WEST MILFORD TOWNSHIP HEALTH DEPARTMENT

CERTIFICATE OF COMPLIANCE

Name Hickey, Horace Phone# 973-875-9331

Address 404 Morsetown Rd

Location 404 Morsetown Rd Block 6001 Lot 3 Permit # 10414

_____ New Construction
_____ Alterations
__X__ Repair - REPLACE EXIST. SEPTIC TANK ONLY!
_____ Remove and Replace

Reason: _____

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 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____
(Signature)

_____
Name (Type or Print) License #

Date: _____

Certification by Administrative Authority

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of 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.

Susan A. Mulvihill
Authorized Signature

REHS
Type of License Held

Susan A. Mulvihill
Name (Type or Printed)

A-1363
License Number

Date 12/2/04

PERMIT NO. 10414

DEPARTMENT OF HEALTH
1480 UNION VALLEY ROAD,
WEST MILFORD, NJ 07480

APPLICATION FOR PERMIT TO ALTER OR RECONSTRUCT AN EXISTING INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Replace Septic Tank Only!

12/2/04 - Mike T.S. put on the tank - OK, [illegible] 11:50

INSPECTION REPORT

11-30-04 => 1202 hrs open excavation only No tank.
11-30-04 - tank installed remove the two mushroom vent caps from the inspection ports.
12-01-04 => 1158 hrs inspo ports now okay.

DATE APPLICATION RECEIVED 11/29/04
DATE APPLICATION REVIEWED
APPROVED ______ REJECTED ______
VARIANCE GRANTED
COMMENTS:

Owner's Name Horace [illegible] Phone

Location Address 404 Morse Town Road - W. Milford NJ Block No. 6001 Lot No. 3
No. Street

Dwelling CAP No. of Bedrooms 3 [illegible] Commercial Building —

No. of People — Total Gals./Per Day —

SEPTIC TANK	CLOSED OR AERATION TANK	DISPOSAL BED	DISPOSAL TRENCH	SEEPAGE PIT
Capacity 1,000 GAL.	Capacity	Width	Width	Capacity
Material CONCRETE	Material	Length	Depth	Height
		Area Sq. Ft.	Area Sq. Ft.	

X = LIMITING CONDITIONS

___ Soil Conditions
___ Depth to ledge
___ Depth to water
___ Seepage
___ No percolation test taken

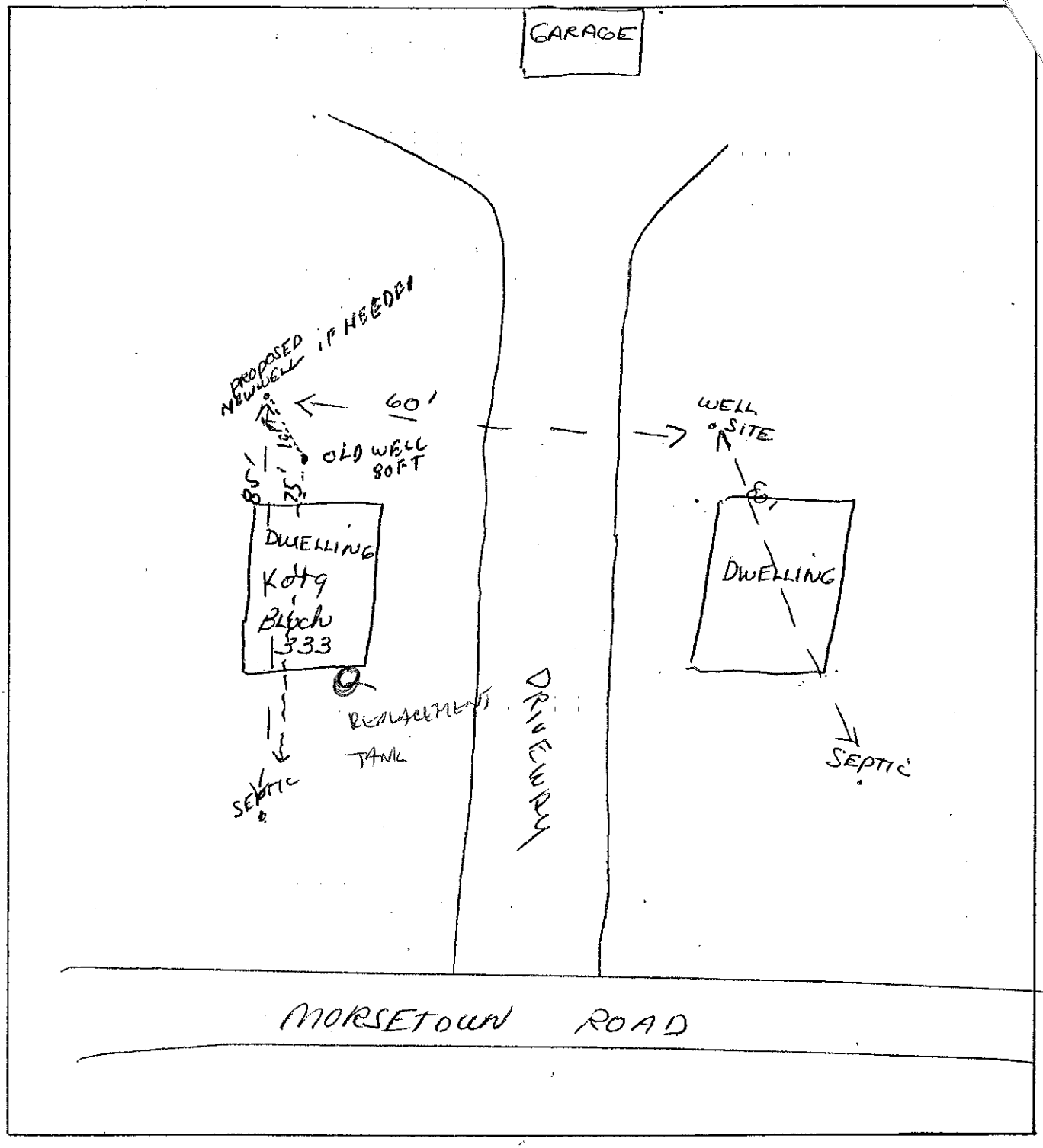
___ Distance from house
___ Distance from stream/lake
___ Square foot area
___ Distance from a well
___ Distance from property line

The undersigned owner recognizes the need to repair the septic system on this property and understands the limiting conditions imposed on the proposed installation.

The owner also recognizes that the Administrative Authority is endeavoring to accomplish a workable solution to the existing septic problem under the conditions aforementioned and agrees to the installation and its conditions. There are no guarantees or warrantees, expressed or implied, for the satisfactory operation of the repaired system.

Signature of Owner ______ Date ______ Signature of Contractor or Engineer ______ Date ______

SKETCH OF PROPOSED CONSTRUCTION



Sketch of property showing size of lot; location of all buildings within 150 feet of water source; locate and designate exact site of proposed well; locate ALL sewage facilities or source of pollution within 150 feet of proposed water source.

The undersigned agrees to construct the said water supply system in accordance with the standards for the construction of water supply systems for realty improvements, prescribed by the New Jersey State Department of Health.

Signed .....

Permit BP 10414

DEPARTMENT OF HEALTH

TOWNSHIP OF WEST MILFORD

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

Owner's Name _____ Phone _____

Location (Address) _____ Block No. _____ Lot No. _____

Contractor's Name _____ Phone _____

Contractor's Signature _____

Single Family dwelling: Number of Bedrooms _____

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

_____ _____

Date Administrative Officer

PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUANCE.

ENGINEER MUST INSPECT AND CERTIFY ALL ELEVATIONS.