BOARD OF HEALTH
Township of Chester
County of Morris

No. 216

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

In Accordance with N.J.A.C. 7:9A-1 adopted by Ordinance of the Board of Health

Permission is hereby granted Bauer
Name of Owner or Contractor

5 Iron Rd, Chester NJ 07930
Address

☐ Locate and construct or to ☑ Alter

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name if any _____

Location: Section _____ Block No. 5101 Lot No. 5 Street 5 Iron Rd

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage

Disposal System Number _____

IN ACCORDANCE WITH N.J.A.C. 7:9A-1, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Chester and the Ordinances of the Board of Health of the Township of Chester.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH OF CHESTER TOWNSHIP

Date 9/23/15

For the Board of Health

Fee:

File Copy

MAP Engineering

170 Kinnelon Road – Suite 36
Kinnelon, NJ 07405
www.MAPengineering.net

Phone: 973-492-0345
Fax: 973-492-6472
Staff@MAPengineering.net

Form 1.-General Information

1. Type of Permit Needed - (Check Applicable Categories)
   - ____ New Construction
   - x Alteration/No Expansion or Change in Use
   - ____ Alteration/Expansion or Change in Use
   - ____ Alteration/Malfunctioning System
   - x Deviation From Standards
   - ____ Repairs to Existing System

2. Location of Project
   Municipality: Chester Block: 51.01 Lot: 5
   Street Address: 5 Ironia Road Zip: 07836

3. Name of Applicant: Leslie Brown

4. Applicants Present Address: 5 Ironia Road, Flanders, NJ 07836

5. Applicants Telephone Number: (973) 229-1111

6. Type of Facility:
   - x Residential
   - ____ Commercial/Industrial

7. Type of Waste to be Discharged
   - x Sanitary Sewage
   - ____ Industrial Waste
   - ____ Other - Specify

CHESTER TOWNSHIP
BOARD OF HEALTH
APPROVED

R.E.H.S. _____
DATED 9/23/15

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CHESTER TOWNSHIP BOARD OF HEALTH

SEP 4 1 2015
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8. If d. or e. in 1. above are checked, indicate the type of malfunction and its cause (check all that apply)
   - ____ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
   - ____ Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
   - ____ Seepage of sanitary sewage or effluent into portions of building below ground
   - ____ Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
   - ____ Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
   - ____ Direct discharges to ground water (no zone of treatment)

9. Please expand on Question #1, above, by checking if any of the following apply):
   - ____ A privy, outhouse, latrine or pit toilet is present, a system must be installed,
   - ____ A system must be upgraded as part of a real property transfer,
   - ____ A cesspool has been identified during a real property transfer and a conforming system must be installed,
   - ____ A malfunctioning cesspool has been identified and a conforming system must be installed.

10. Other Approvals/Certification/Waivers/Exemptions (Attach to Application):
    - ____ Pinelands Commission
    - ____ Highlands Water Protection and Planning Act

11. I hereby certify that the information furnished on Form 1 Of this application is true. I am aware that False Swearing is a crime in this State and is subject to prosecution.

Signature of Applicant  Date: 08/13/15

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

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3. Name of Applicant: Leslie Brown ~~Robert & Leslie Lynch~~

4. Applicants Present Address: 5 Ironia Road, Flanders, NJ 07836

5. Applicants Telephone Number: [redacted]

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CHESTER TOWNSHIP
BOARD OF HEALTH

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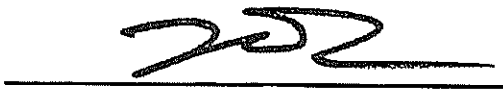
Signature of Applicant  Date: 08/13/15

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

Form 2a.-General Site Evaluation Data

County/Municipality: Morris / Chester Block: 51.01 Lot: 5

1. Name of Site Evaluator: MAP Engineering

2. Business Address of Site Evaluator: 170 Kinnelon Road, Kinnelon, NJ 07405

3. Business Phone Number of Site Evaluator: 973-492-0345

4. Special Site Limitations Identified (Check Appropriate Categories)

_____ Flood Plains	_____ Disturbed Ground	_____ Sand Dunes
_____ Excessively Stoney	_____ Steep Slopes	_____ Sink Holes
_____ Wetlands	_____ Rock Outcrops	_____ Other

5. Soil Logs - Enter on Form 2b

6. Considerations Relating to Disturbed Ground

a. Type of disturbance (Check Appropriate Categories)

_____ Filled Area	_____ Surface Drains	_____ Regraded Areas
_____ Excavated Area	_____ Other - Specify	_____ Method of Ident.

b. Pre-existing Natural Ground Surface

_____ Elevation Relative to Existing Ground Surface

c. Suitability of Disturbed Ground

_____ Unsuitable: Objects Subject to Disintegration or Change in Volume

_____ Proctor Test Performed - % Standard Proctor Density

7. Hydraulic Head Test

a. Hydraulically Restrictive Horizon: Depth to Top

b. Piezometer A; Depth to Bottom _____ Depth of Water Level (24hrs)

c. Piezometer B; Depth to Bottom _____ Depth of Water Level (24hrs)

d. Witnessed By _____ Signature

8. Attachments (Check Items Included):

- X Site Plan
- X Key Map Showing Location of USGA Quadrangle or ocher Accurate Map
- X Key Map Showing Location of Site on USDA Soil Survey Map
- _____ Other - Specify

9. I hereby Certify that the information furnished on Form 2a 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: 08/13/16

Signature of Professional Engineer _____ Lic. No. 40354

Form 2b. - Soil Log & Interpretation

County/Municipality: Morris / Chester Block: 51.01 Lot: 5

1. Log No. 1 Method (Check One) X Profile Pit _____ Boring _____

2. Soil Log

TESTHOLE #1 (08-06-2015) WITNESSED BY KURT BOCKBRADER
0" - 76" FILL
76" - 80" ORIGINAL TOPSOIL
80" - 120" 10 YR 4/6 SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE
5% GRAVEL, 5% COBBLE, 0% STONE
SOIL SAMPLE TAKEN AT 84"
SOIL PERMEABILITY RATING: K-3 (2-6 IN/HR)
MOTTLING AT 84"
NO GROUND WATER

3. Ground Water Observations:
Seepage - Depth _____
Mottling - Depth 84

4. Soil Limiting Zones (Check Appropriate Categories) (inches)
_____ Fractured Rock Substratum - Depth to Top
_____ Massive Rock Substratum - Depth to Top
_____ Excessively Coarse Horizon
_____ Excessively Coarse Substratum
_____ Hydraulically Restrictive Horizon - Depth to Bottom
_____ Hydraulically Restrictive Substratum - Depth to Top
_____ Perched Zone of Saturation - Depth to Bottom
84 Regional Zone of Saturation - Depth to Top

5. Soil Suitability Classification IIIWr

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: 8/13/2015

Signature of Professional Engineer _____ Lic. No. 40354

Form 3c. - Soil Permeability Class Rating

County/Municipality: Morris / Chester Block: 51.01 Lot: 5

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 eg. Use one sheet for each separate test or test replicate.

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

Type of Test	Test number	Replicate letter	Depth inches	Results

(see attached analysis)

* For tube permeameter, pit-bailing, and piezometer tests, reports results in inches/hour. For Soil Permeability Class Rating, give soil permeability class number. For Percolation Test, Report result in minutes/inches. For Basin Flooding Test, report result as positive if basin drains completely within 24 hours after second filling, negative oth otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number

X Average of Test Replicates _____ Single Replicate

_____ Slowest of Replicates _____ Test Number

3. Type of Limiting Zone Identified Test No.

_____ _____

4. Attachments (Check items included):

_____	Form 3b - Tube Permeameter Test Data -	Number of Sheets	_____
X	Form 3c - Soil Permeability Class Rating Data -	Number of Sheets	1
_____	Form 3d - Percolation Test Data -	Number of Sheets	_____
_____	Form 3e - Pit Bailing Test Data -	Number of Sheets	_____
_____	Form 3f - Piezometer Flooding Test Data -	Number of Sheets	_____
_____	Form 3g - Basin Flooding Test Data -	Number of Sheets	_____

5. 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: 8/13/2015

Signature of Professional Engineer _____ Lic. No. 40354

Form 4. - General Design Data

County/Municipality: Morris / Chester Block: 51.01 Lot: 5

1. Vol. Of Sanitary Sewage, gal 350
   X Res.: No. of Dwelling Units 1 Number of Bedrooms 2
   Commercial/Institutional - Indicate type of establishment and show method of calculation. If based on water meter data, indicate source of data, frequency of reading, average daily flow and maximum recorded daily reading.

2. Alteration of Repairs:
   a. Reasons for Alterations or Repair (Check appropriate categories):
   _____ Expansion or Change in Use _____ Upgrade Existing Facilities
   x Correct Malfunctioning System _____ Other - Specify
   b. Describe the nature of Alterations or Repair
   Propose a new 1250 gallon two compartment septic tank equipped with an effluent filter discharging to a new 570 SF gravity fed stone and pipe disposal field

3. System Components:
   a. Grease Trap Capacity, gals _____ Show Calculations Used:
   b. Septic Tank Capacity, gals 1250 First Compartment _____
   Second Compartment _____
   Third Compartment _____
   c. Effluent Dist. Method: X Gravity Flow _____ Gravity Dosing _____ Pres. Dosing
   Dosing Device: Pump _____ Siphon _____
   d. Dosing Tank Capacity: Total Capacity _____
   Dosing Volume _____ Reserve Capacity _____ gallons
   e. Laterals: Number 4 Length 32.00 Pipe Size 4" Spacing 36"
   f. Connecting Pipe: 31.5' Size 4"
   g. Manifold: _____ Size _____ Length _____
   h. Disposal Field: Type of Installation SRE
   Design Permeability (per rate) K4 (6-20 in/hr)
   Trenches: Width Length Bed: Area 570 sq. ft.
   I. Seepage Pits: Design Percolation Rate
   _____ Number of Pits Total Percolation Area Provided _____

4. Attachments (Check if items included):
   X General Plan of System Showing Location of All Components
   X X-Section of Each System Component Including Grease Trap, Septic Tank, Dosing Tank Disposal Field, Seepage Pits and Interceptor Drains
   _____ Pump Performance Curves
   _____ Other-Specify

5. I hereby certify that the information furnished on Form 4 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: 8/13/2015

Signature of Professional Engineer _____ Lic. No. 40354

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Staff@MAPengineering.net

08/13/15

Re: Septic Alteration
5 Ironia Road
Block 51.01 Lot 5
Chester, NJ

The following are the test results for the soil sample taken on August 06, 2015. The hydrometer and sieve analysis was done according to NJAC 7:9A – 6.3: Soil Permeability Class Rating.

SAMPLE #	DEPTH	SAND%	SILT%	CLAY%	PERMEABILITY
TH#1	84"	65%	22%	13%	K-3(2-6 in/hr.)

TH#1: 20% of the sample was coarse fragments
35% of the sample was fine and very fine sand.

SOIL PERMEABILITY RATING IS FROM THE SOIL PERMEABILITY/TEXTURAL TRIANGLE

Based on the average textural analysis, the soil permeability rating for the sample is K-3 (2-6 in/hr).

Prepared by:

Mark A. Palus, PE, PP
NJPE Lic. No. 40354

Chester Township Health Department
1 Parker Road
Chester, NJ 07930

GP #25 ENDORSEMENT

September 15, 2015

Leslie Brown
5 Ironia Road
Flanders, NJ 07836

MAP Engineering
170 Kinnelon Road, Suite #36
Kinnelon, NJ 07405

Re: Septic Alteration/No Expansion
2-bedroom
Plan date 8/12/2015, revised 9/4/2015
Block 51.01 Lot 5

To Whom It May Concern:

I am writing regarding the above application to correct a malfunctioning septic system. At this time I am able to endorse the forthcoming application to the NJDEP for a GP25 permit in accordance with 7:7a-5.25 for the purpose of altering a malfunctioning septic system at the above referenced location.

Accordingly, I offer the following comments:

1. The above referenced plan does comply with the Department Standards for Individual Sewage Disposal Systems, NJAC 7:9A.

2. The proposed activities are not directly or indirectly caused by the expansion of the facility that the individual sewage disposal system serves, or change in its use.

3. This proposed area to accommodate the new septic system is the most ideal location.

It is understood that a confirmation of approval will become available to this department once the GP25 has been applied for and approved the same. If you have any questions, please contact me at 908-876-3650. Thank you

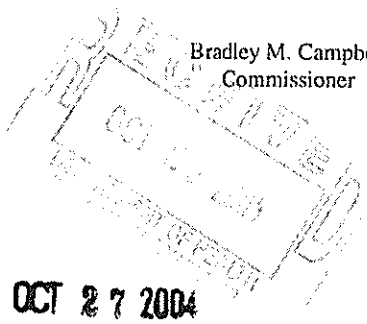
Sincerely,

Kurt Bockbrader
Registered Environmental Health Specialist

James E. McGreevey
Governor

State of New Jersey
Department of Environmental Protection
WATER SUPPLY ADMINISTRATION
P.O. Box 426
BUREAU OF WATER ALLOCATION
TRENTON, NEW JERSEY 08625-0426
TELEPHONE (609)984-6831
FAX (609)633-1231

Bradley M. Campbell
Commissioner



Paul Thomas, #JD1291
C/o Somerville Well Drilling LTD., Inc.
25 East Kearney Street
Bridgewater, New Jersey 08807

Dear Mr. Thomas,

A Notice of Non-Compliance (NONC) dated August 24, 2004 was issued to you and your company for Permit to Drill Well # 2500061900 (Lot 5, Block 51.01) in Chester Township, Morris County.

As a result of this Notice, additional information including a revised well record has been received and reviewed by the Bureau. Because the issue of non-compliance has been resolved, the NONC is hereby rescinded.

Sincerely,

Karen M. Fell
Section Chief
Bureau of Water Allocation

KF/jra/to/noncr/

c: Rockaway Township Health Department
BWA File
Julia R. Altieri, BWA