BOARD OF HEALTH
Township of Chester, Morris County, New Jersey

Application No. 3450

- ☑ Construct
- ☐ Alter
- ☐ Repair
- ☑ Sewage
- ☐ Water

Date 8/22 19 2001

Received of (name) Elite Homes

(address) P.O Box 628 Chester NJ

Three Hundred Dollars Dollars $ 300.00

100 Witness fees

Location: Lot 12.04 Block 16

This copy for Secretary

agent Mary Nowicki

Tax Map Sheet 22 | X New Construction | Application No. _____

Lot 12.04 Block 16 | _____ Alteration | Date Submitted _____

INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION
BOARD OF HEALTH, TOWNSHIP OF CHESTER
MORRIS COUNTY, NEW JERSEY

OWNER ELITE HOMES Tel. 908-876-4075

Address P.O. BOX 628, CHESTER N.J. 07930

PURCHASER SAME Tel. _____

Address _____

CONTRACTOR SAME Tel. _____

Address _____

INSTRUCTIONS: This application shall be accompanied by a percolation test report and detailed plans for the proposed sewage disposal system. The plans shall include the following:

1. A scale drawing of the lot showing the location and size of all existing and proposed buildings, driveways, ditches, drains, ponds, streams, swales, wells, wooded areas, and open areas.
2. The drawing shall extend to portions of adjoining and nearby properties to show all structures within 50 feet of the proposed disposal system and all ditches, drains, ponds, streams, swales, and wells within 100 feet of the proposed disposal system.
3. An outline of an area reserved for possible future expansion of the system and clearly marked as such on the plans.
4. Proposed or possible future pool sites.
5. Direction and approximate percent of slope in the area of the proposed system.
6. Location of all percolation and observation test holes.
7. Location and depths of proposed or future excavations and fills.
8. Detailed plans of the disposal system including cross sections and profiles.
9. Provisions to divert surface water and/or subsurface water from the disposal area.
10. Show dimensions and distances for all above information.

WELL DATA:

Water Supply: _____ Public X Well _____ Spring _____ Other _____

Well Date: _____ Existing X Proposed or estimated

1. Type DRILLED
2. Depth 150'±
3. Depth to Rock _____
4. Method of Grouting Around Casing CEMENT
5. Type of Rock _____
6. Depth of Casing 50' MIN.
7. Method of Sealing CEMENT

Well is located at a X higher _____ lower elevation than the disposal area.

DESIGN DATA:

Type of building: X Dwelling _____ Other _____

For dwelling: No. of bedrooms 4 Expansion attic: _____ yes X no

For other than dwellings:

Occupancy: _____ persons per day Size: _____ sq. ft. floor area

Estimated quantity of sewage: 650 gal. per day

Design is based on a percolation rate of 3-15 minutes per inch at _____ depth below the surface, as shown for Percolation Test No(s). _____

Grease Trap: _____ yes _____ no Location _____

Size _____ Material _____

Septic Tank: Number of tanks 1 Material CONCRETE

Capacity of each 1,000

Disposal Trenches and Beds:

1. Min. percolation area required by Code 1047 sq. ft.
   Designed percolation area 1062 sq. ft.
2. Min. infiltration area required by Township Standards _____ sq. ft.
   Designed infiltration area (trench sidewalls) _____ sq. ft.

Seepage Pits:

1. Number of Pits _____
   Size of each Pit _____, _____, _____
2. Min. percolation area required by Code _____ sq. ft.
   Designed percolation area _____ sq. ft.
3. Min. infiltration area required by Township Standards _____ sq. ft.
   Designed infiltration area _____ sq. ft.

CERTIFICATE OF QUALIFIED PERSON:

This is to certify to the Board of Health of the Township of Chester that the undersigned has prepared or examined the within application and accompanying plans and specifications and that such application and data are in compliance with: The Realty Improvement Sewerage and Facilities Act (1954) P.L. 1954, Chapter 199, R.S. 58:11-23, et seq. and Standards promulgated thereunder; The Individual Sewage Disposal System Code of the Township of Chester as revised and/or amended; and Standards adopted by the Board of Health of Chester Township.

Signature Carlton F. Frost P.E. License No. 12677 Date 8-21-01

Firm ASSOCIATED CONSULTANTS Tel. No. 908-879-6400

Address P.O. BOX 383 CHESTER N.J. 07930

(seal)

APPROVAL AND INSPECTION RECORD

Application Approved by: _____ Date _____

Inspected _____ Date _____ By _____

_____ Date _____ By _____

_____ Date _____ By _____

_____ Date _____ By _____

_____ Date _____ By _____

Final Approval by _____ Date _____

Certificate of Compliance Issued _____ _____
(Date) (Signature)

COUNTY \ MUNICIPALITY : MORRIS / CHESTER TWP.
APPLICATION FOR PERMIT TO CONSTRUCT / ALTER/ REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1: General Information

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

__X__ New Construction ___ Alteration/No Expansion or Change of Use

___ Alteration/Expansion or Change in Use

___ Alteration/Malfunctioning System

___ Deviation from Standards ___ Repairs to Existing System

2. Location of Project: _

Municipality CHESTER TWP. Block No. 16 Lot No. 12.04

Street Address EVERGREEN DRIVE

3. Name of Applicant (print): ELITE HOMES

4. Applicant's Present Address: P.O. BOX 628, CHESTER, NJ. 07930

5. Applicant's Phone Number: 908-876-4075

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/Certification/Waivers/Exemptions (Attach to Application):

___ 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 swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ Date_____

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 **Lot** 12.04 **Block** 16

1. Name of Site Evaluator (print): ASSOCIATED CONSULTANTS

2. Business Address of Site Evaluator: P.O. BOX 383 CHESTER, NJ 07930

3. Business Phone Number of Site Evaluator: 908 879 6400

4. Special Site Limitations Identified (Check appropriate Categories):

___ Flood Plains ___ Bedrock Outcrops ___ Wetlands

___ Excessively Stony ___ Disturbed Ground ___ Sink Holes

___ Sand Dunes ___ Steep Slopes

___ Other—Specify _____

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

6. Considerations Relating to Disturbed Ground:

a) Type of Disturbance (Check appropriate categories):

___ Filled Area ___ Excavated Area ___ Re-graded Area

___ Subsurface Drains ___ Other—Specify _____

b) Pre-existing Natural Ground Surface

Elevation Relative to Existing Ground Surface _____

Method of Identification _____

c) Suitability of Disturbed Ground

___ Unsuitable: Objects Subject to Disintegration or Change in Volume

___ Excessively Coarse

___ Proctor Test performed _____% Standard Proctor Density = _____

7. Hydraulic Head Test:

a) Hydraulically Restrictive Horizon: Depth 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):

__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 8-21-01

Signature of Professional Engineer Carlton F. Fraser License # 12672

3. COUNTY/MUNICIPALITY: MORRIS / CHESTER TWP.

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

1. Form 2B- Soil Log and Interpretation Lot 12.04 Block 16

2.Soil Log: 105 Excavated

0-10" TOPSOIL

10"-56" 7.5YR 3/4 DARK BROWN SANDY LOAM, ANGULAR BLOCKY, FRIABLE W/ 5% GRAVEL, 1% COBBLES,

56"-136" 7.5YR 4/6 STRONG BROWN SANDY LOAM, ANGULAR BLOCKY, FRIABLE W/ 8% GRAVEL, 10% COBBLES, 2% STONE

3. Ground Water Observations: NONE

____Seepage, Indicate Depth _____

____ Pit/Boring Flooded , Depth after _____ Hours_____

4. Soil Limiting Zones (Check Appropriate Categories) :

____ Fractured Rock Substratum __ Depth to Bottom _____

____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 to Bottom_____

____ Regional Zone of Saturation _____Depth to Top_____

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2b of this application 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 Peter J. Dow Date: 8-21-01

Signature of Professional Engineer Carlton T. Frost License # 12672

3. COUNTY/MUNICIPALITY: MORRIS / CHESTER TWP.

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

1. Form 2B- Soil Log and Interpretation Lot 12.04 Block 16

2.Soil Log: 106 Excavated

0-9" TOPSOIL

9"-53" 7.5YR 3/4 DARK BROWN SANDY LOAM, ANGULAR BLOCKY, FRIABLE W/ 2% GRAVEL, 10% COBBLES,

53"-143" 7.5YR 4/6 STRONG BROWN SANDY LOAM, ANGULAR BLOCKY, FRIABLE W/ 5% GRAVEL, 2% COBBLES, 1% STONE

3. Ground Water Observations: NONE

____Seepage, Indicate Depth _____

____ Pit/Boring Flooded , Depth after _____ Hours_____

4. Soil Limiting Zones (Check Appropriate Categories) :

____ Fractured Rock Substratum __ Depth to Bottom _____
____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 to Bottom_____
____ Regional Zone of Saturation _____Depth to Top_____

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2b of this application 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 Peter J. Durso Date: 8-21-01

Signature of Professional Engineer Carlton F. Frost License # 12672

Form 3D. Percolation Test Data

1. Test Number 105-1 Replicate (Letter) _____ Date Tested 6-11-01

2. Depth 72"

3. Pre-Soak

____ Sandy Texture Soils Only, Shortened Pre-soak- Indicate Time Required for 12 Inched of water to Drain After Second Filling, Minutes

__ Four Hour Pre-soak Completed --- Indicate Result:.
__ Test Hole Drained Within 16 to 24 Hours After Pre-soak
___ Test Hole Did Not Drain Within 24 Hours After Pre-soak

4. Rate Of Fall:
   a. Time Interval Selected, Minutes 1 minute
   b. Record the Drop in Level During Each Time Interval to the nearest 1/10th Inch On the Lines Below:

Depth of Water, Start Of Interval (inches)	Depth of Water, End Of Interval (inches)	Drop in Water Level (inches)
7	6	1
7	6	1
7	6	1

5. Percolation Rate:
   a. Time, Minutes, Required for a Six – Inch 12 min
   b. Percolation Rate = a/6= 12 / 6= 2 min/inch

6. I hereby certify that the information furnished on Form 3d 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 Peter J. Potter Date 8-21-01

Signature of Professional Engineer Barton H. Frost License # 12672

Form 4 General Design Data

1. Volume of Sanitary Sewage, gal. 650

__X__ 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

___ 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: __1000__ First (Single) Compartment ___ ___ Second Compartment ___ ___ Third Compartment _

c) Effluent Distribution

Method: __X__ Gravity Flow ___ Gravity Dosing ___ Pressure Dosing

Dosing Device: ___ Pump ___ Siphon

d) Dosing Tank Capacities, gals: Total Capacity ___ Dose Volume ___ Reserve Capacity__

e) Laterals: Number __5__ Total Length __265__ Pipe Size __3"__ Spacing __36"__

f) Connecting Pipe: Size ____ Length _____

g) Manifold: Size ____ Length __

h) Disposal Field: Type of Installation __SRE__

Design Permeability (Percolation Rate) __3-15 min\inch__

Trenches: Width ____ Total Length ____ Bed: Area __1062__

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

___ 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. 7:14-8.

Signature of Professional Engineer Carlton F. Frost Date 8-21-01