WEST MILFORD TOWNSHIP HEALTH DEPARTMENT

CERTIFICATE OF COMPLIANCE

Name FRANK LOITGIB Phone# 853-7627

Address 513 LAKE SHORE DRIVE

Location WEST MILFORD Block 1905 Lot 2 Permit #

____ New Construction
_x_ Alterations
____ Repair
____ Remove and Replace

Reason: REPLACED MALFUNCTIONING SYSTEM

Professional Engineers Certification

I hereby certify to the Board of Health of the [illegible]d that all necessary inspections have been made to insure that the above mentioned disposal system has been located and constructed as per the set of design plans prepared by ADC Inc. and approved by the Township of Board of Health with variances noted.

This replacement of the existing subsurface disposal system is considered an "alteration" as defined in article 7:9a 3.3c, of the N.J. Administrative code. This design and installation is a workable solution to an existing system malfunction and is in compliance with the conditions of that paragraph. The owner, engineer and administrative authority recognize that due to limited site conditions on this property all provisions of NJAC 7:9A are not attainable, and therefore no warrantee is implied.

Howard E. Groonspoon
(Signature)

HOWARD E. GROONSPOON 16607
Name (Type or Print) License #

Date: 6/3/94

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.

Michelle Munier
Authorized Signature

Sanitarian
Type of License Held

MICHELLE MUNIER
Name (Type or Printed)

B-1834
License Number

Date 6-6-94

PERMIT 7834

DEPARTMENT OF HEALTH SEPTIC INSPECTION REPORT

1480 Union Valley Rd, West Milford, NJ 07480

Date application received:_____

Date application reviewed:_____

Comments:

_____

_____

Applicant: Leitgib Phone: 853-7627

Location: 513 Lk Shore Dr Block: 1905 Lot: 2

Septic installer: Anderson Exc.

DATE	TYPE OF INSPECTION	APPROVED	INSPECTOR
5-4-94	open exc edge work throw out excavation	N.C.	K Hansford
5-5-94	Spoke to Jim Sabagpell he says there is no where else to place system - continue as planned		K Hansford
5-5-94	backfill	OK	MR
5-9-94	PS no gas defl. tappers tar	OK	MR
5-10-94	final grade called not see gas defl baffle in tank	OK	MR
5-11-94	Gas defl baffle OK		MR

Rec'd $50

Permit No. 7834

DEPARTMENT OF HEALTH

TOWNSHIP OF WEST MILFORD

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

ENGINEER MUST INSPECT & CERTIFY ALL ELEVATIONS

Owner's Name FRANK LEITGIB Phone 853-7627

Location (Address) 513 LAKESHORE DRIVE Block No. 1905 Lot No. 2

Contractor's Name ANDERSON Phone

In accordance with the provisions of an ordinance entitled:
"Individual 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 New Jersey

5/2/91
Date

Rachelle Munier
Administrative Officer

PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUANCE.

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

PERMIT NO. 7834

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

INSPECTION REPORT

#4501

DATE APPLICATION RECEIVED 4-18-94
DATE APPLICATION REVIEWED _____
APPROVED _____ REJECTED _____
VARIANCE GRANTED _____
COMMENTS: _____

Owner's Name FRANK LEITGIB Phone 853-7627

Location Address 513 (No.) LAKE SHORE DRIVE (Street) Block No. 1905 Lot. No. 2

Dwelling S.F. No. of Bedrooms 2 Commercial Building _____

No. of People _____ Total Gals./Per Day _____

SEPTIC TANK	CLOSED OR AERATION TANK	DISPOSAL BED	DISPOSAL TRENCH	SEEPAGE PIT
Capacity 1000 GAL	Capacity _____	Width 18'	Width _____	Capacity _____
Material CONC.	Material _____	Length 26'	Depth _____	Height _____
		Area Sq. Ft. 468 SQ	Area Sq. Ft. _____	

X = LIMITING CONDITIONS

- ____ Soil Conditions
- X Depth to ledge
- ____ Depth to water
- ____ Seepage
- ____ No percolation test taken
- X Distance from house
- ____ Distance from stream/lake
- X Square foot area
- X Distance from a well
- X 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.

X Frank Leitgib
Signature of Contractor or Engineer Date

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):
   ___ New Construction
   ___ Alteration/Expansion or Change in Use
   X Deviation from Standards
   ___ Alteration/No Expansion or Change of Use
   X Alteration/Malfunctioning System
   ___ Repairs to Existing System

2. Location of Project: 513 LAKE SHORE DRIVE
   Municipality: WEST MILFORD Block No. 1905 Lot No. 2

3. Name of Applicant (print): FRANK LEITGIB

4. Applicant's Present Address: 513 LAKE SHORE DRIVE
   HEWITT NJ 07421

5. Applicant's Phone Number: 853 - 7627

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
   ___ 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.

X Signature of Applicant: Frank Leitgib Date:

FOR AGENCY USE ONLY

___ Application Denied - Reason for Denial/Citation of Rules Violated:

X Application Approved
___ Application Approved Subject to Approval By NJDEP

Date of Action: 5-2-94 Signature of Authorized Agent: Kathryn Sandford
Name and Title: KATHRYN SANDFORD ZONING

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

Form 2a - General Site Evaluation Data

1. Name of Site Evaluator (print): ARTHUR J. SCHAPPELL JR.

2. Business Address of Site Evaluator: ~~AGENT~~ PO BOX 924, HEWITT NJ 07421

3. Business Phone Number of Site Evaluator: 201-853-1619

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..59"...Fill.....
      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):
   ☒ Site Plan
   ☒ Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map
   ☒ 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. 9/19/91

Signature of Professional Engineer License no.

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

Form 2b - Soil Log And Interpretation

1. Log Number T.P.-1 Method (Check One): ☒ 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

16) SOIL PROFILES:
THE FOLLOWING SOIL PROFILE DATA WAS OBTAINED BY A.J. GAUGLER, ON 11-19-1993, WITNESSED BY LORI DePOALO, W.M.H.D..

PROFILE PIT NO. 1
1) 0"-54".....FILL
2) 54"-60".....10YR 3/6 DARK YELLOWISH BROWN, LOAMY SAND, 30% CF, SUBANGULAR BLOCKY, MOIST-FRIABLE
LEDGEROCK AT 60", SEEPAGE AT 54", NO MOTTLING, DISTURBED SAMPLE AT 58".

3. Ground Water Observations:
☒ Seepage - Indicate Depth..... 54"
___ 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..... 60"
___ 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.....
___ Regional Zone of Saturation - Depth to Top.....

5. Soil Suitability Classification: 11 Wr 11 SR (M, MSR) (M (MSR))

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. 1/13/94

Signature of Professional Engineer License no.

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

Form 3a. Soil Permeability 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*
SOIL PERMEABILITY	1	A	56"	K3
CLASS RATING	1	B	56"	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.... K3
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.7/11/94

License no.

Signature of Professional Engineer

5A

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

Form 3c. Soil Permeability Class Rating Data

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

2. Sample Depth..56".. Soil Pit/Boring Number.TP-1. Date Collected.11/12/93

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 1000
   Weight of Material Retained on 2mm sieve, W.C.F., grams 288.1
   Wt. % Coarse Fragment (W.C.F./W.T. x 100): 28.8%

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt ... 39.7

5. Hydrometer Calibration, Rc 5

6. Hydrometer Reading - 40 seconds, grams, R1 .....10.5 10.5 10.0 10.3
   Temperature of Suspension, °F .....69°

7. Corrected Hydrometer Reading, grams, R1'..... 5.5

8. Hydrometer Reading - 2 hours, grams, R2 ..... 6.5
   Temperature of Suspension, °F ..... 69°

9. Corrected Hydrometer Reading, grams, R2' 1.7

10. % sand = (Wt. - R1')/Wt. x 100 = (39.7 - 5.5)/39.7 x 100 = 86.1 %

11. % clay = R2'/Wt. x 100 = 1.7/39.7 x 100 = 4.3 %

12. Sieve Analysis:
    a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction
       (Soil Retained in 0.047 mm Sieve), grams 33.9
    b. Wt. of Fine Plus Very Fine Sand Fraction
       (Sand Passing 0.25 mm Sieve), grams 13.1
    c. % Fine Plus Very Fine Sand (b/a) .....39 %

13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested .....BLOCKY...
    Consistence of Soil 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.1/19/94

Signature of Professional Engineer License no.

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

Form 3c. Soil Permeability Class Rating Data

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

2. Sample Depth..56".. Soil Pit/Boring Number TP-2. Date Collected 11/19/93

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 1000
   Weight of Material Retained on 2mm sieve, W.C.F., grams 288.1
   Wt. % Coarse Fragment (W.C.F./W.T. x 100): 28.8%

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt ...39.7

5. Hydrometer Calibration, Rc 5

6. Hydrometer Reading - 40 seconds, grams, R1 .....11.0 10.5 10.5 (10.7)
   Temperature of Suspension, °F .....69°

7. Corrected Hydrometer Reading, grams, R1'.....5.9

8. Hydrometer Reading - 2 hours, grams, R2 .....6.0
   Temperature of Suspension, °F .....69°

9. Corrected Hydrometer Reading, grams, R2' 1.2

10. % sand = (Wt. - R1')/Wt. x 100 = (39.7 - 5.9)/39.7 x 100 = ...

11. % clay = R2'/Wt. x 100 = 1.2/39.7 x 100 = ...

12. Sieve Analysis:
    a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction
       (Soil Retained in 0.047 mm Sieve), grams 30.9
    b. Wt. of Fine Plus Very Fine Sand Fraction
       (Sand Passing 0.25 mm Sieve), grams 12.9
    c. % Fine Plus Very Fine Sand (b/a) 42%

13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested .....BLOCKY.....
    Consistence of Soil 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..11/19/93

Signature of Professional Engineer License no.

LAKE SHORE DRIVE
WEST MILFORD

Page ___ of ___

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

Form 4 General Design Data

1. Volume of Sanitary Sewage, gal. ..EST.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, 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
      X Correct Malfunctioning System ___Other - Specify.....
   b) Describe Nature of Alteration or Repairs:.....
      ..TOTAL REPLACEMENT.....

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..110'... Pipe Size ..4"... Spacing....3'
   f) Connecting Pipe: Size..4".. Length..... 12'
   g) Manifold: Size..... Length.....
   h) Disposal Field: Type of Installation....S.A.B.....
      Design Permeability (Percolation Rate)..... K4 TREATMENT FILL
      Trenches: Width..1.0'.. Total Length..22'... Bed: Area..... 160 SF
   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
   X Other - Specify..DESIGN NOTES.....

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 Design Engineer.....Date..1-14-94

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West Milford Township Department of Health
1480 Union Valley Road
West Milford, NJ 07480

SOIL RECORD

Owner: Leitgeb Address: 513-Lakeshore

Block: 1905 Lot: 2 New Constr: ____ Repair: X

Performed by: Schappell Witnessed by: L. Opitz

Date: 11/19/93 Summary of site limiting conditions: _____

SOIL LOG #1

Depth	Munsel color	Soil texture	Soil struc	%Coarse frag	Soil consist
0-54"		Fill + T.S.			
54"-60"	10YR3/6	Loamy Sand	SAB	30	m. fr.
	60"- Refusal				

Mottling

Depth	Abundance	Size	Contrast	Color

Ground Water

Seepage @ 54" Water standing @ _____ After _____ Hours

Rock Substratum @ 60" Fractured or Massive

& higher in some places

SOIL LOG #2

Depth	Munsel color	Soil texture	Soil struc	%Coarse frag	Soil consist

Mottling Depth	Abundance	Size	Contrast	Color

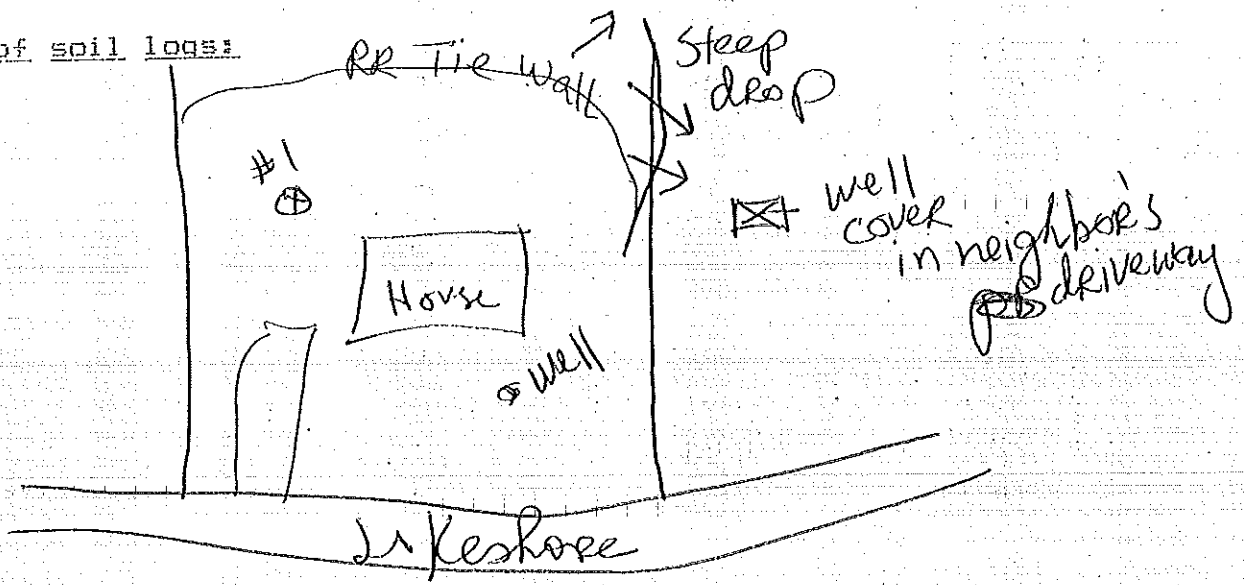
Ground Water

Seepage @_____ Water standing @_____ After _____ Hours

Rock Substratum @ _____ Fractured or Massive

Type and depth of soil sample: 56" 2 BR's

Location of soil logs:



REQUIRED-563.5 SQ FT. DESIGN-468 SQ.FT.

19) DISPOSAL FIELD:
THIS DISPOSAL FIELD IS DESIGNED AS A "SRB" SOIL REPLACEMENT BOTTOM-LINED INSTALLATION. THE EXCAVATION SHALL BE MADE 4 FEET BELOW THE LEVEL OF INFILTRATION, AND BACKFILLED WITH SUITABLE TREATMENT FILL PER NOTE NO. 12.

20) REPAIR NOTE:
THIS REPLACEMENT OF THE EXISTING SUBSURFACE DISPOSAL SYSTEM IS CONSIDERED AN "ALTERATION" AS DEFINED IN CHAPTER 7:9-3.3(C) OF THE NJ ADMINISTRATIVE CODE. THIS DESIGN IS A WORKABLE SOLUTION TO AN EXISTING SYSTEM MALFUNCTION AND IS IN COMPLIANCE WITH THE CONDITIONS OF THAT PARAGRAPH. THE OWNER, ENGINEER, AND ADMINISTRATIVE AUTHORITY RECOGNIZE THAT ALL CONDITIONS OF NJAC 7:9A ARE NOT ATTAINABLE ON THIS PROJECT, AND THEREFORE NO WARRANTEE IS IMPLIED.

21) VARIANCES REQUESTED:
1) DISTANCE TO NEIGHBOR'S WELL: REQUIRED 100', EXISTING 40', PROPOSED 38'.
2) DISTANCE TO DWELLING SLAB FOUNDATION: REQUIRED 15', EXISTING 12', PROPOSED 5'.
3) DISTANCE TO PROPOERTY LINE: REQUIRED 10', EXISTING 10', PROPOSED 2'.
4) DISTANCE BOTTOM OF BED TO LEDGEROCK: REQUIRED 8', EXISTING 2', PROPOSED 2'.
5) DISPOSAL FIELD SQUARE FOOT AREA: REQUIRED 563.5, PROPOSED 468'.

140

22) SOIL DISPOSAL:
ANY SOIL DISPLACED FROM THE EXISTING SEPTIC SYSTEM SHALL BE RETAINED ON SITE, OR DISPOSED OF IN ACCORDANCE WITH THE NEW JERSEY SOLID WASTE REGULATIONS.

NOTE:
THERE IS AN EXTREME LEDGEROCK CODITION EXISTING ON THIS PROPERTY. THE ENTIRE NORTH SIDE OF THIS LOT IS EXPOSED LEDGEROCK, OR LEDGEROCK WITHIN ONE FOOT OF THE GROUND SURFACE. THERE ARE ALSO MANY WELLS WITHIN CLOSE PROXIMITY OF THIS LOT. THIS IS THE ONLY VIABLE SOLUTION TO THE EXISTING SEPTIC SYSTEM MALFUNCTION. THEREFORE THIS SYSTEM IS DESIGNED FOR BATHROOM AND KITHCEN WASTE ONLY. NO WASH MASHINE SHALL BE ADDED TO THIS SYSTEM, ALSO THE HOUSE SHOULD BE RETROFITTED WITH WATER SAVING DEVISES.

AS-BUILT 6/3/94

OWNER/APPLICANT:

FRANK LEITGEB
513 LAKE SHORE DRIVE
HEWITT, NJ 07421
(201) 853-7627, OR (201) 838-3188

ARTHUR J. SCHAPPELL JR.
PLS NO 31279.

INDIVIDUAL SUBSURFACE DISPOSAL SYSTEM
ALTERATION
BLOCK 1905, LOT 2
SITUATE IN THE
TOWNSHIP OF WEST MILFORD
PASSAIC COUNTY, NEW JERSEY

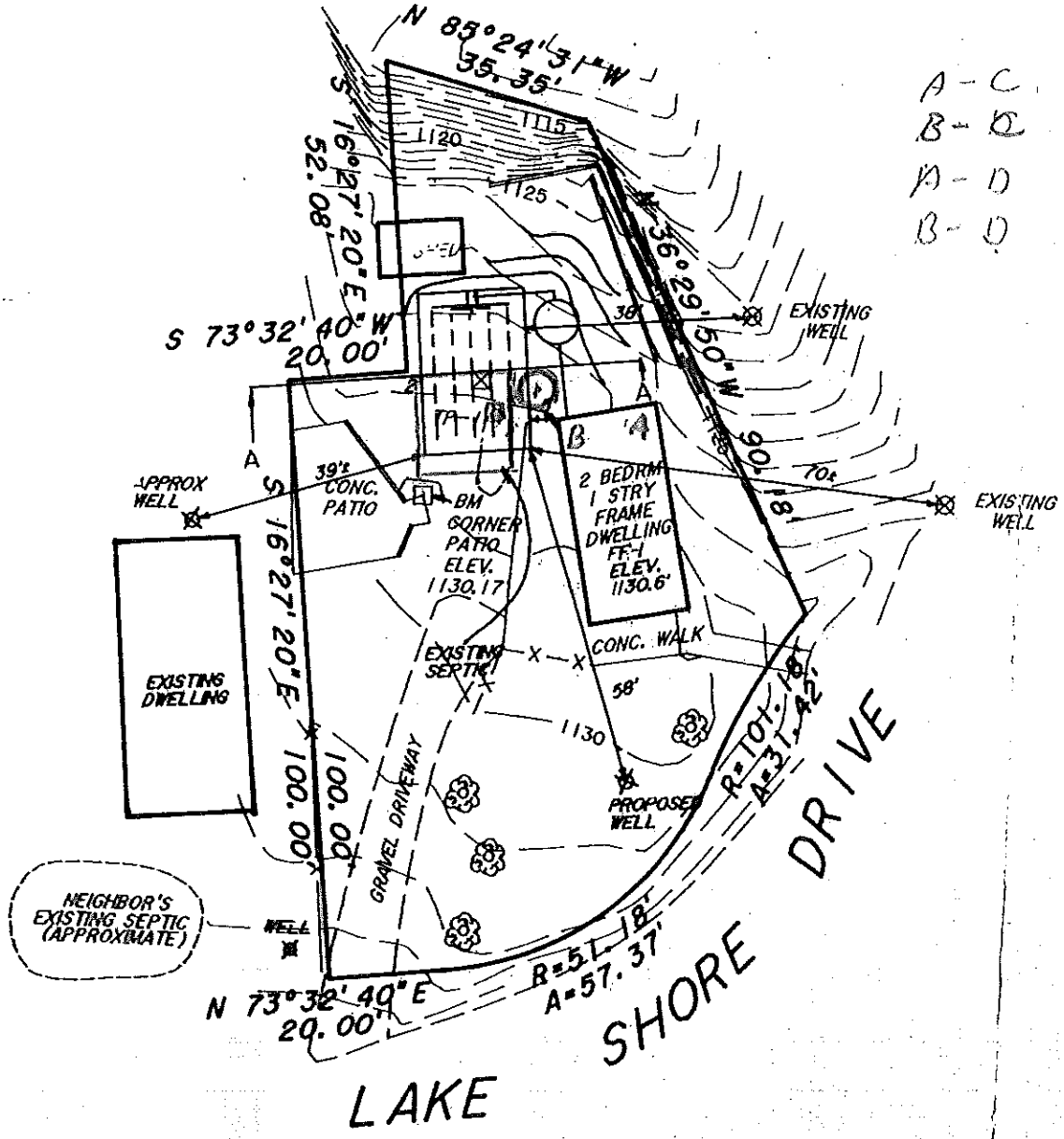
HOWARD F. GREENSPAN, PE, PP, PLS
N.J. Professional Engineer Lic. No. 16607
Date 6-3-94

Howard F. Greenspan & Associates
Engineers, Planners, Surveyors
Upper Montclair, New Jersey 07043

Scale	Job No.	Date	Drawn By	Chkd By	Drawing No
	3K-7198E	12-14-1993	AJG	HFG	1 OF 1

40

A BUILDING CORNER
B BUILDING CORNER
C D-BOX
D SEPTIC TANK



A-C 26.8'
B-C 19.0'
A-D 22.5'
B-D 9.01'

SITE PLAN

SCALE 1" = 30'