY ONE CALL

REQUIRED INFORMATION FOR MARKOUT REQUEST

NAME OF CALLER TITLE
PHONE NO. FAX NO.
BEST TIME TO CALL BACK
CONTRACTOR
CONTRACTOR ADDRESS
WORK DONE FOR
ADDRESS PHONE NO.
DIG LOCATION
MUNICIPALITY STREET ADDRESS
NEAREST INTERSECTION
TYPE OF WORK
EXTENT OF WORK
START DATE START TIME

CALL 3 FULL WORKING DAYS BEFORE YOU DIG IN NEW JERSEY FOR FREE MARKOUTS

1-800-272-1000

NEW JERSEY ONE CALL

SOIL LOG #1

0" - 33" UNCLASSIFIED FILL
33" - 35" 10YR 4/3 ORIGINAL TOP SOIL
35" -60" 10YR 4/4 SANDY LOAM, SUBANGULAR BLOCKY, 20% GRAVEL, 5% COBBLES
60" -107" 10YR 5/4 FINE SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE, 10% GRAVEL

-ROOTS TO 54"
-SEEPAGE @ 71"
-10YR 6/1 & 6/8 MANY MEDIUM DISTINCT MOTTLES @ 54"
-SAMPLE FROM 69" YIELDED K3 SPCR

SOIL LOGS PERFORMED ON 09/07/17 BY DOUGLAS McKITTRICK, P.E. AND WITNESSED BY SUSAN MUHAW FROM THE WEST MILFORD HEALTH DEPT.

BENCHMARK = E.G. AT CORNER OF CONTRETE
ELEVATION = 790.1

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

DESIGN WAIVERS

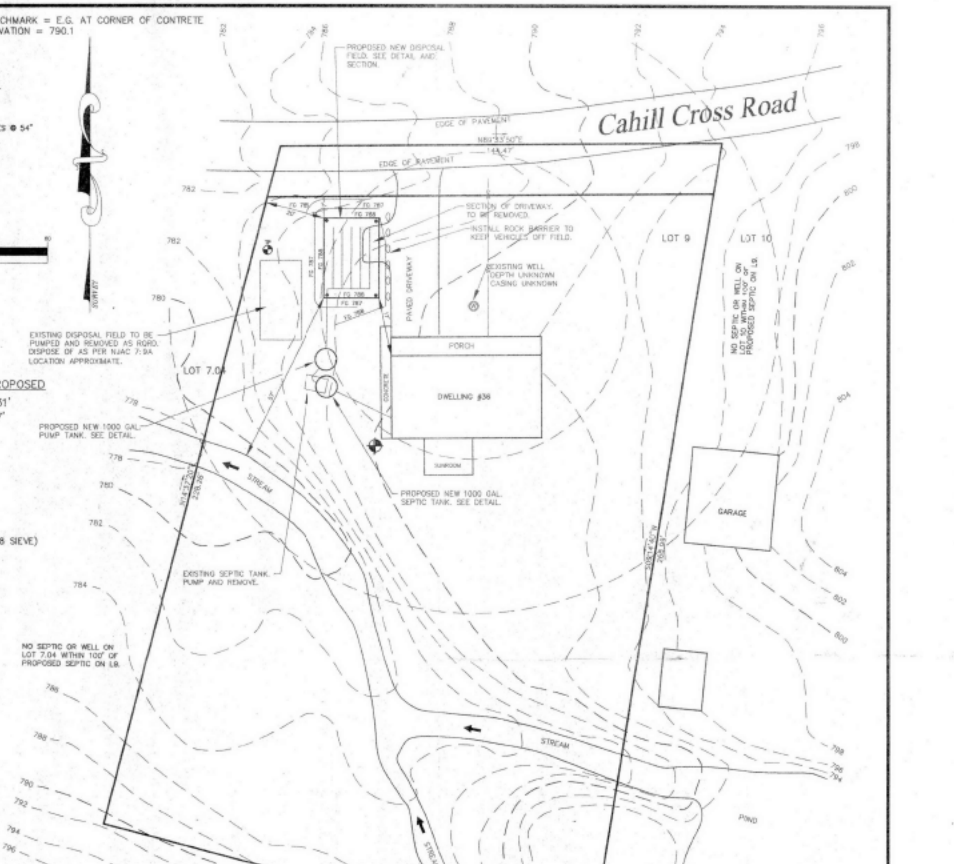
ITEM	REQUIRED	EXISTING	PROPOSED
D TO WELL PQ	100'	55'	31'
D TO PL	10'	74'	7'

ZONE OF TREATMENT MATERIAL

1. COARSE FRAGMENT <15% VOLUME OF 20% WT (>#8 SIEVE)
2. 80% TO 100% THROUGH #8 SIEVE
3. 50% TO 85% THROUGH #16 SIEVE
4. 25% TO 60% THROUGH #30 SIEVE
5. 10% TO 30% THROUGH #50 SIEVE
6. 2% TO 10% THROUGH #100 SIEVE

CONTRACTOR TO OBTAIN A SIEVE ANALYSIS OF FILL MATERIAL FROM QUARRY PRIOR TO ON SITE DELIVERY. SAMPLE AND TEST MUST BE FROM MATERIAL SHIPPED TO SITE. OUTDATED TESTS WILL NOT BE ACCEPTED.

TREE NOTE:
ALL TREES WITHIN 10' OF ANY EXCAVATION FOR THE SEPTIC MUST BE REMOVED.



PRESSURE DOSING DATA:

1. ALL LATERALS TO HAVE ENDS CAPPED.
2. LATERALS TO HAVE SINGLE 1/4" DIAMETER HOLES POINTED STRAIGHT DOWN. HOLES TO BE DEBURRED PRIOR TO INSTALLATION.
3. STAGGER LATERALS TO MAXIMIZE SPACING BETWEEN DISCHARGE HOLES.
4. DISCHARGE HOLES TO BE 36" ON CENTER.
5. DRILL 1/4" HOLE IN END CAP AT CROWN FOR LATERAL VENT.
6. DESIGN SUPPLY PRESSURE = 2.5 FT.
7. PIPE SIZE = 1"
8. DISCHARGE/HOLE = 1.18 GPM.
9. DISCHARGE/LATERAL = 6 X 1.18 = 7.08 GPM.
10. MANIFOLD SIZE (FIG. 15, APPENDIX A) = 3 INCH.
11. SYSTEM DISCHARGE RATE = 35.4 GPM.
12. HEAD LOSS (FIG. 16, APPENDIX A) = 2.62 FT/100 FT. = 20 /100 X 2.62 = 0.53 FT.
13. TOTAL DYNAMIC HEAD = 2.5 (Hp) + 0.53 (Hf) + 5.0 (He) = 8.1 FT.
14. DOSE VOLUME = 90 GALLONS, 25% Q.

PUMP SPECIFICATION:

1. TOTAL DYNAMIC HEAD: 8.1 FT
2. GALLONS/MINUTE: 35.4 GPM
3. MANUFACTURER: GOULDS
4. MODEL: 3885
5. SERIES: WE0311M
6. HORSEPOWER: 1/3
7. RPM: 1750
8. VOLTAGE: 115 VAC SINGLE PHASE

OR APPROVED EQUAL

CONTROLS TO BE GOULDS A3-2012 OR EQUAL.
LEVEL ALARM TO BE GOULDS A4-1 W/ A2-3 SWITCHES OR EQUAL.

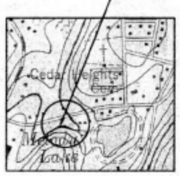
DESIGN CRITERIA:

1. NUMBER OF BEDROOMS = 2
2. DESIGN FLOW = 350 GPM.
3. AREA REQUIRED = 350 X 1.33 = 466 SF.
4. AREA PROVIDED = 18' X 26' = 468 SF.
5. USDA SOIL SERIES = CkC, CkB
6. ESTIMATED DEPTH TO SHWT = 54" (781.0)

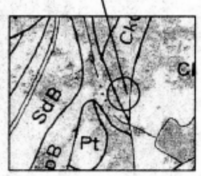
NOTE:
SITE IS NOT IN A FLOOD HAZARD AREA, WETLAND AREA OR WETLAND TRANSITION AREA. SITE IS IN A RIPARIAN BUFFER AND QUALIFIES FOR A PERMIT BY RULE.

APPLICANT:

ANGELA RIFENBARK
36 CAHILL CROSS ROAD
WEST MILFORD, NJ 07480
[redacted]



U.S.G.S. MAP



U.S.D.A. SOIL MAP

KEY MAP

SCALE:	1" = 20'
DATE:	09/14/17
DRAWN:	
CHKD.:	
DISK:	

SHEET 1 OF 1

REV.	DESCRIPTION	DATE

McKITTRICK ENGINEERING ASSOCIATES, INC.

PROFESSIONAL ENGINEERING AND PLANNING
CONSTRUCTION MANAGEMENT
2024 MACOPIN ROAD
WEST MILFORD, N.J. 07480
CERT. OF AUTHORIZATION No. *(973) 728-7228* 24GA27995300

SEPTIC ALTERATION

BLOCK:	5307	TOWNSHIP:	WEST MILFORD
LOT:	9	COUNTY:	PASSAIC
DOUGLAS McKITTRICK N.J. PROFESSIONAL ENGINEER 28248 N.J. PROFESSIONAL PLANNER 2825		APPLICANT:	RIFENBARK
		PROJECT:	D-17059

11603

WEST MILFORD HEALTH DEPT. SEP 20 2017 RECEIVED

Township of West Milford

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

November 2, 2017

Mr. & Mrs. Riffenbark
36 Cahill Cross Road
West Milford, NJ 07480

Re: Potable Drinking Water Sample – Post Ultra-Violet Light
36 Cahill Cross Road West MIlford, NJ
Block 5307; lot 9

Dear Mr. & Mrs. Riffenbark,

Enclosed is a copy of the bacteriological water sample taken from your dwelling, after treatment by the ultra-violet light, on 10/23/17. The result was negative for total coliform. This sample does conform to NJ State standards for bacteria.

Yours truly,

Kathryn Coyman

Kathryn Coyman
Registered Environmental Health Specialist

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
email: info@gslabs.com
Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 371023102.0
CLIENT # WES02
DATE SUBMITTED: 10/23/2017

TO: West Milford Health Department
1480 Union Valley Road

West Milford NJ 07480
ATT: Joann May

WEST MILFORD HEALTH DEPT.
NOV - 7 2017
RECEIVED

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: TAG #889669 - BLOCK 5307 LOT 9
SAMPLE LOCATION: RIFFENBARK - 36 CAHILL CROSS ROAD, BATHROOM SINK - POST UV LIGHT

DATE SAMPLED: 10/23/2017 TIME SAMPLED: 10:12

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Total Coliform, Col.18, SM9223B	<1	organisms/100ml	<1	10/23/17-17:24

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
MCL = Maximum Contaminant Level allowed by State and Federal regulations.

Harvey Klein

314372

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Harvey Klein

314372

10-23-17 post UV light sample taken from bathroom sink. K. Layman

Township of West Milford

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

INSPECTION REQUEST FORM

~~Tuesday~~ Monday

INSPECTION READY ON:

DATE Oct. 23

TIME: AM or PM
(10:30 - 12:00)
(1:30 - 3:00)

10 am

LOCATION 36 Cahill Cross Rd

BLOCK 5307 LOT 9

REQUESTED BY Kurt Riffenbark PHONE: [redacted]

TYPE OF INSPECTION Total coliform UV light installation

MESSAGE TAKEN BY KC

DATE RECEIVED _____ TIME CALLED IN: _____

Pump permit for water testing: _____

If second water test: Owes _____

Told Mrs. Riffenbark Report from CSL available in 10 business days (2 weeks from sample date!)

with Rush fee of $120 report available in 5 business days.

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

WEST MILFORD
HEALTH DEPT.
OCT 20 2017
RECEIVED

For Information Call: _____
Permit No. 17-1296

APPROVAL FOR PLUMBING

		Date	Inspector
[ ]	Slab		
[ ]	Rough		
[ ]	Water		
[ ]	Gas		
[ ]	LPGas Tank		
[ ]	Mechanical		
[ ]	Sewer		
[ ]	Other		
[✓]	Other UV	102017	APS
[ ]	Final		

U.C.C. F223 (rev. 2/03)

Plumbing Approval for 36 Cahill Cross Rd

Kurt Rifenbark

TOWNSHIP OF WEST MILFORD

UV LIGHT

№ 158

DEPARTMENT OF HEALTH

PERMIT TO INSTALL ULTRA VIOLET LIGHT FOR POTABLE WATER SUPPLY

Approval is granted to KURT RIFENBACK

Property Owner Name

Address 36 CHAIN CROSS RD W.M. Block 5307 Lot 9

— HOME OWNER —

Licensed Plumber Name _____

License # _____

Application Date 10/11/17 Approval Date: 10/13/17

_____

Health Department/Authorized REHS

Note: Please do not drink water from this well until sample results confirm that the bacteria has been eliminated from your faucet/sink.