Construction

From: Linda Stiner
Sent: Friday, July 21, 2023 2:43 PM
To: Amy Rhead
Cc: Kathy Florio
Subject: RE: OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6)
Attachments: SBack_Copie23072115100.pdf

Attached please find records from the Construction Department in response to the OPRA request referenced in the subject line of this email.

Sincerely,

Linda Stiner
Administrative Assistant
Township of Roxbury
Construction Department
1715 Route 46
Ledgewood, NJ 07852
973 448-2011

Construction

Property Summary Portal | Refresh | Open All | Close All

Owner:	HAUCKE, WILLIAM R/THERESA A
Location:	1 DEER LN
Block:	4303
Lot:	6
Lead Parcel:	Yes
Qualifier:	

▼ About the Owner...

▼ About the Property...

▼ About the Taxes...

▼ Projects...

▲ Construction...

Applications... Expand

Permit Issue Date	Control Number	Permit Number	Work Type	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
1/27/2016	C-15-00290	16-0094	Alteration	P	CA and Close Date Issued	2/9/2016	CA	$1,100	T. DANIEL SPECIALTY HEATING
REPLACEMENT WATER HEATER									
3/20/2006	C4303/6	06-0262	Alteration	E B	Open			$975	
2/24/2005		05-0158	Alteration	P F		2/25/2005		$1,440	
11/1/2004		04-1260	Alteration	B F		11/2/2004	CA	$2,800	
INSTALLING A WOOD BURNING STOVE WITH STAINLESS STEEL CHIMNEY									
7/12/2004		04-0740	Alteration	B		7/13/2004	CA	$5,700	
REROOFING EXISTING HOUSE									
5/18/2004		04-0501	Alteration	P		5/19/2004	CA, CA, CA	$2,500	
WATER CONNECTION									

Would you like to add a application to this parcel? Yes

Inspections... Expand

Date	Control Number	Permit Number	Subcode	Type	Inspector	Result	Comment	Result Comment
1/29/2016	C-15-00290	16-0094	Plumbing	WATER HEATER	Robert O'Connor InActive	Pass		
4/12/2006	C4303/6	06-0262	Electrical	Radon	Frank Lanza	Pass		
4/10/2006	C4303/6	06-0262	Building			Pass		
4/10/2006	C4303/6	06-0262	Electrical	Radon	Frank Lanza	Fail		
3/11/2005		05-0158	Plumbing			Pass		HEATER Inspector Initials: RO
3/11/2005		05-0158	Fire			Pass		HEATER Inspector Initials: BP
1/5/2005		04-1260	Building	Final		Pass		FINAL Inspector

					Initials: BO
1/5/2005	04-1260	Fire	Final	Pass	FINAL Inspector Initials: BP
7/22/2004	04-0740	Building		Pass	ROOF Inspector Initials: BO
5/28/2004	04-0501	Plumbing		Pass	WATER Inspector Initials: RO

Violations...

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? Yes

Ongoing Applications...

There is no application data for the selected parcel.

Would you like to add an application to this parcel? Yes

- **Complaints...**
- **Land Use...**
- **Engineering...**
- **Code Enforcement...**
- **Fire Prevention...**
- **Attachments...**
- **Comments...**

Engineering

From: Patricia Johnson
Sent: Monday, July 24, 2023 9:29 AM
To: Amy Rhead
Cc: Kathy Florio
Subject: RE: OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6)

The Engineering Department does not have any information regarding this request.

Patricia A. Johnson
Administrative Assistant
Township of Roxbury Engineering Department
1715 Route 46, Ledgewood, NJ 07852
973 448-2018

Fire Prevention

From: Mike Pellek
Sent: Tuesday, July 25, 2023 9:34 AM
To: Amy Rhead; Jan Ribe; Patricia Johnson; Abigail Montgomery; Rina Rodriguez; Catherine Wright; Jennifer Shuman; Linda Stiner; Joe McKeon; Heidi Pedersen; Tracy Osetec; Lydia Fariello; Loiacono, Elyssa; Dee Tardive
Cc: Kathy Florio
Subject: RE: OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6)

The fire prevention bureau office has researched the request and currently has no records of file for this property.

Thank you in advance.

Michael A. Pellek
Fire Prevention Bureau
Fire Official/Safety Officer

NJ Certifications:
Fire Official
Fire Investigator
Fire Instructor, Level 2
Incident Management, Level 3
Firefighter 2
Hazmat Operational
CEVO 4 Fire

Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
Phone: 973-448-2012
xxxxxxx@xxxxxxxxx.xx

Health

From: Jennifer Shuman
Sent: Monday, July 24, 2023 1:30 PM
To: Amy Rhead; Kathy Florio
Cc: Catherine Wright
Subject: RE: OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6)
Attachments: 4303-6 Env.pdf; 4303-6 W&S.pdf

Attached is the Health Department's response to OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6).

Jennifer Shuman
Deputy Registrar, CMR
Administrative Assistant
Health Department
Township of Roxbury
72 Eyland Avenue
Succasunna, NJ 07876
973 448 2028

Township of Roxbury

Health Department
72 Eyland Avenue
Succasunna, NJ 07876
www.roxburynj.us

January 29, 2021

Information
973-448-2000

Building & Construction
973-448-2009

Court
973-448-2034

Engineer
973-448-2018

Finance
973-448-2006

Fire Official
973-448-2012

Health
973-448-2028

Manager
973-448-2002

Mayor and Council
973-448-2001

Police
973-448-2100

Planning and Zoning
973-448-2008

Public Works
973-448-2069

Recreation
973-448-2015

Tax Assessor
973-448-2021

Tax Collector and Utilities
973-448-2022

Technology
973-448-2099

Township Clerk
973-448-2001

Sewer Plant
973-584-5360

Water Plant
973-398-2818

Re: contamination of a residential well

Dear Resident:

In accordance with the Private Well Testing Act, the NJDEP has notified this department of a well that has exceeded the Maximum Contaminate Level (MCL) for **Gross Alpha Particle**. Your lot(s) falls within a 500 foot radius of this property. The MCL set by the State of New Jersey for this parameter is **15 pCi/L**. The concentration detected was **46.9 pCi/L**

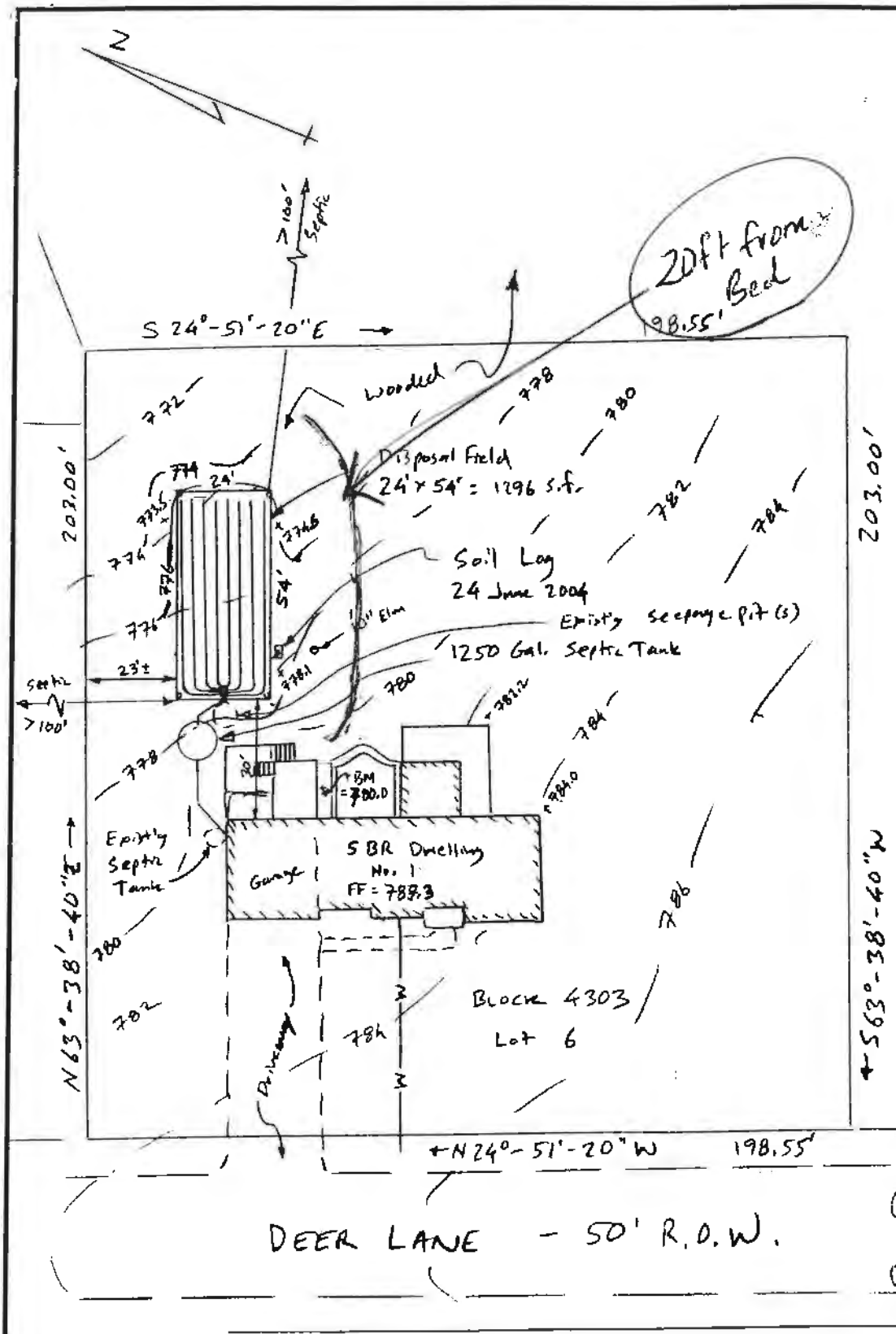
Gross Alpha Particle Activity - The test identifies the presence of gross alpha particle activity in water. Alpha particles are emitted during the decay of certain substances such as radium, uranium and thorium – radioactive isotopes found naturally in the earth's crust. Most of the gross alpha radioactivity found in drinking water is from radium.

Because your property is near this well, you may wish to have your well tested for the parameter in question. You can find a list of certified laboratories in the yellow pages under Laboratories – Testing or there is a list on the Roxbury Township website - www.roxburynj.us under Health Department, Well Testing; Water Testing Providers.

If you have any questions, please do not hesitate to contact the Health Department Monday – Friday, 8am – 4:30pm. **Please be aware that this department is not permitted to release the address of the contaminated well due to confidentially of all information received through the Private Well Testing Act.**

Sincerely,

Matthew Zachok
REHS



SITE PLAN

Scale: 1" = 40'

Soil Log

Test H
0" - 8"
8" - 50"
50" - 115
115" - 12

Comments

Notes:

1. Engine
applicabl
pumping
2. A perr
Other cor
3. Manhc
If flush wi
4. Existin
5. Solids
6. All join
7. Either
stone as
9. All dist
10. Mete

Septic Sy

Soil suitab
Single-fan
Proposed
1250 gal
Required

Proposed
Disposal fi
3' spacin

ROXBURY TOWNSHIP HE
Sewage Disposal System
on
Requirem
Any change in design m
before construction
during construction mus
Health Department. Ste
24 hours notice require
Call 201 448-2028.

Excavations must re
construction continue

Do not backfill any
until it has been ins

Standard (if proper

Deep Pits

2004:

Topsoil, 10YR 3/3
Silty clay loam, 10YR 4/6, 5% gravel, 5% cobbles,
5% stone, subangular blocky, moist friable, no mottling
Sandy clay loam, 10YR 4/8, 5% gravel, 5% cobbles,
5% stone, angular blocky, moist friable, no mottling
Loamy sand, 10YR 6/4, 2% gravel, 2% cobbles,
2% stone, angular blocky, moist friable, no mottling

No seepage observed, no ledge observed
Sample taken @ 80", Lab test indicates K3 permeability
Soil suitability classification I

Soil type at site per USDA Soil Survey of Morris County: *BbC & BaB*

es that this system is designed in accordance with NJAC 7:9A, et al and all
quirements. Regular maintenance is highly recommended, which includes
lids tank & inspection of baffles at an interval not to exceed two years for normal use.
arker shall be placed at the location of buried manhole covers at finished grade.
shall be indicated by portholes or manhole covers as shown on this drawing.
to be constructed as necessary to position cover within 6" of finished grade.
ve grade, watertight cast iron or steel cover shall be bolted or locked in place.
allon septic tank & pit(s) shall be pumped and backfilled. Metal septic tanks must be replaced.
ll be sized at 1250 gallons.
am from distribution box shall be sealed with a waterproof sealant.
of salt hay or filter fabric MIRAFI 140N or equivalent to be placed above crushed

ea shall be graded, seeded & stabilized to prevent topsoil erosion.
ds data based on survey dated September, 1983 by Richard Hudson, PLS, NJ Lic. 24627

esign Parameters:
sification I
ling - 5 bedrooms, 800 gallons per day per NJAC 7:9A-7.4(b)
type: Soil replacement bottom-lined disposal field, gravity distribution,
ic tank.
field bottom area: 800
ermeability, 4 BR residence: ~~600~~ gpd X 1.61 = 1288 sq. ft.
l field bottom area provided: 24' x 54' = 1296 sq. ft.
als: eight 51' long, 4" dia. perforated PVC, capped ends,
en laterals.

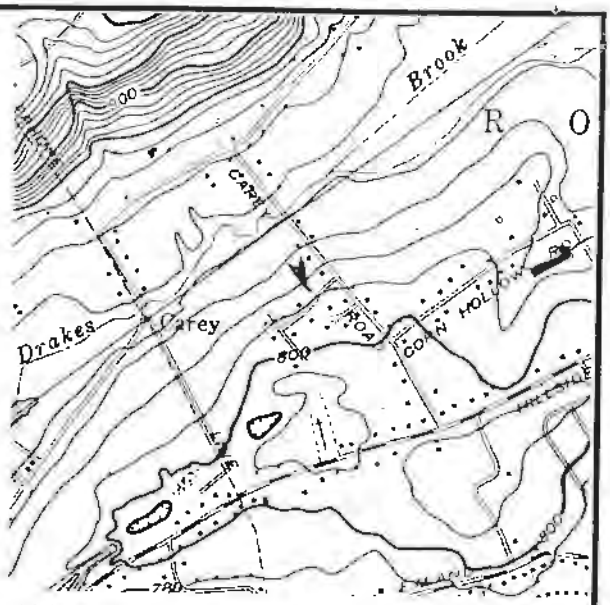
DEPARTMENT
Approved by
6/04

approved
s encountered
reported to
k and call.
inspections.

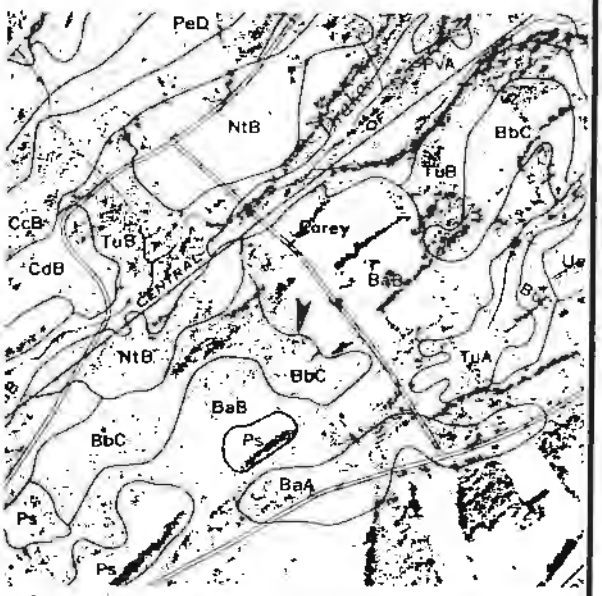
cted before

of system

uired



USGS Chester, NJ Quadrangle
Scale: 1:24 000



Soil Survey Map - Morris County SCD
Scale: 1:20 000

RECEIVED
DEC - 3 2004
ROXBURY TOWNSHIP
HEALTH DEPT.

SEPTIC SYSTEM DESIGN

Block 4303 Lot 6

1 DEER LANE, Succasunna
TOWNSHIP OF ROXBURY

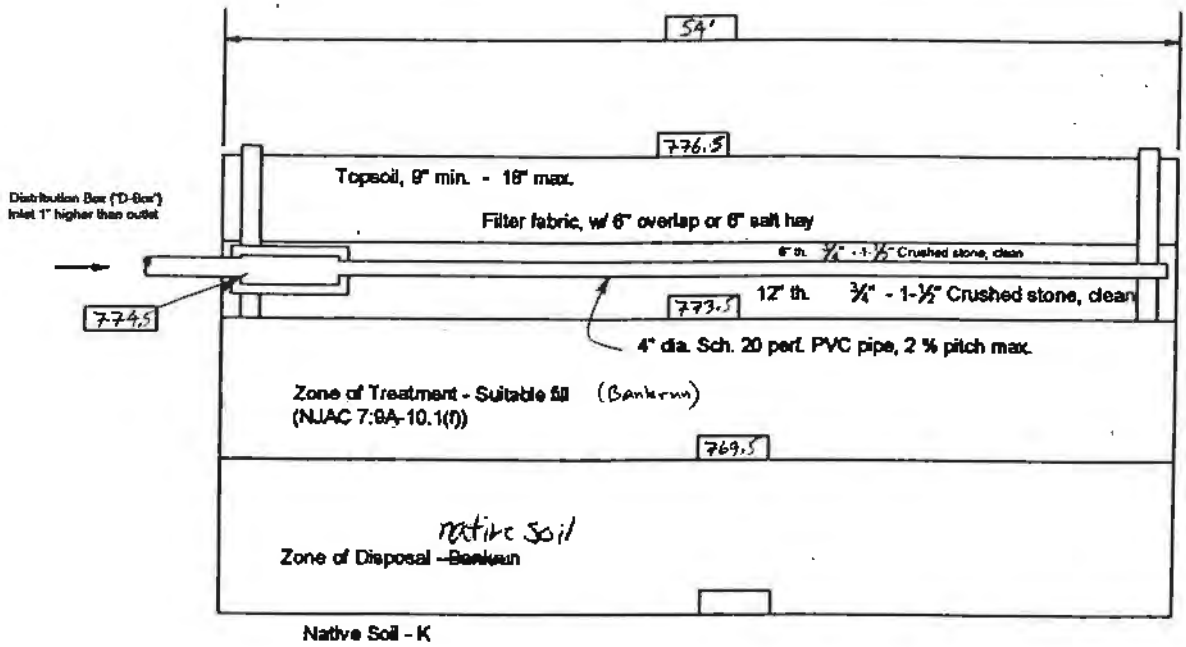
Morris County New Jersey

13 July 2004

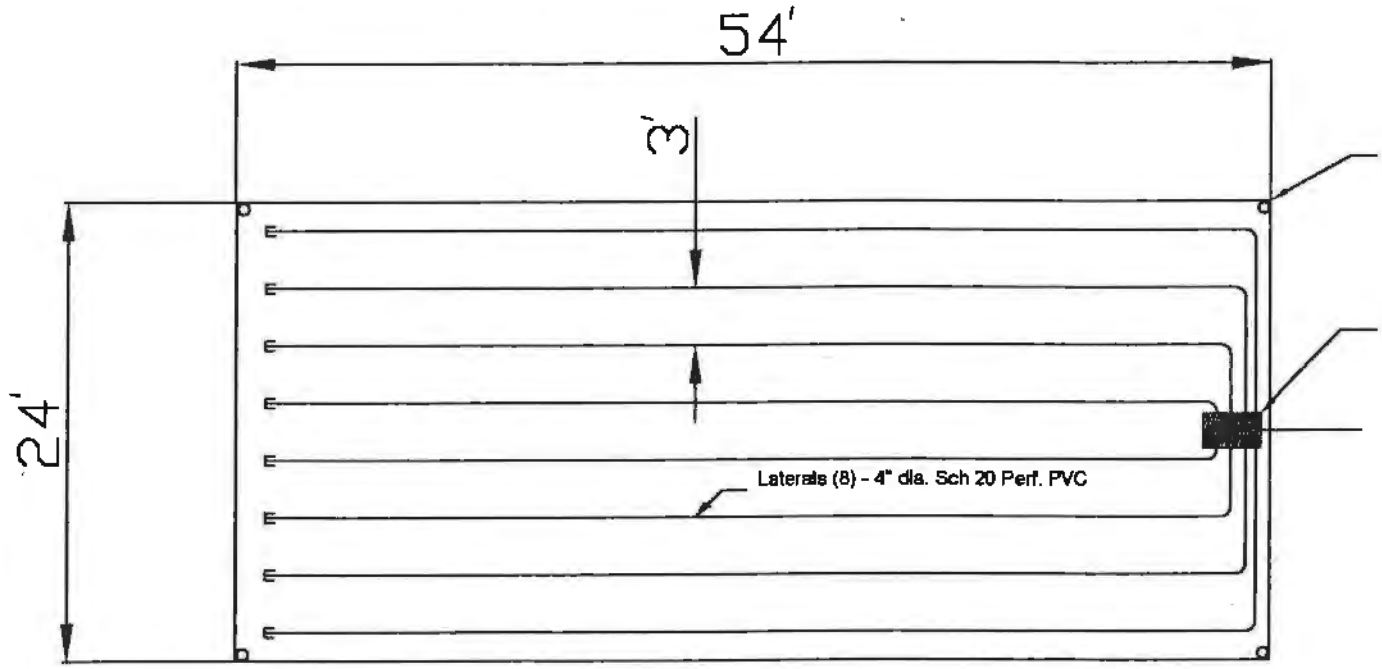
C. Scott Lyon, PE Date
Professional Engineer
New Jersey License No. 35752

LYON ENGINEERING
261 Berkshire Valley Road
Wharton, New Jersey 07885
lyonengineer@att.net
973-328-7499 Fax: 973-328-8952

Scale: AS SHOWN Dwg. No. 204142 Sh 1 of 2

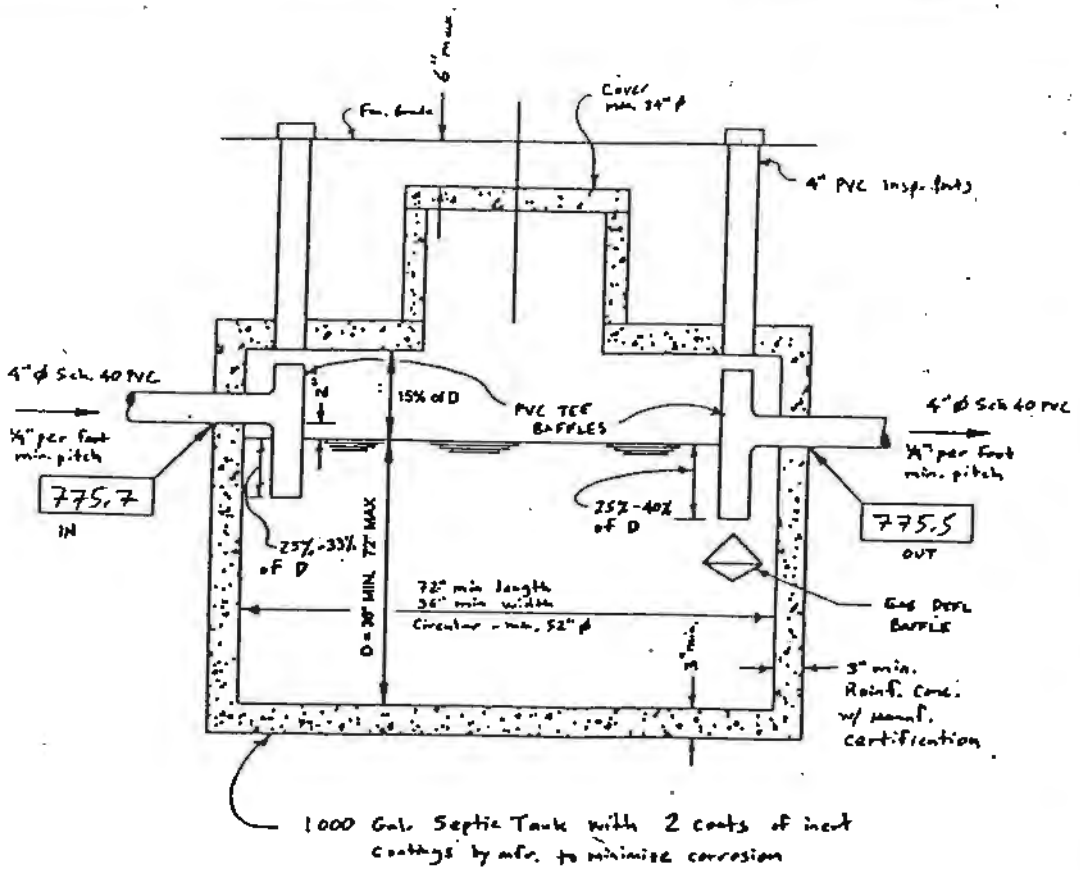


GRAVITY DISPOSAL FIELD - PROFILE
N.T.S.



DISPOSAL FIELD DETAIL

Scale: 1" = 10'



SEPTIC TANK SECTION

N.T.S.

nsp. Ports (4)

istr. Box

4" ϕ Sch 40 PVC
r. Septic Tank

SEPTIC SYSTEM DESIGN

Block 4303 Lot 6

1 DEER LANE, Succasunna

TOWNSHIP OF ROXBURY

Morris County New Jersey

13 Jul 2004

C. Scott Lyon, PE Date
Professional Engineer
New Jersey License No. 35752

LYON ENGINEERING
261 Berkshire Valley Road
Wharton, New Jersey 07885
lyonengineer@att.net
973-328-7499 Fax: 973-328-8952

Scale: AS SHOWN Dwg. No. 204142 Sh 2 of 2

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

REMINDER

September 22, 2021

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2015.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped. A fee of **$15.00** must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and pumping slip, or stop by the Health Department Monday-Friday, 9:00AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent to you.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

April 27, 2021

William & Theresa Haucks
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucks:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2015.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of **$15.00** must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and pumping slip, or stop by the Health Department Monday-Friday, 9:00AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent to you.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

REMINDER

August 27, 2020

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2015.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of **$15.00** must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, pumping slip and inspection report, or stop by the Health Department Monday-Friday, 9:00AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent to you.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

Township of Roxbury

Health Department
72 Eyland Avenue
Succasunna, NJ 07876
www.roxburynj.us

October 8, 2019

Information
973-448-2000

Building &
Construction
973-448-2009

Court
973-448-2034

Engineer
973-448-2018

Finance
973-448-2006

Fire Official
973-448-2012

Health
973-448-2028

Manager
973-448-2002

Mayor and
Council
973-448-2001

Police
973-448-2100

Planning
and Zoning
973-448-2008

Public Works
973-448-2069

Recreation
973-448-2015

Tax Assessor
973-448-2021

Tax Collector
and Utilities
973-448-2022

Technology
973-448-2099

Township Clerk
973-448-2001

Sewer Plant
973-584-5360

Water Plant
973-398-2818

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

On February 16, 2015, the license to operate the individual subsurface sewage disposal system expired. Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped. Individual sewage disposal systems have to be maintained and are function in conformance with the requirements of the Revised General Ordinances of the Township of Roxbury, Chapter 22, Article 4, Section 22-4.3 License to Operate.

A fee of $15.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee and the pumping slip or stop by the Health Department Monday-Friday, 9:00AM to 4:00PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions of if you have any reason why you cannot have your septic pumped, please contact this office at 973-448-2028.

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd
Enc.

Township of Roxbury

Health Department
72 Eyland Avenue
Succasunna, NJ 07876
www.roxburynj.us

Information
973-448-2000

Building &
Construction
973-448-2009

Court
973-448-2034

Engineer
973-448-2018

Finance
973-448-2006

Fire Official
973-448-2012

Health
973-448-2028

Manager
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Mayor and
Council
973-448-2001

Police
973-448-2100

Planning
and Zoning
973-448-2008

Public Works
973-448-2069

Recreation
973-448-2015

Tax Assessor
973-448-2021

Tax Collector
and Utilities
973-448-2022

Technology
973-448-2099

Township Clerk
973-448-2001

Sewer Plant
973-584-5360

Water Plant
973-398-2818

March 18, 2019

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

The license to operate the individual subsurface sewage disposal system has expired.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped. Individual sewage disposal systems have to be maintained and are function in conformance with the requirements of the Revised General Ordinances of the Township of Roxbury, Chapter 22, Article 4, Section 22-4.3 License to Operate.

A fee of $15.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee and the pumping slip or stop by the Health Department Monday-Friday, 9:00AM to 4:00PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or if you have any reason why you cannot have your septic pumped, please contact this office at 973-448-2028.

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd
Enc.

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

REMINDER

April 27, 2018

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system has expired.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

REMINDER

May 4, 2017

William & Theresa Haucke
1 Deer Lane
Succasunna. NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system has expired.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

FILE COPY

REMINDER

June 30, 2016

William & Theresa Haucks
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2014. You were give a one year extension to February, 2015.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

REMINDER

March 29, 2016

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2014. You were given a one year extension fo February, 2015.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT

72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

3/27/14
Per Abby
extended to
Feb
January 2015

March 26, 2014

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

On February 16, 2014, the license to operate the individual subsurface sewage disposal system expired.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. In lieu of proof of pumping, you may have the septic system inspected annually by a Licensed Health Officer, Licensed Professional Engineer or a Licensed Registered Environmental Health Specialist. A report must then be submitted to this office certifying that the system has been maintained and is functioning in conformance with the requirements of the Revised General Ordinances of the Township of Roxbury, Chapter 22, Article 4, Section 22-4.3 License to Operate.

A fee of **$50.00** must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, pumping slip and inspection report, or stop by the Health Department Monday-Friday, 9:00AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or if you have a reason why you cannot have your septic pumped, please contact this office at 973-448-2028 Ext. 6.

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM:bd
Encl.

1 Deer Lane

6 982

47.1/6

Application No.____

No. 1

BOARD OF HEALTH

TOWNSHIP OF ROXBURY
MORRIS COUNTY, N.J.

WATER SUPPLY SYSTEM

FEES

Filing of application and issuance of permit:	$2.00
Issuance of certificate of compliance as to installation of system:	$1.00
Reinspections of any installation failing to meet requirements and specifications:	$5.00

These forms are based upon provisions of:

The Realty Improvement Sewerage and Facilities Act (1954), P.L. 1954, Chapter 199, R.S. 58:11-23, et seq.;

Standards for the Construction of Water Supply Systems for Realty Improvements, Promulgated by the State Commissioner of Health, December 13, 1956 (herein referred to as the State Standards); and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Individual Water Supply Systems with the Township, and Providing Penalties for the violation thereof, adopted by the Board of Health on December 18, 1958 (herein referred to as the Township Ordinance).

Return completed application to sanitary inspector during office hours.

No. 2

APPLICATION

Date June 29, 1965

[x] Construction of new water supply system

[ ] Alteration or repair of existing system

Location of System
Street Address Deer Lane, Succasunna, N.J.
or
Tax Map Block Block # 1 Lot # 6

Name of Subdivision, if any

Owner of Property Pete Harrison, Inc.

Present Address Route # 10, Ledgewood, N.J.

Name of Contractor Pete Harrison, Inc.

Address Route # 10, Ledgewood, N.J.

1. TYPE OF BUILDING TO BE SERVED

(a) Dwelling
No. of bedrooms 3 Expansion attic: Yes__ No x

Use: Yearly x Summer

(b) Other then dwelling
Specify type of building

Use or uses of building

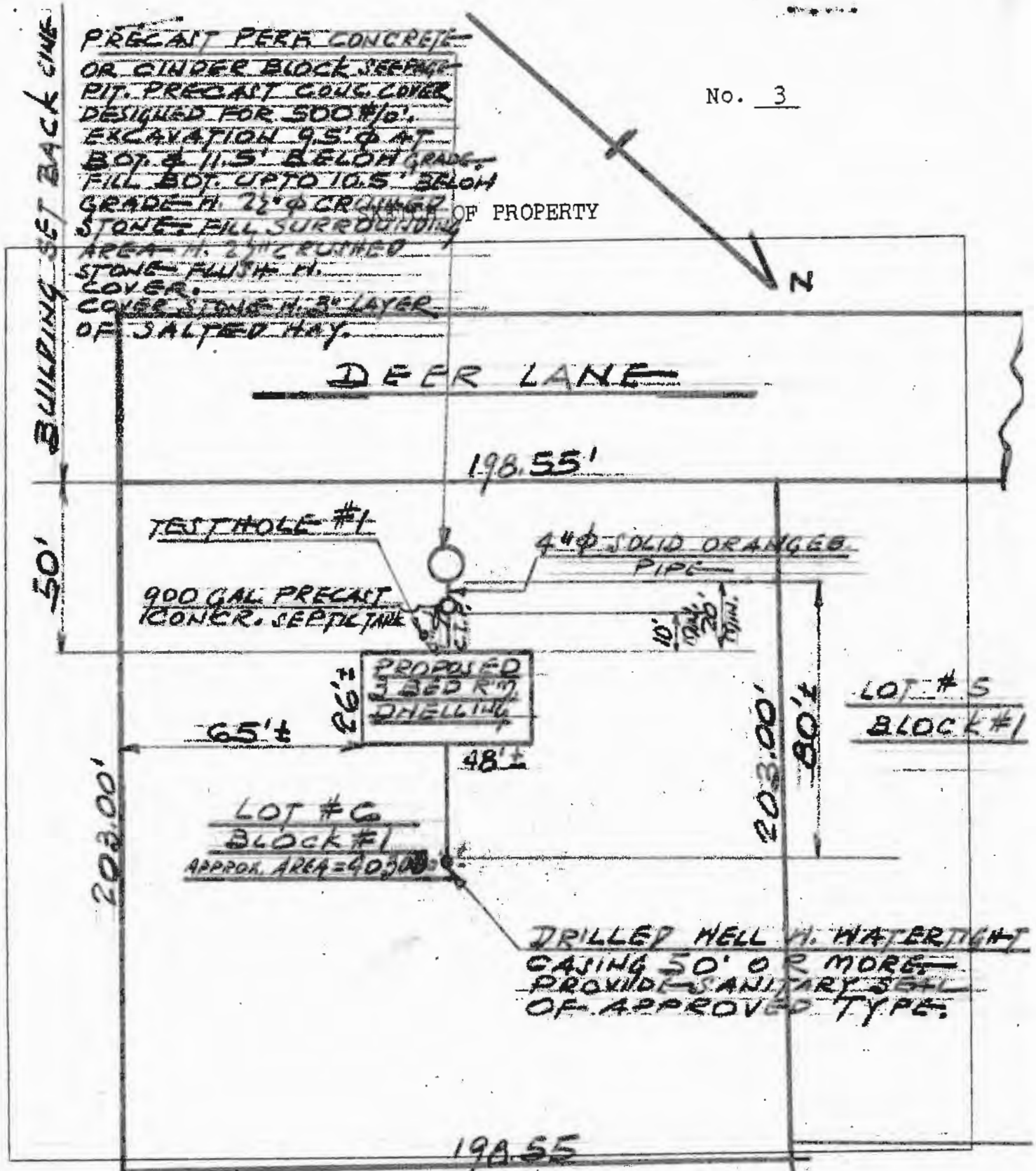
(c) Estimated total requirements per day computed in accordance with Section 2.2 of State Standards _____ gallons.

2. SKETCH OF PROPERTY TO BE SERVED
Insert on next page or attach to this application a sketch of the property to be served by the water supply system. The sketch shall show:

(a) Lot dimensions and square foot area:
(b) Location of proposed dwelling or building and all existing structures:
(c) Location of any existing or proposed sewage disposal system; and
(d) Location of proposed water supply system, including distances from dwelling or building, other structures, lot lines and any sewage disposal system. Refer to minimum distance table set forth in Section 3.2 of State Standards.

No. 3

SKETCH OF PROPERTY



Check Requirements under 2 on previous page.

Indicate direction North and indicate adjoining streets and properties.

No. 4

3. DESCRIPTION OF THE PROPOSED WATER SUPPLY SYSTEM

(a) Type of well or source of water supply (see Sections 4 and 5 of State Standards).

Drilled x Driven ____ Spring ____ Surface ____

Other ____

(b) Estimated depth of well 50 feet or more

(c) Method of sealing (see Section 4 of State Standards)

Waterproof casing 50 ft or more and sanitary seal of approved type.

(d) Description of pumping equipment (see Section 6 of State Standards) Deep well - Fairbanks Morse pump .

The equipment used with the pump shall be in accordance with the pump manufacturer's recommendations as to type , size and kind.

(e) Description of storage facilities

30 Gal. tank with min. pressure of 40 # / sq. in.

(f) Description of purification facilities, if required

Not required

NOTE: Whenever application is made for certification for a water supply system to serve 11 or more realty improvements or whenever the property to be served does not front upon an existing "street", as that term is defined in Section 2 of the Municipal Planning Enabling Act of 1953, additional information must be furnished as provided in Section 7 of the State Standards.

No. 5

CERTIFICATION OF LICENSED PROFESSIONAL ENGINEER

This is to certify that the undersigned, a professional engineer licensed in the State of New Jersey, has prepared or examined the within application and accompanying engineering data, if any, 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.;

Standards for the Construction of Water Supply Systems for Realty Improvements, Promulgated by the State Commissioner of Health, December 13, 1956, and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Water Supply Systems within the Township, and Providing Penalties for the Violation thereof, adopted by the Board of Health on December 18, 1958.

Date: May 14, 1965

Signature Ilmar Aasmaa

(SEAL)

NAME PRINTED Ilmar Aasmaa

Adress 151 Route # 10, Succasunna, N.J.

Professional Engineer's License No 10814

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

FILE COPY

REMINDER

September 28, 2015

William & Theresa Haucks
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2015. You were given a one year extension from February 16, 2014.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT

72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

REMINDER

File copy

July 9, 2015

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Hauke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2015. You were given a one year extension from February 16, 2014.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028 X-6.

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

FILE COPY

REMINDER

May 12, 2015

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

This letter is to remind you that the license to operate your individual subsurface sewage disposal system expired on February 16, 2016.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. A fee of $50.00 must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee, and the pumping slip, or stop by the Health Department, Monday-Friday, 9:00 AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or **if there is a reason why you cannot have your septic pumped**, please contact this office at 973-448-2028 X-6.

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM/bd

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

February 23, 2015

William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Re: Individual Sewage Disposal System License to Operate Renewal
Block 4303 Lot 6

Dear Mr. & Mrs. Haucke:

On February 16, 2015, the license to operate the individual subsurface sewage disposal system expired. You were given a one year extension from February 16, 2014.

Prior to this office issuing the renewal, you must submit proof that the septic tank was pumped during the last three years. Individual sewage disposal systems have to be maintained and is functioning in conformance with the requirements of the Revised General Ordinances of the Township of Roxbury, Chapter 22, Article 4, Section 22-4.3 License to Operate.

A fee of **$50.00** must be submitted with the necessary documentation of proof of maintenance when licensing for three years. You may either mail the renewal fee and the pumping slip or stop by the Health Department Monday-Friday, 9:00AM to 4:00 PM, to renew your license to operate. A septic system maintenance manual will be sent upon request.

If you have any questions or if you have a reason why you cannot have your septic pumped, for example, inclement weather, etc., please contact this office at 973-448-2028

Very truly yours,

Abigail M. Montgomery
Sr. Registered Environmental
Health Specialist

AMM:bd
Encl.

B-5262
12-20-04

COUNTY/MUNICIPALITY... Morris/Township of Roxbury, NJ

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/No Expansion or Change of Use
___Alteration/Expansion or Change in Use _X_ Alteration/Malfunctioning System ___Deviation from Standards ___Repairs to Existing System

2. Location of Project:

Municipality... **Roxbury Twp** Block No. **4303** Lot No. **6**

3. Name of Applicant: **John & Barbara Donagher**

4. Applicant's Present Address: **1 Deer Lane, Succasunna Roxbury Twp, NJ**

5. Applicant's Phone Number: [redacted] REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

6. Type of Facility:
__X__ Residential
___ Commercial/Institutional

7. Types of Waste to be Discharged:
__X__ Sanitary Sewage
___ Industrial Wastes
___ Other - Specify Type.....

8. Other Approvals/Certifications/Waivers/Exemptions:
___ Pinelands Commission
___ US Army Corps of Engineers
___ NJDEP-Bureau of Flood Plain Management
___ Other-Specify.....
__X__ none

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 Agent for Chas Stilly Date 14 July 2004

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 12/20/04 Signature of Authorized Agent Michelle D. Schetter

Name and Title Michelle D. Schetter, REHS

COUNTY/MUNICIPALITY... Morris/Township of Roxbury, NJ

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

Form 2a - General Site Evaluation Data

1. Name of Site Evaluator: **C. Scott Lyon, PE**

2. Business address of Site Evaluator: **261 Berkshire Valley Road**
Wharton, NJ 07885-1001

3. Business Phone Number of Site Evaluator: **973-328-7499**

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.....

7. Hydraulic Head Test: **N/A**

8. Attachments (Check items included):
__X__ Site Plan
__X__ Key Map Showing Location of Site on USGS Quadrangle 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 (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-8.

Signature of Soil Evaluator _____ Date 14 July 2004

CHARLES SCOTT LYON, PE
New Jersey License No. 35752

COUNTY/MUNICIPALITY... Morris/Township of Roxbury, NJ

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

Form 2b - Soil Log and Interpretation

1. Log Number...1... Method (Check One): X Profile Pit ___ Boring

2. Soil Log:

Depth (inches) Top-Bottom	Munsell Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size & Contrast, If Present
Soil Log - 24 June 2004:	
Test Hole No. 1	
0" - 8"	Topsoil, 10YR 3/3
8" - 50"	Silty clay loam, 10YR 4/6, 5% gravel, 5% cobbles, 5% stone, subangular blocky, moist friable, no mottling
50" - 115"	Sandy clay loam, 10YR 4/8, 5% gravel, 5% cobbles, 5% stone, angular blocky, moist friable, no mottling
115" - 128"	Loamy sand, 10YR 6/4, 2% gravel, 2% cobbles, 2% stone, angular blocky, moist friable, no mottling
Comments:	No seepage observed, no ledge observed Sample taken @ 80", Lab test indicates K3 permeability Soil suitability classification I
	Soil type at site per USDA Soil Survey of Morris County: *BbC & BaB*

3. Ground Water Observations:
   ___ Seepage - Indicate depth....
   ___ 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....
   ___ 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-8.

Signature of Soil Evaluator Chas Scott Lyon Date 14 July 2004

CHARLES SCOTT LYON, PE
New Jersey License No. 35752

COUNTY/MUNICIPALITY... Morris/Township of Roxbury, NJ

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

Form 4 - General Design Data

1. Volume of Sanitary Sewage, gal. 800
   x Residential: No. of Dwelling units 1 Total No. of bedrooms 5
   ___ Commercial/Industrial--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/Change of use
   ___ Upgrade Existing Facilities
   X Correct Malfunctioning system
   ___ Other--Specify_____
   b) Describe nature of Alteration or Repairs: **Construct new septic system.**

3. System Components:
   a) Grease trap Capacity, gallons:____
      Show calculation used:_____
   b) Septic Tank Capacities, gallons: 1250 First(single)compartment 1250
      ___Second compartment___ ___Third compartment___
   c) Effluent distribution:
      Method: X Gravity flow ___Gravity dosing ___Pressure dosing
      Dosing device: ___Pump ___Siphon
   d) Dosing Tank Capacities, gallons: Total capacity___
      Dose volume___ Reserve Capacity___
   e) Laterals: Number 8 Total length 408' Pipe size 4" Spacing 3'
   f) Connecting Pipe: Size 4" Length 10'
   g) Manifold: Size__ Length__
   h) Disposal Field: Type of installation SRB
      Design Permeability (Percolation Rate) K4
      Trenches: Width___Total Length___ Bed: Area 1296 sf
   i) Seepage Pits: Design Percolation Rate_____
      Number of Pits___ Total Percolation 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 & interceptor drains
   ___Pump performance curve
   ___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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-8.

Signature of Professional Engineer Chl Scott Lyon Date 14 July 2004

CHARLES SCOTT LYON, PE
New Jersey License No. 35752

MORRIS COUNTY/ROXBURY TOWNSHIP

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

Form 3c. Soil Permeability Class Rating Data — Block No. 4303 Lot No. 6

1. Test Number 1A — Replicate Letter 1B

2. Sample Depth 80" — Soil Pit/Boring Number #1
   Date Collected 6/25/04

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 374.6
   Weight of Material Retained on 2 mm sieve, W.C.F., g 68.5
   Wt. % Coarse Fragment (W.C.F./W.T. x 100) 18.3

4. Oven Dry Weight (24 hours, 105 C) of 40 Gram Air Dry Sample, grams, Wt 39.2

5. Hydrometer Calibration, Rc 5.5

6. Hydrometer Reading - 40 seconds, grams, R1 22.0
   Temperature of Suspension, degrees F. 62.0

7. Corrected Hydrometer Reading, grams, R1' 15.3

8. Hydrometer Reading - 2 hours, grams, R2 12.5
   Temperature of Suspension, degrees F. 62.0

9. Corrected Hydrometer Reading, grams, R2' 5.8

10. % sand = (Wt. - R1')/Wt. X 100 =
    (39.2 - 15.3) / 39.2 x 100 = 61.0

11. % clay = R2'/Wt. X 10 =
    (5.8 / 39.2 x 100 =) 14.8

12. Sieve Analysis
    a. Oven Dry Wt. (2 hrs., 105 degrees Celsius) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams 26.4
    b. Wt. Of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 9.4
    c. % Fine Plus Very Fine Sand (b/a) 35.6 percent = ffs

13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested: Angular Blocky
    Consistence of Soil Horizon Tested: Moist & Friable

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples):
    K 3

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 Peter W. Schmieder Date: 7/1/04

Signature of Professional Engineer Peter W. Schmieder

License #GE26056 Soil Analysis Center, Inc., 361 West Dewey Avenue, P. O. Box 588, Wharton, NJ 07885-0588

MORRIS COUNTY/ROXBURY TOWNSHIP

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

Form 3c. Soil Permeability Class Rating Data — Block No. 4303 Lot No. 6

1. Test Number 1B — Replicate Letter 1A

2. Sample Depth 80" — Soil Pit/Boring Number #1
   Date Collected 8/25/04

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 372.8
   Weight of Material Retained on 2 mm sieve, W.C.F., g 61.9
   Wt. % Coarse Fragment (W.C.F./W.T. x 100) 16.6

4. Oven Dry Weight (24 hours, 105 C) of 40 Gram Air Dry Sample, grams, Wt 39.2

5. Hydrometer Calibration, Rc 5.5

6. Hydrometer Reading - 40 seconds, grams, R1 22.0
   Temperature of Suspension, degrees F. 62.0

7. Corrected Hydrometer Reading, grams, R1' 15.3

8. Hydrometer Reading - 2 hours, grams, R2 12.5
   Temperature of Suspension, degrees F. 62.0

9. Corrected Hydrometer Reading, grams, R2' 5.8

10. % sand = (Wt. - R1')/Wt. X 100 =
    (39.2 - 15.3)/ 39.2 x100 = 61.0

11. % clay = R2'/Wt. X 10 =
    5.8 / 39.2 x 100 = 14.8

12. Sieve Analysis
    a. Oven Dry Wt. (2 hrs., 105 degrees Celsius) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams 26.4
    b. Wt. Of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 9.5
    c. % Fine Plus Very Fine Sand (b/a) 36.0 percent = ffs

13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested: Angular Blocky
    Consistence of Soil Horizon Tested: Moist & Friable

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples):
    K 3

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 Peter W Schneider Date: 7/1/04

Signature of Professional Engineer Peter W. Schneider
License #GE26056 Soil Analysis Center, Inc., 361 West Dewey Avenue, P. O. Box 588, Wharton, NJ 07885-0588

ROXBURY TOWNSHIP HEALTH DEPARTMENT

SDS INSPECTION REPORT

Date 6-24-09 Street 1 Deer Lane Succasunna Inspector [illegible]

Owner Barbara Donnelly [redacted] Address 1 Deer Lane

Contractor Action Septic Phone 973-584-0616 Block 4303 Lot 16

Engineer Scott Lyons Phone _____ ( ) New System (X) Repair

(X) TEST HOLE INSPECTION

Use separate soil log form. Note soil texture, color, mottles and limiting zones, as per NJAC 7:9A-5.3

X Soil log

( ) SITE INSPECTION

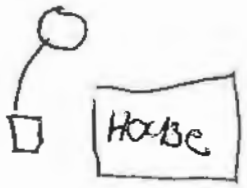
Lot Size _____

Slope in Disp. Area _____

Permanent Reference Point

_____Type:

_____Location Certified by:



Sketch showing location of test holes, wells and prominent surface features:

( ) PRE-FILL INSPECTION	BED - TRENCH - PIT	( ) Approved	( ) Failed
( ) EXCAVATION INSPECTION	BED - TRENCH - PIT	( ) Approved	( ) Failed
( ) FILL INSPECTION	BED - TRENCH - PIT	( ) Approved	( ) Failed
( ) FINAL INSPECTION	BED - TRENCH - PIT	( ) Approved	( ) Failed
( ) MALFUNCTION INSPECTION ( ) Consultation ( ) Complaint Complainant:		( ) Dye placed in system ( ) Dye test check + or -	
( ) OTHER SDS INSPECTION:			

REMARKS:

Roxbury Township Health Department

72 Eyland Avenue
Succasunna, NJ 07876
(973) 448-2028
Fax 252-6079

Date: 4/24/24 Street 1 Deer Lane Block 4303 Lot 6

Owner/Applicant Barbara Dougher Phone REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

Address 1 Deer Lane Succasunna

Soil Log # 1 ( ) New System (X) Repair Inspector MX Smith

Engineer Scott Lyon Phone _____

Action - 9'15" x 6' - 5'6"

Top Soil Thickness 0-8" Color 10YR3/3

1. **Depth** 36" Thickness _____	1. **Depth** 115" Thickness _____
2. **Color** 10 YR 4/6	2. **Color** 10 YR 4/4
3. **Soil Texture Class** clay ___ sandy clay ___ silty clay ___ silt ___ sandy clay loam ___ silty clay loam X clay loam ___ sandy loam ___ loam ___ silt loam ___ sand ___ loamy sand ___	3. **Soil Texture Class** clay ___ sandy clay ___ silty clay ___ silt ___ sandy clay loam V silty clay loam ___ clay loam ___ sandy loam ___ loam ___ silt loam ___ sand ___ loamy sand ___
4. **% by volume of course fragments** _____ gravel 5 cobble 5 stone 5 sand ___	4. **% by volume of course fragments** _____ gravel 5 cobble 5 stone 5 sand ___
5. **Mottling** – depth: from — to _____ abundance / size / contrast few ___ / fine ___ / faint ___ common ___ / medium ___ / distinct ___ many ___ / coarse ___ / prominent ___	5. **Mottling** – depth: from — to _____ abundance / size / contrast few ___ / fine ___ / faint ___ common ___ / medium ___ / distinct ___ many ___ / coarse ___ / prominent ___
6. **Soil Structure** spheroidal ___ platy ___ subangular blocky X massive ___ angular blocky ___ single grain ___ prismatic ___	6. **Soil Structure** spheroidal ___ platy ___ subangular blocky ___ massive ___ angular blocky X single grain ___ prismatic ___
7. **Soil Consistence** **dry soil condition** / **wet soil condition** loose ___ / loose ___ soft ___ / friable X slightly hard ___ / firm ___ hard ___ / very firm ___ very hard ___ / extremely firm ___ cemented: yes ___ no ___	7. **Soil Consistence** **dry soil condition** / **wet soil condition** loose ___ / loose ___ soft ___ / friable X slightly hard ___ / firm ___ hard ___ / very firm ___ very hard ___ / extremely firm ___ cemented: yes ___ no ___

LYON ENGINEERING
10 STONE COTTAGE LANE
WHARTON, NEW JERSEY 07885-1001

WALTER W. LYON, JR., PE & LS
C. SCOTT LYON, PE

973-328-7499
FAX: 973-328-8952
EMAIL: LYONENGINEER@ATT.NET

January 13, 2005

Roxbury Health Department
72 Eyland Avenue
Succasunna, NJ 07876

Via Fax to: 973-252-6079

ATTN: Matthew Zachok - Environmental Health Specialist

Re: Block 4303, Lot 6 - 1 Deer Lane, Roxbury Township
Septic System Design – Lyon Engineering Drawing No. 204142

Dear Mr. Zachok:

I received word today, regarding your concern of the condition of the crushed stone used by Peach Brothers Septic during the installation of subject septic system. I returned to the site today to inspect the system and in particular, evaluate the crushed stone.

I did note the presence of a small amount sandy soil within roughly one third of the exposed crushed stone area, however, the amount observed appears marginal, and does not appear sufficient to cause any concern relative to operation of the system.

I hereby certify that the aforementioned crushed stone, which is presently in-place is acceptable for use in a septic system, with regard to degree of cleanliness as well as aggregate size.

If you have any further questions, please let me know.

Sincerely,

C. Scott Lyon, PE
New Jersey License No 35752

Cc: Peach Brothers Septic Service

ROXBURY TOWNSHIP HEALTH DEPARTMENT

SDS INSPECTION REPORT

Date 1/4/05 Street 1 Deerlane Inspector A. Montgomery

Owner John + Barbara Donaj [redacted] Address 1 Deerlane, Succasunna

Contractor Peach Bros Phone 584-4343 Block 4303 Lot 6

Engineer Scott Lyon Phone 973-328-7499 ( ) New System (X) Repair

( ) TEST HOLE INSPECTION

Use separate soil log form. Note soil texture, color, mottles and limiting zones, as per NJAC 7:9A-5.3

( ) SITE INSPECTION

Lot Size_____

Slope in Disp. Area_____

Permanent Reference Point

_____Type:

_____Location Certified by:

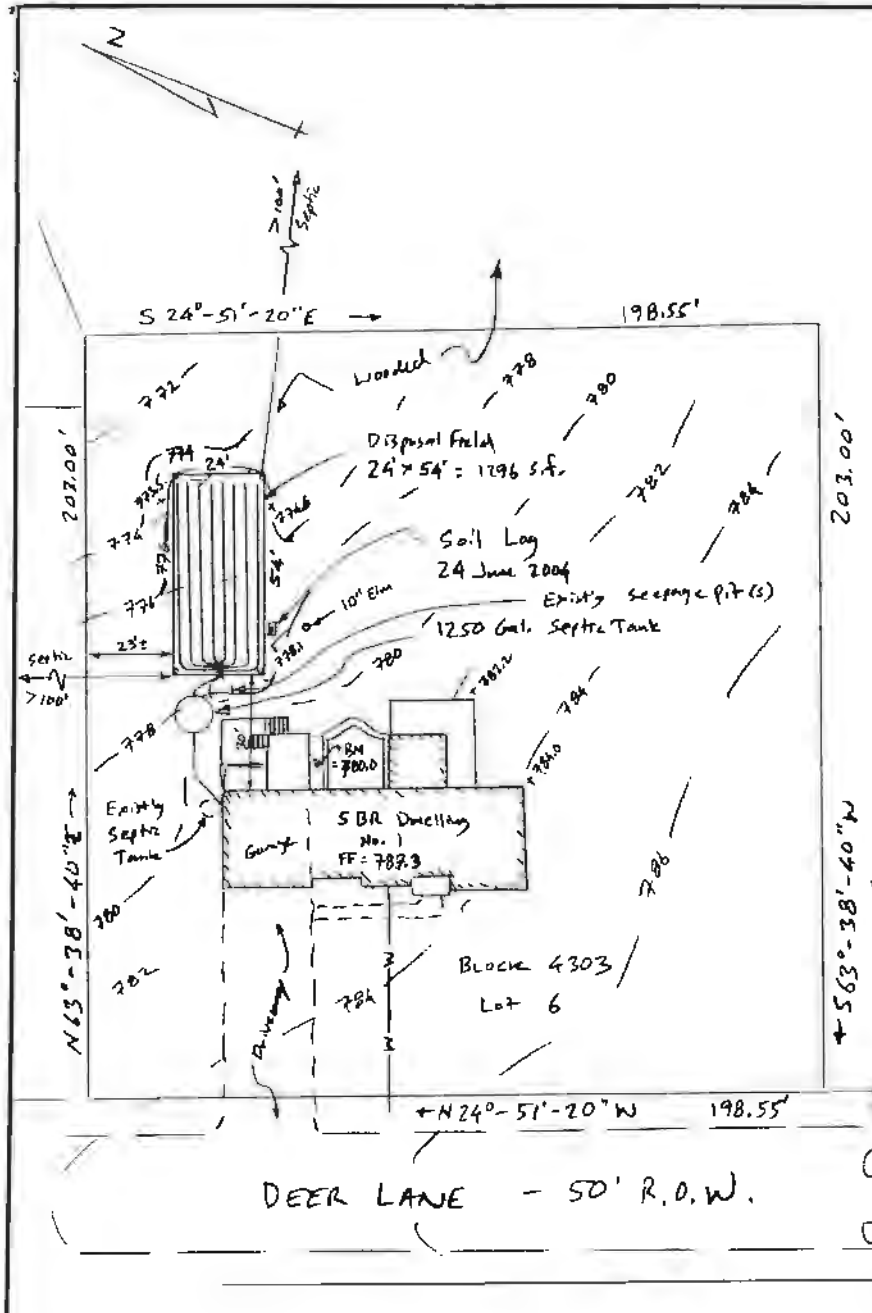
Sketch showing location of test holes, wells and prominent surface features:

( ) PRE-FILL INSPECTION	BED - TRENCH - PIT	( ) Approved	( ) Failed
(X) EXCAVATION INSPECTION	(BED) - TRENCH - PIT	(X) Approved 1/4/05	( ) Failed
(X) FILL INSPECTION	(BED) - TRENCH - PIT	(X) Approved 1/7/05	( ) Failed
(X) FINAL INSPECTION	(BED) - TRENCH - PIT	(X) Approved 1/13/05	( ) Failed
( ) MALFUNCTION INSPECTION			( ) Dye placed in system
( ) Consultation ( ) Complaint Complainant:			( ) Dye test check + or -
( ) OTHER SDS INSPECTION:			

REMARKS:

* 1/13/05 – MZ – Stone is dirty, require a cert from eng.
– Received cert from eng.

#1 (OCT.90)



SITE PLAN

Scale: 1" = 40'

Soil Log - 24 June 2004:

Test Hole No. 1

0" - 8"	Topsoil, 10YR 3/3
8" - 50"	Silty clay loam, 10YR 4/6, 5% gravel, 5% cobbles, 5% stone, subangular blocky, moist friable, no mottling
50" - 115"	Sandy clay loam, 10YR 4/6, 5% gravel, 5% cobbles, 5% stone, angular blocky, moist friable, no mottling
115" - 128"	Loamy sand, 10YR 6/4, 2% gravel, 2% cobbles, 2% stone, angular blocky, moist friable, no mottling

Comments: No seepage observed, no ledge observed
Sample taken @ 80", Lab test indicates K3 permeability
Soil suitability classification I

Soil type at site per USDA Soil Survey of Morris County: BbC & BaB

Notes:

1. Engineer certifies that this system is designed in accordance with NJAC 7:9A, et al and all applicable local requirements. Regular maintenance is highly recommended, which includes pumping of the solids tank & inspection of baffles at an interval not to exceed two years for normal use.
2. A permanent marker shall be placed at the location of buried manhole covers at finished grade. Other components shall be indicated by portholes or manhole covers as shown on this drawing.
3. Manhole risers to be constructed as necessary to position cover within 6" of finished grade. If flush with or above grade, watertight cast iron or steel cover shall be bolted or locked in place.
4. Existing 1000 gallon septic tank & pit(s) shall be pumped and backfilled. Metal septic tanks must be replaced.
5. Solids tank shall be sized at 1250 gallons.
6. All joints upstream from distribution box shall be sealed with a waterproof sealant.
7. Either 6" layer of salt hay or filter fabric MIRAFI 140N or equivalent to be placed above crushed stone as shown.
9. All disturbed area shall be graded, seeded & stabilized to prevent topsoil erosion.
10. Metes & Bounds data based on survey dated September, 1983 by Richard Hudson, PLS, NJ Lic. 24627

Septic System Design Parameters:

Soil suitability classification I
Single-family dwelling - 5 bedrooms, 800 gallons per day per NJAC 7:9A-7.4(b)
Proposed system type: Soil replacement bottom-lined disposal field, gravity distribution, 1250 gallon septic tank.
Required disposal field bottom area: 800
for K4 permeability, 4 BR residence: 800 gpd X 1.61 = 1288 sq. ft.
Proposed disposal field bottom area provided: 24' x 54' = 1296 sq. ft.
Disposal field laterals: eight 51' long, 4" dia. perforated PVC, capped ends, 3' spacing between laterals.

ROXBURY TOWNSHIP HEALTH DEPARTMENT
Sewage Disposal System Design Approved by
Michael Schetter on 10/26/04
Requirements:

Any change in design must be approved before construction. Problems encountered during construction must be reported to Health Department. Stop work and call. 24 hours notice required for inspections. Call 700 448-2028.

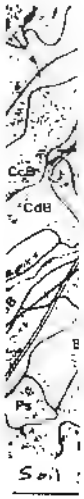
- [X] Excavations must be inspected before construction continues
- [X] Do not backfill any part of system until it has been inspected.
- [X] Standard inspections required
- [ ]

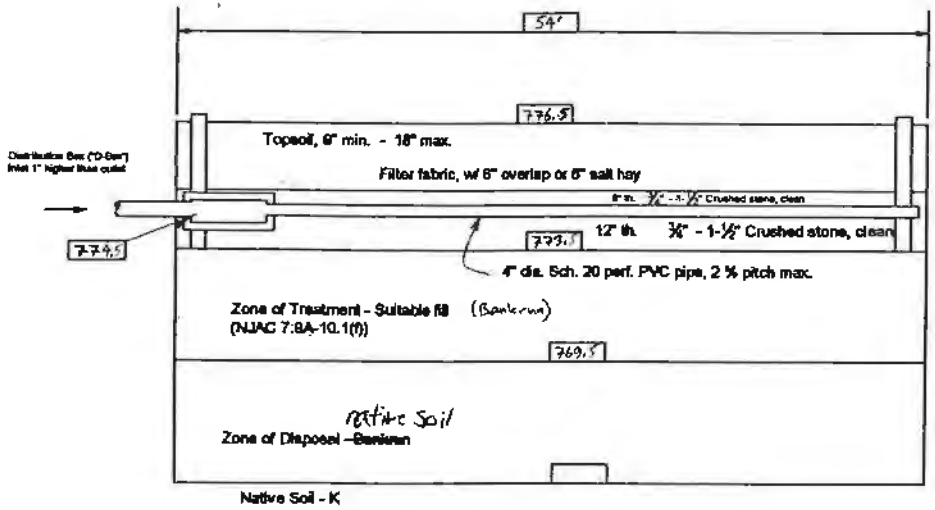
RECEIVED
DEC - 3 2004
ROXBURY TOWNSHIP HEALTH DEPT.

C. Scott Lyon, PE — 13 July 2004 — Date
Professional Engineer
New Jersey License No. 35752

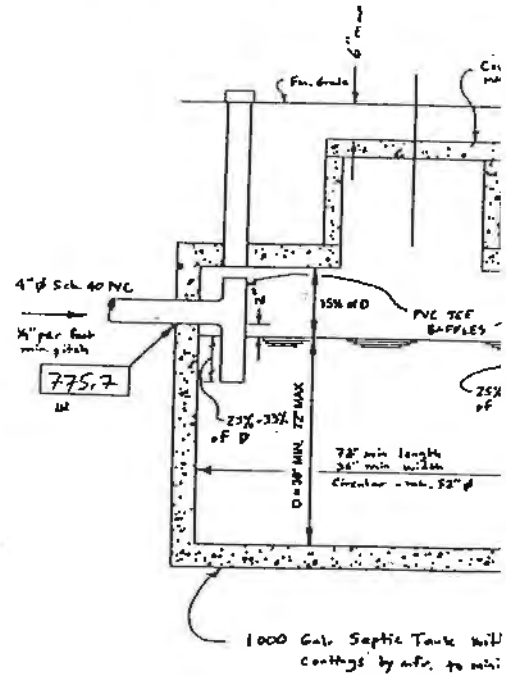
SEPTI
Block 4303
TOWI
Morris County

LYON
261 B
Wharto
973-328-7499
Scale: AS SHOWN

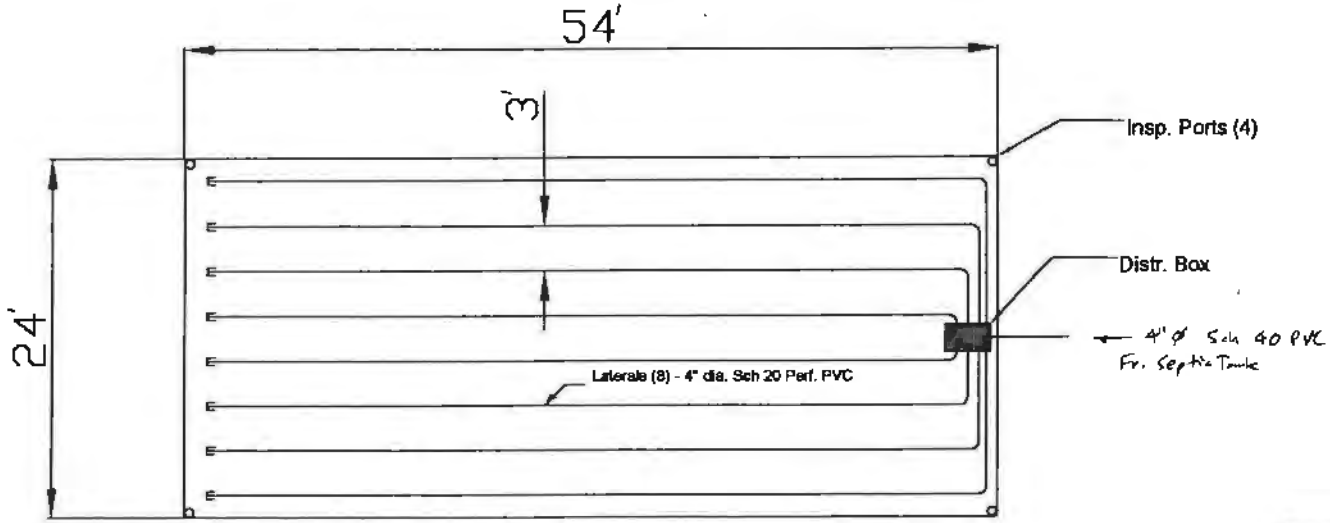




GRAVITY DISPOSAL FIELD - PROFILE
N.T.S.



SEPTIC TANK SECTI
N.T.S.



DISPOSAL FIELD DETAIL

Scale: 1" = 10'

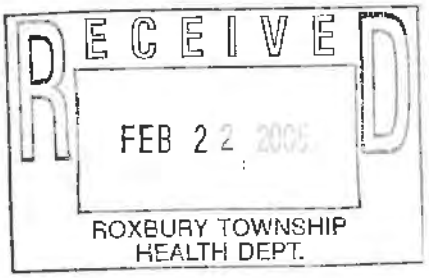
SEPT
Block 4303
TOW
Morris County

C. Scott Lyon, PE
Professional Engineer
New Jersey License No. 35752
13 Jul 2004
Date

LYON
261 E
Wharf
973-328-7499
Scale: AS SHOWN

COUNTY/MUNICIPALITY...Morris/Township of Roxbury, NJ

SEPTIC OPERATOR'S CERTIFICATE OF COMPLIANCE
Township of Roxbury, NJ



Part A - General Information

1. Permitted Activities (Check applicable categories):

___New Construction
_X_Alteration/No Expansion or Change of Use
___Alteration/Expansion or Change in Use
_X_Alteration/Malfunctioning System
___Deviation from Standards
___Repairs to Existing System

2. Location of Project:

Municipality...**Roxbury Township**.....Block No...**4303**...Lot No. **6**

3. Name of Applicant: **Barbara Donagher**

4. Applicant's Present Address: **1 Deer Lane**
Roxbury Twp, NJ

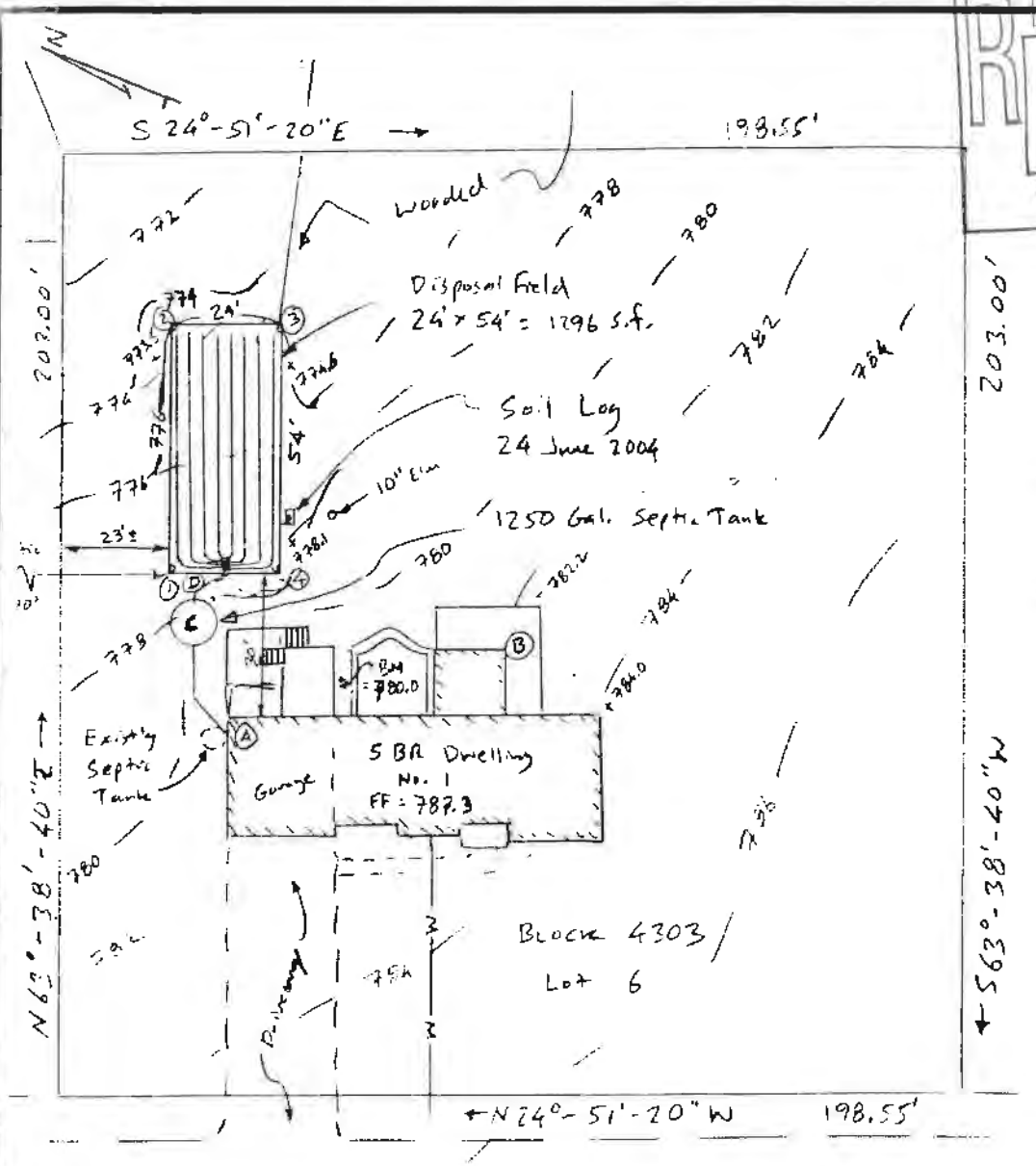
5. Applicant's Phone Number:

Part B - Professional Engineer's 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 NJAC 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.

I further certify that the floats were properly installed inside the dosing pump tank and were set to provide the correct dose volume as shown on the approved design.

Signature of Professional Engineer Chl Sctt Lyon Date 25 Jan 2005
CHARLES SCOTT LYON, PE
New Jersey License No. 35752



SEPTIC TANK	
A - C	22'
B - C	67'

Dr Box	
A - D	34'
B - D	63'

DISPOSAL FIELD			
A - 1	34'	A - 3	86'
B - 1	74'	B - 3	85'
A - 2	86'	A - 4	33'
B - 2	102'	B - 4	52'

AS-BUILT

ENGINEER'S CERTIFICATION:

I hereby certify that this system has been located, constructed & and installed in compliance with the requirements of NJAC 7:9A-1 et seq and as shown on this design.

25 Jan 2005

C. Scott Lyon, PE — Date

Professional Engineer - New Jersey License No. 35762

SEPTIC SYSTEM DESIGN

1 Deer Lane
Township of Roxbury
Morris County, New Jersey

Block 4303 — Lot 6

LYON ENGINEERING
10 Stone Cottage Lane
Wharton, New Jersey 07885

Scale: NTS — Dwg No. 204142, Sh 2

6981

1 Deer Lane

Application No.___ 47.1/4

No. 1

BOARD OF HEALTH

TOWNSHIP OF ROXBURY
MORRIS COUNTY, N.J.

INDIVIDUAL SEWAGE DISPOSAL SYSTEM

FEES

Filing of application and issuance of permit:	$2.00
Issuance of certificate of compliance as to installation of system:	$1.00
Reinspections of any installation failing to meet requirements and specifications:	$5.00

These forms are based upon provisions of:

The Realty Improvement Sewerage and Facilities Act (1954) P.L. 1954, Chapter 199, R.S. 58:11-23, et seq.;

Standards for the Construction of Sewerage Facilities for Realty Improvements, Promulgated by the State Commissioner of Health, December 7, 1954 (herein referred to as the State Standards); and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Individual Water Supply Systems with the Township, and Providing Penalties for the violation thereof, adopted by the Board of Health on December 18, 1958 (herein referred to as the Township Ordinance).

Return completed application to sanitary inspector during office hours.

APPLICATION No. 2

Date June 29, 1965

[x] Construction of new sewage disposal system

[ ] Alteration or repair of existing system

Location of System

Street Address Deer Lane, Succasunn, N.J.

or

Tax Map Block Block # 1 Lot # 6

Name of Subdivision, if any Harrison Estates

Owner of Property Pete Harrison, Inc.

Present Address Route # 10, Ledgewood, N.J.

Name of Contractor Pete Harrison, Inc.

Address Route # 10, Ledgewood, N.J.

1. TYPE OF BUILDING TO BE SERVED

(a) Dwelling

No. of bedrooms 3 Expansion attic: Yes__ No x

Use: Yearly x Summer_____ Garbage Grinder: Yes__ No x

(b) Other than dwelling
Specify type of building_____

Use or uses of building_____

(c) Estimated total sewage flow per day computed in accorance with Section 2.2 of State Standards_____gallons.

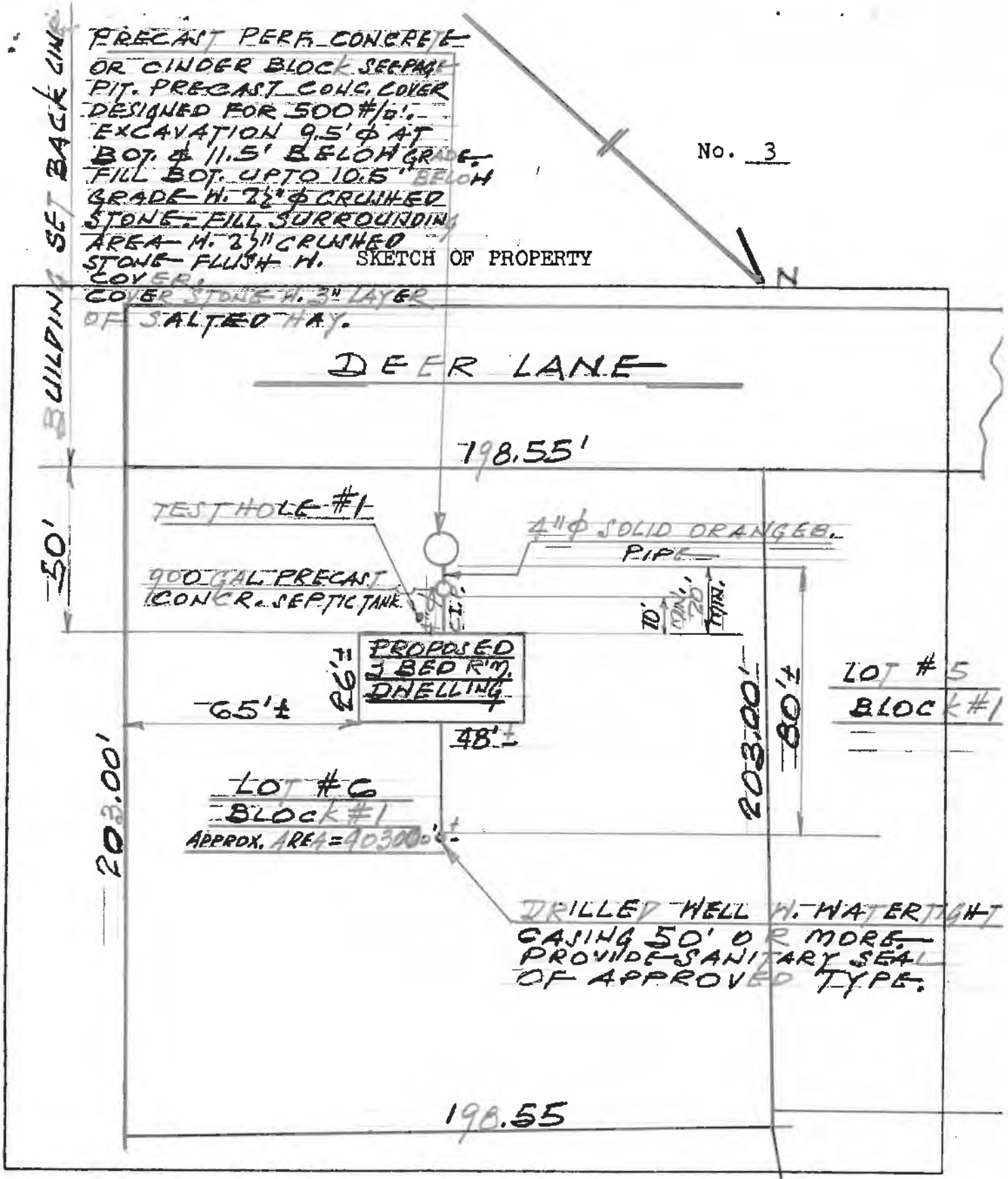
2. SKETCH OF PROPERTY TO BE SERVED

Insert on next page or attach to this application a sketch of the property to be served by the individual sewage disposal system. The sketch shall show:

(a) Lot dimensions and square foot area;
(b) Location of proposed dwelling or building and all existing structures;
(c) Any proposed change of grade in developing property;
(d) Location and depth of percolation test holes;
(e) Location of any source of potable water supply;
(f) Location of any drainage right of way, as defined in Section 2 of the Municipal Planning Enabling Act of 1953, on the same or adjoining premises; and
(g) Location of each component part of the proposed indivi-ual sewage disposal system, including distances from dwelling or building, other structures and lot lines. Refer to minimum distance table set forth in Section 3.2 of State Standards.

No. 3

SKETCH OF PROPERTY



Check Requirements under 2 on previous page.

Indicate direction North and indicate adjoining streets and properties.

No. 4

3. SOIL CHARACTERISTICS

(a) Percolation Test Results

Date tests were made 5/8/65

Hole No.	Time in minutes per inch	Number of preliminary tests made to determine apparent saturation	Depth	Type or types of soil and depth of each type
1	14	2	9'	0" to 3" Topsoil 3" to 9'0" Loam mixed w. sand

(Indicate location of each hole on sketch of property on previous page).

Effect of recent rain or lack of rain Avera ge rainfall to that time of the year.

Apparent moisture in the soil prior to the test Normal to that time of the year

Depth of ground water if encountered Not encountered at 11' on adjacent properties.

Other factors affecting test results none

Remarks:

(b) Sub-soil and Ground Water Determination

Determinations as to sub-soil and ground water shall be supplied whenever required under Section 15.2 of the State Standards or requested by the Board of Health.

Test boring or pit no.	Depth	Type and nature of soil	Depth to ground water, if encountered

Remarks: See note above.

I hereby certify that the percolation tests and sub-soil and ground water determinations, if any, of which the foregoing results are set forth, were made by me in accordance with the procedures established by Section 9 of the State Standards.

Date: June 29, 1965

(SEAL)

Licensed Professional Engineer No. 10814

4. DESIGN OF PROPOSED SEWERAGE FACILITIES

(a) Design and Construction Requirements

Section 3 of the Township Ordinance incorporates the State Standards and sets forth additional design and construction requirements for individual sewage disposal systems.

(b) Plans and Specifications To Be Furnished

In accordance with the requirements of Section 3 of the Township Ordinance, the following shall be furnished with this application:

1. A COMPLETE SET OF PLANS AND SPECIFICATIONS FOR THE PROPOSED INDIVIDUAL SEWAGE DISPOSAL SYSTEM, as required by Section 3 (a) of the Township Ordinance. A standard design for such system may be used.

2. The following information shall be furnished either as part of the plans and specifications or below:

A. Building Sewer
Material: cast iron____ vitrified tile____ cement____ asbestos cement____ bituminous pressed fiber_____ other_____

B. Grease Trap Yes__ No x Location_____
Size____ Material_____

C. Septic Tank
Minimum liquid capacity:

2 bedrooms or less	750 gallons	
3 bedrooms	900 "	
4 bedrooms	1000 "	
5 bedrooms	1250 "	
6 bedrooms	1500 "	900 gallons

Material if built in place: poured concrete x concrete block__ cinder block__ brick__ stone__

D. Disposal Area
(1) Seepage Pit
Percolating area in accordance with Section 13 of State Standards: 270 Square feet
Number of pits 1 If built in place, Material perf. prec. conc cinder blocks or
Depth from bottom: 11.5 feet Diameter at bottom: 9.5 feet
Height from bottom to inlet: 9.0 feet
Shape circular
(2) Disposal Field
Distribution box_____
a. Disposal Trenches
Percolating area: to be determined in accordance with Section 11 of the State Standards:
Width__ feet Length__ feet Area__ square feet
Linear feet of pipe_____
Distance between lines_____
Type of pipe_____
b. Disposal beds
Percolating area, to be determined in accordance with Section 12 of the State Standards:
Width__ feet Length__ feet Area__ square feet
Linear feet of pipe_____
Distance between lines_____
Type of Pipe_____

E. Other specifications deemed appropriate_____

ROXBURY TOWNSHIP HEALTH DEPARTMENT

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1 - General Information

1. Location 1 Deer Lane, Succasunna Block 4303 Lot 6

2. Name of Applicant (print) John & Barbara Donagher

3. Address: 1 Deer Lane, Succasunna Phone [redacted]

4. Certificate of Compliance: Date of Issuance 3/1/05
If no certificate was issued, indicate approximate age of system _____

5. Type of Facility: ✓ Residential
Indicate number of occupants unknown

___ Commercial/Institutional
Specify type of establishment _____

6. Type of Wastes Discharged:
✓ Sanitary sewage only
___ Industrial wastes
___ Other (specify type) _____

7. Volume of Wastes: Average flow, gal./day _____
Maximum daily flow, gal. 500

___ Based on water meter data

___ Assumed based on data related to water usage (show data below:

No. users/day (patrons, guests, visitors etc.) _____

No. employees _____ Total employee hrs/day _____

No. fixtures _____ Specify type _____

Size of building ft^2 _____

Other (specify) _____

8. Indicate System Components, provide what information is available:

____Grease trap: Capacity, gals. n/a

____Septic tank: Capacity, gals. 1250

Number of compartments 1

____Dosing tank: Capacity, gals. n/a

Dosing device: ____pump ____siphon

____Disposal bed: Area ft^2 1296

____Disposal trenches: Width, ft. ____ Feet ____

Total Length, ft. ____

____Seepage pits: No. ____ Diameter, ft. ____ Depth, ft. ____

____Interceptor drain

____Other (specify) ____

9. I hereby certify that the information furnished in Form 1 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-8.

Signature of Septic System Inspector ____

Date 3/1/05

FOR HEALTH DEPARTMENT USE ONLY

____Application denied (state reason for denial) ____

____

____Application approved, license number B-1826

Signature of Authorized Agent ____

Name and Title Matthew Lochocki REHS

Date 3/1/05

ROXBURY TOWNSHIP HEALTH DEPARTMENT

STANDARD FORM FOR CERTIFICATE OF COMPLIANCE

INSTRUCTIONS: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of NJAC 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if the administrative authority performs the certification.

PART A - GENERAL INFORMATION

1. Permitted Activities (check applicable categories):

   Permit Number B-5262

   ____New Construction

   ____Alteration/no expansion or change of use

   ____Alteration/expansion or change in use

   _X_Alteration/malfunctioning system

   ____Deviation from standards

   ____Repairs to existing system

2. Location of Project:

   Street 1 Deer Lane, Succasunna Block 4303 Lot 6

3. Name and Present Address of Applicant: John & Barbara Donagher

   1 Deer Lane, Succasunna,NJ 07876 Phone No. REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

PART B - PROFESSIONAL ENGINEER'S 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 NJAC 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.

Name (print)_____

SEAL Signature_____

Lic. No._____

Date_____

No. 6

5. ADDITIONAL ENGINEERING DATA

Whenever application is made for certification as to 11 or more realty improvements or whenever the property to be built upon does not front upon an existing "street", as that term is defined in Section 2 of the Municipal Planning Enabling Act of 1953, the following additional engineering data shall be submitted:

(a) A plan of the realty improvement showing the following:
(1) Lots with their dimensions.
(2) Contours of original grades.
(3) Proposed elevations of the final grading shown at lot corners or any contemplated change slope.
(4) Drainage right of way and any contemplated diversion thereof affecting the realty improvement.
(5) Storm Sewers.
(6) Location and depth of all private and public water supplies within 500 feet of the realty improvement if available.
(7) Location of percolation test holes.
(8) Location of subsoil test holes, if required by the board.
(b) Results of subsoil and ground water determinations.

Copies of all applications and the accompanying engineering data for certifications to cover 50 or more realty improvements shall be filed with or mailed by certified mail to the State Department of Health, Bureau of Public Health Engineering, Trenton, New Jersey, by the applicant on the date on which application is made to the Township Board of Health. In such cases, copies of all certifications by the Board of Health shall be mailed to the State Department of Health on the date of issue.

CERTIFICATION OF LICENSED PROFESSIONAL ENGINEER

This is to certify that the undersigned, a professional engineer licensed in the State of New Jersey, 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.;

Standards for the Construction of Sewerage Facilities for Realty Improvements, Promulgated by the State Commissioner of Health, December 7, 1954, and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Water Supply Systems within the Township, and Providing Penalties for the Violation thereof, adopted by the Board of Health December 18, 1958.

Date: June 29, 1965

(SEAL)

Signature Ilmar Aasmaa
Name Printed Ilmar Aasmaa
Address 151 Route # 10, Succasunna, N.J
Professional Engineer's License No. 10814

ROXBURY TOWNSHIP HEALTH DEPARTMENT

LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

License No. **0710**

Date of Issuance March 14, 2005
Date of Expiration March 14, 2008

Location 1 Deer Lane,Succasunna Block 4303 Lot 6

Owner William and Theresa Haucke Telephone [redacted]

REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

Present Address 1 Deer Lane, Succasunna, NJ 07876

xxxHealth Officer or REHS

This license must be renewed three years from date of issuance. Upon renewal, proof of pumping or a report of septic system inspection must be submitted to this department. Failure to properly maintain the septic system and renew the operating license will result in penalties as prescribed by law.

THIS LICENSE IS TRANSFERRABLE

N.J.A.C. 7:9A-3.14

License Fee $15.00

ROXBURY TOWNSHIP HEALTH DEPARTMENT
CERTIFICATE OF COMPLIANCE

Issued to William and Theresa Haucke (owner)

This is to certify that: (X) The Individual Sewage Disposal System

( ) The potable water supply

at Block 4303 Lot 6 1 Deer Lane, Succasunna, NJ 07876
(No. and Street)

has/have been approved by the Roxbury Township Health Department.

March 14, 2005
Date

Health Officer or REHS

The issuance of this certificate shall not be construed as a guarantee that the system(s) will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any ordinance or law relating to the public health.

11/08/2000

ROXBURY TOWNSHIP HEALTH DEPARTMENT
CERTIFICATE OF COMPLIANCE

Issued to John & Barbara Donagher (owner)

This is to certify that: (X) The Individual Sewage Disposal System

( ) The potable water supply

at Block 4303 Lot 6 1 Deer Lane, Succasunna, NJ 07876
(No. and Street)

has/have been approved by the Roxbury Township Health Department.

1/14/08
Date

Health Officer or REHS

The issuance of this certificate shall not be construed as a guarantee that the system(s) will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any ordinance or law relating to the public health.

11/08/2000

FILE COPY

ROXBURY TOWNSHIP HEALTH DEPARTMENT

LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

License No. 967

Date of Issuance: Feb. 20, 2008
Date of Expiration: Feb. 20, 2011

Location 1 Deer Lane Block 4303 Lot 6

Owner William & Theresa Hauckе Telephone [redacted]

REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

Present Address 1 Deer Lane, Succasunna, NJ 07876

Health Officer or REHS

This license must be renewed three years from date of issuance. Upon renewal, proof of pumping or a report of septic system inspection must be submitted to this department. Failure to properly maintain the septic system and renew the operating license will result in penalties as prescribed by law.

THIS LICENSE IS TRANSFERRABLE

N.J.A.C. 7:9A-3.14

License Fee $15.00

ROXBURY TOWNSHIP HEALTH DEPARTMENT

RENEWAL OF LICENSE TO OPERATE AN
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Location: 1 Deer Lane Block 4303 Lot 6

Name & Address of Applicants: William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Applicant's Phone Number: REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

Expiration Date: March 14, 2008 Current License: # 0710 .

1. Maintenance performed at time of inspection:

   X Septic tank pumped 1/23/07

   _____Other (specify)_____

2. If the septic tank was not pumped, provide the following information:

Date of last pump out_____ Record of veritical distance in inches:	1st Comp.	2nd Comp.	3rd Comp.
Bottom scrum layer/bottom outlet baffle	_____	_____	_____
Top sludge layer/bottom outlet baffle	_____	_____	_____

3. Indicate problems identified during inspection:

_____Septic tank not accessible	_____Solids in D-box
_____Inlet baffle needs repair	_____D-box not level
_____Outlet baffle needs repair	_____Septic tank leaks
_____Hydraulic failure/disposal field or seepage pit	_____Dosing tank inaccessible
_____Encroachments/disposal area	_____Dosing tank leaks
_____Settlement/improper grading	_____Solids/dosing tank
_____Effluent backs up into septic tank	_____Improperly dir. Drainage
_____Operation/condition of pump, switches alarm, siphon, etc.	_____Physical condition of seepage pit

_____Other (specify)_____

4. Observed malfunctions:

_____Backup into plumbing

_____Seepage of sewage/effluent into building

_____Surface breakout or ponding

_____Contamination of well water

_____Odors

_____Other (specify)_____

I hereby certify that the information furnished in 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-B.

Signature of Septic System Inspector:_____

Date:_____

For Health Department Use Only

_____Renewal of license denied. Reason denied:_____

_____Approval pending completion of repairs. Description of repairs required:

_____

X License renewed. Expiration date of license 2/20/11

Signature of Authorized Agent _____

Name and Title Abigail M. Montgomery, SR EHS

Date: 2/20/08

PEACH BROTHERS INC
SEPTIC CONTRACTORS
P.O. BOX 280
SUCCASUNNA, NJ 07876
(973) 584-4343 / (800) 427-4543

INVOICE

DATE	INVOICE NO.
1/23/2007	16186

BILL TO	REMIT TO
HAUCKE 1 Deer Lane Succasunna, NJ 07876	Peach Brothers P.O. Box 280 Succasunna, NJ 07876

TERMS
Due on receipt

DATE	DESCRIPTION	AMOUNT
	Excavated septic tank - No charge - inches	
	Pumped septic tank - 1250 gallons	268.75T
	N.J. State Sales Tax	18.81

It's been a pleasure working with you!

Total $287.56

ROXBURY TOWNSHIP HEALTH DEPARTMENT

FILE COPY

LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

License No. 1280

Date of Issuance: February 16, 2011
Date of Expiration: February 16, 2014

Location 1 Deer Lane Block 4303 Lot 6

Owner William & Theresa Haucke Telephone [redacted]

REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

Present Address 1 Deer Lane, Succasunna, NJ 07876

Health Officer or REHS

This license must be renewed three years from date of issuance. Upon renewal, proof of pumping or a report of septic system inspection must be submitted to this department. Failure to properly maintain the septic system and renew the operating license will result in penalties as prescribed by law.

THIS LICENSE IS TRANSFERRABLE

N.J.A.C. 7:9A-3.14

License Fee $50.00

ROXBURY TOWNSHIP HEALTH DEPARTMENT

RENEWAL OF LICENSE TO OPERATE AN
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Location: 1 Deer Lane Block 4303 Lot 6

Name & Address of Applicants: William & Theresa Haucke
1 Deer Lane
Succasunna, NJ 07876

Applicant's Phone Number: REDACTION: Unlisted Telephone # (N.J.S.A. 47:1A-1.1)

Expiration Date: February 20, 2011 Current #967

1. Maintenance performed at time of inspection:

   X Septic tank pumped 7/30/09

   _____Other (specify)_____

2. If the septic tank was not pumped, provide the following information:

Date of last pump out_____ Record of vertical distance in inches:	1st Comp.	2nd Comp.	3rd Comp.
Bottom scrum layer/bottom outlet baffle	_____	_____	_____
Top sludge layer/bottom outlet baffle	_____	_____	_____

3. Indicate problems identified during inspection:

_____Septic tank not accessible	_____Solids in D-box
_____Inlet baffle needs repair	_____D-box not level
_____Outlet baffle needs repair	_____Septic tank leaks
_____Hydraulic failure/disposal field or seepage pit	_____Dosing tank inaccessible
_____Encroachments/disposal area	_____Dosing tank leaks
_____Settlement/improper grading	_____Solids/dosing tank
_____Effluent backs up into septic tank	_____Improperly dir. Drainage
_____Operation/condition of pump, switches alarm, siphon, etc.	_____Physical condition of seepage pit

_____Other (specify)_____

4. Observed malfunctions:

_____Backup into plumbing

_____Seepage of sewage/effluent into building

_____Surface breakout or ponding

_____Contamination of well water

_____Odors

_____Other (specify)_____

I hereby certify that the information furnished in 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 (NJSA 58:10A-1 et seq.) and is subject to penalties as prescribed in NJAC 7:14-B.

Signature of Septic System Inspector:_____

Date:_____

For Health Department Use Only

_____Renewal of license denied. Reason denied:_____

_____Approval pending completion of repairs. Description of repairs required:

_____

__✓__License renewed. Expiration date of license 2/16/14

Signature of Authorized Agent _____

Name and Title Abigail Montgomery, SREHS

Date: 2/16/14

PEACH BROTHERS INC.
P.O. BOX 280
SUCCASUNNA, NJ 07876
973-584-4343 / 800-427-4543

INVOICE

DATE	INVOICE NO.
7/30/2009	19415

BILL TO	REMIT TO
HAUCKE 1 Deer Lane Succasunna, NJ 07876	Peach Brothers P.O. Box 280 Succasunna, NJ 07876

TERMS
Due on receipt

DATE	DESCRIPTION	AMOUNT
	Pumped septic tank - 1250 gallons	281.25T
	N.J. State Sales Tax	19.69

We now accept Credit Cards - Visa/ Master Card / Discover .
Please call the office to apply this invoice to a Credit Card .Thank You

Total $300.94

562057 (3/08)

Planning/Zoning

From: Tracy Osetec
Sent: Thursday, July 27, 2023 9:53 AM
To: Amy Rhead
Cc: Kathy Florio; Dee Tardive
Subject: RE: OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6)

Kathy,

Please be advised that a file inspection has been conducted by the Planning/Zoning Department for property known as (1 Deer Ln; B4303-L6) where no requested documentation has been found.

Regards,

Tracy Osetec
Zoning Board Secretary
1715 Route 46
Ledgewood, NJ 07852
973-448-2008
xxxxxxx@xxxxxxxxx.xx

Tax Assessor

From: Lydia Fariello
To: Amy Rhead
Cc: Joe McKeon
Subject: RE: OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6)
Date: Friday, July 21, 2023 2:56:26 PM
Attachments: pdftemp.pdf

Hi Amy,

Please find PRC attached.

Thanks!

Lydia Fariello
Assistant to the Tax Assessor
1715 US 46
Ledgewood, NJ 07852
xxxxxxxxx@xxxxxxxxx.xx
973-448-2021

Block: 4303	**Land Desc:** 198X203	**Owners Name:**	HAUCKE, WILLIAM R/THERESA A		**Land:**	117,600	**Exemption**	**Net Taxable Value**	**Deductions**
Lot: 6	**Bldg Desc:** 1SF G1	**Street Address:**	1 DEER LN	**Bank:** 00000	**Impr:**	277,100	**Code:**		**Cd** **No-Ow**
Qual:	**Addl Lots:**	**City & State:**	SUCCASUNNA, NJ	**Zip:** 07876	**Total:**	394,700	**Value:** 0	394,700	
Card: M (#1 of 1)	**Acreage:** 0.923 **Class:** 2	**Property Loc:**	1 DEER LN	**Zone:** R-1			**Map:** J2NW	ROXBURY	

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
DONAGHER, JOHN J & BARBARA J	07/21/04	6126 /288	450000	

ASSESSMENT HISTORY

Year	Land	Impr	Total
1998	40000	60200	100200
2000	73800	149700	223500
2005	73800	151500	225300

BUILDING PERMITS/REMARKS

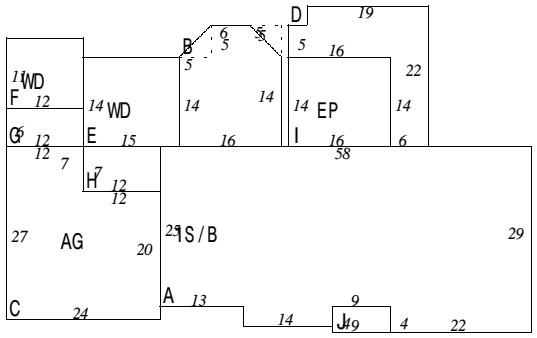
Date	Work Description	Amount	Compl.
11/01/04	WOOD STOVE	2800	03/17/05

LAND CALCULATIONS

Frt	Rr	SB	T	FF	Avgd	Tabl	EqF	Rate	Site	Cond			Value

Units	Rate	Site	Cond			Value
0.920 AC	30000	90000	100	100	100	117600
0.003 AC	15000		100	100	100	45

Net Adj: 100.00 **SF:** 40,205 **Auto:** Y **Land Value:** 117,645



A: 1S/B	d22l23cd25r13d3r14u3r9d4r22u29l58	1580
B: CPA	d3l15cs5w5d14r16u14n5w5l6	279
C: AG	d22l47cd27r24u20l12u7l12	564
D: WD	cd3l3d5r16d14r6u22l19	251
E: WD	d8l35cd14r15	210
F: WD	d5l47cd11r12	132
G: 1S/UA	d16l47cd6r12	72
H: 1S	d22l35cd7r12	84
I: EP	d8l3cd14r16	
J: OP	d47r4cd4r9	
K:		
L:		

M:
N:
O:
P:

Scale: 30

SITE INFORMATION

Road: PAVED	**Utilities:**
Curbs:	**Sewer:**
Sidewalk:	**Water:** YES
Measured: NT	**Gas:** YES
Info:	**Topo:** LOW
Inspected: NT 02/14/18	**Neigh:** 117
	VCS: A117

BUILDING INFORMATION

Type and Use: ONE FAMILY	**Class/Quality:** 17
Story Height: ONE STORY	**Condition:** AVERAGE
Style: RANCH	**Year Built/EffA:** 1965 / 53 (Y)
Exterior Finish: VINYL SIDING BRICK	**Info By:**
Roof Type: GABLE	**Livable Area:** 1664 SF
Roof Material: ASPHALT SHINGLE	**Interior Cond:** AVERAGE
Foundation: CONC/CIND BLK	**Interior Wall:** SR/PL

Baths: **M:** **A:** 3 **O:**
Kitchens: **M:** **A:** 1 **O:**

ROOM COUNT

	B	1	2	3/A	Tot
Living Rm		1			1
Dining Rm		1			1
Kitchen	1	1			2
Dinette					
5 Fixt Bath					
4 Fixt Bath					
3 Fixt Bath	1	2			3
2 Fixt Bath					
Bed Room	2	3			5
Fam Room	1	1			2
Den/Other					

Old B: 47.1 7
Old L: 6 07/21/23

RESIDENTIAL COST APPROACH

Basement

BASEMENT	1580	x	9.630	+ 2016	x1.15	x1.00=	19816
BASEMENT FIN	1501	x	13.310	+ 1456	x1.15	x1.00=	24649

Main Bldg

FIRST STORY	1736	x	59.010	+27072	x1.00	x1.00=	129513
BRICK SF	48	x	11.730	+ 0	x1.15	x1.00=	647
UNFIN STY	72	x	-11.100	+ 0	x1.14	x1.00=	-911

Heat/AC

HW BASEBOARD	3165	x	3.760	+ 0	x1.15	x1.00=	13685
AC SEPARATE DUC	3165	x	2.520	+ 0	x1.12	x1.00=	8933

Plumbing

3 FIXTURE BATH	3- 2	x	2595.000	+ 0	x1.12	x1.00=	2906
2 FIXTURE BATH	0- 1	x	1895.000	+ 0	x1.12	x1.00=	-2122
EXTRA KITCHEN	1	x	3485.000	+ 0	x1.20	x1.00=	4182

Fireplace

WS/PELL/GAS FP	1	x	2500.000	+ 0	x1.15	x1.00=	2875

Attic

Deck/Patio/Garage/Misc

ENCLOSED PORCH	224	x	27.150	+ 1060	x1.15	x1.00=	8213
OPEN PORCH	36	x	10.770	+ 443	x1.15	x1.00=	955
DECK	593	x	5.610	+ 0	x1.15	x1.00=	3826
PATIO	279	x	5.203	+ 203	x1.15	x1.00=	1903
ATTACHED GARAGE	564	x	15.210	+ 2250	x1.13	x1.00=	12236

Base Cost: 231306 **CCF:** 163 **CLA:** 100 **Cost New:** 377029
Phys Depr: 26.50(Y) **Func Depr:** **Net Depr:** 73.50
Loc Depr: **Mkt+:** **Mkt-:** **Bldg Value:** 277116

Detached Items:

SHED 1STY	70	x	0.000	+ 0	x1.20	x0.50 x1.63=	0
WALKOUT BSM	1	x	0.000	+ 0	x1.00	x1.00 x1.63=	0

Land: 117,600 **Impr:** 277,100 **Total:** 394,700

Tax/Utility Collector

From: Heidi Pedersen
Sent: Tuesday, July 25, 2023 10:29 AM
To: Amy Rhead
Cc: Kathy Florio
Subject: RE: OPRA 20230718-001 Eytan P. (1 Deer Ln; B4303-L6)

Taxes for property located at 1 Deer Lane (aka: B4303-L6) are paid through 2nd quarter 2023 with the 3rd quarter being due by 8/21/23. The township of Roxbury does not provide water or sewer to this location.

Heidi Pedersen
Tax & Utility Collector
Township of Roxbury
1715 Rt. 46, Ledgewood, NJ 07852
(973)448-2024