APPENDIX B
STANDARD FORMS FOR SUBMISSION OF SOILS/ENGINEERING DATA
COUNTY: **Monmouth** MUNICIPALITY: **Howell Twp.**
Form 1
General Information

S-16-0047

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

2. Location of Project:
Municipality **Howell Township** Block No. **28** Lot No. **42**
Street Address: **114 Locust Avenue Howell, NJ**

3. Name of Applicant (print): [redacted]

4. Applicant's Present Address: **114 Locust Avenue Howell, NJ**

5. Applicant's Phone Number [redacted]

TOWNSHIP OF HOWELL
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CLERK'S OFFICE

6. Type of Facility:
XX Residential
___ Commercial/Institutional
Specify Type of Establishment:

7. Type of Wastes to be Discharged:
XX Sanitary Sewage
___ Industrial Wastes
___ Other—Specify Type

8. Other Approvals/Certification/Waivers/Exemptions (Attach to Application): **N/A**
___ Pinelands Commission
___ U.S. Army Corps of Engineers
___ NJDEP—Bureau of Flood Plain Management
___ Other—Specify:

9. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swea[redacted]State and subject to prosecution.
Signature of Applicant [redacted] Date **5/25/2016**

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: **Monmouth** MUNICIPALITY: **Howell Twp.**
Block No. **28** Lot No. **42**

1. Name of Site Evaluator (print): **William C. Longo**

2. Business Address of Site Evaluator: **182 South Street Freehold, NJ**

3. Business Phone Number of Site Evaluator: **732-863-1403**

4. Special Site Limitations Identified (Check appropriate Categories):
___ Flood Plains ___ Bedrock Outcrops __ Wetlands
___ Excessively Stony ___ Disturbed Ground ___ Sink Holes
___ Sand Dunes ___ Steep Slopes
___ Other—Specify

5. Soil Logs—Enter on Form 2b—Use one sheet for each soil log.

6. Considerations Relating to Disturbed Ground: **N/A**
a) Type of Disturbance (Check appropriate categories):
___ Filled Area ___ Excavated Area ___ Re-graded Area
___ Subsurface Drains ___ Other—Specify
b) Pre-existing Natural Ground Surface
Elevation Relative to Existing Ground Surface
Method of Identification
c) Suitability of Disturbed Ground
___ Unsuitable: Objects Subject to Disintegration or Change in Volume
___ Excessively Coarse
___ Proctor Test performed _____% Standard Proctor Density = _____

7. Hydraulic Head Test: **N/A**
a) Hydraulically Restrictive Horizon: Depth Top to Bottom ___
b) Piezometer A: Depth to Bottom ___ Depth of Water Level (24 hrs)
c) Piezometer B: Depth to Bottom ___ Depth of Water Level (24 hrs)
d) Witnessed by _____ Signature _____ Date

8. Attachments (Check items included):
XX Site Plan
XX KeyMap Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map
XX KeyMap 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 Da[redacted]
Signature of Professional Engi[redacted] N.J.P.E. #35284

Form 2b
Soil Log and Interpretation

COUNTY: **Monmouth** MUNICIPALITY: **Howell Twp.**
Block No. **28** Lot No. **42**

1. Log Number ____ Method (Check One): **XX** Profile Pit ___ Boring

2. Soil Log: **SEE DESIGN PLAN FOR SOIL LOGS**

3. Ground Water Observations:
___ Seepage—Indicate Depth **103"**
___ Pit/Boring Flooded—Depth after ___ Hours ____

4. Soil Limiting Zones (Check Appropriate Categories):
___ Fractured Rock Substratum—Depth to Top ____
___ Massive Rock Substratum—Depth to Top ____
___ Excessively Coarse Horizon—Depth Top to Bottom
___ Excessively Coarse Substratum—Depth to Top ___
___ Hydraulically Restrictive Horizon—Depth Top to Bottom
___ Hydraulically Restrictive Substratum—Depth to Top ___
___ Perched Zone of Saturation—Depth Top to Bottom ___
X Regional Zone of Saturation—Depth: **95" (Mottles)**

5. Soil Suitability Classification: **I**

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 Site Evaluator Date
Signature of Professional Engine[redacted]

Form 3a
Soil Permeability Data

COUNTY: **Monmouth** MUNICIPALITY: **Howell Twp.**
Block No. **28** Lot No. **42**

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*
Perm Class Rating	**TP 1**	**A/B**		
	89"-120"	**K-5**		

* 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 filing, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number : **Imported K-4**
___ 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 Da
Signature of Professional Engi [redacted]

N.J.P.E. #35284

Form 4
General Design Data

1. Volume of Sanitary Sewage: **650 GPD**
XX Residential: No. of Dwelling Units **1** Total No. of Bedrooms **4**
Commercial/Institutional —Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading
2. Alterations or Repairs
a) Reason for Alteration or Repair (Check appropriate categories):
___ Expansion or Change in Use _____ Upgrade Existing Facilities
XX Correct Malfunctioning System ___ Other Specify _____
b) Describe Nature of Alteration or Repairs:

3. System Components:
a) Grease Trap Capacity, gals ____
Show Calculation Used: _____
b) Septic Tank Capacities, gals: **1,000 Gal (Existing)**
___ Second Compartment ___ Third Compartment
c) Effluent Distribution
Method: **XX** Gravity Flow __ Gravity Dosing ___ Pressure Dosing
Dosing Device: ___ Pump ___ Siphon
d) Dosing Tank Capacities, gals: Total Capacity Dose Vol. ___
Reserve Capacity: ___
e) Laterals: **7** Pipe Diameter: **4"** Spacing: **3" O.C.**
f) Connecting Pipe: Diameter **4"** Length **10'**
g) Manifold: Diameter ___ Length ____
h) Disposal Field: Type of Installation **SRB**
Design Permeability (Percolation Rate) **K-4** Trenches: Width ____ Total Length ____
Bed Area : **1,056 SF**
i) Seepage Pits: Design Percolation Rate __
Number of Pits __ Total Percolating Area Provided __

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

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

Signature of Professional Enginee

No. S-16-0047

DATE OF EXPIRATION
MAY 27, 2017

Clerks Office

HOWELL TOWNSHIP
2016 License

Individual Subsurface Sewage Disposal System Permit

Issued To: [redacted]

Address: 28/42 - 114 LOCUST AVENUE

Contractor Lortech, Inc.

System Construction cannot begin until Monmouth County Health Department Approval is obtained.
Contact Monmouth County Health Department for inspections at 732-431-7456.

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW

Date: MAY 27, 2016 Bedrooms 4

Fee: $140.00 Type Alteration

Maria Hoodlar

Health Liaison