SISCO SERVICES, LLC.
GENERAL CONTRACTING

Sisco Services LLC
38 Castle Rock Road
Hewitt, NJ 07421
www.siscoservices.com
201-749-2415

WEST MILFORD
HEALTH DEPT
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Certificate of Compliance

Description of Tanks: Existing 1,000 & 500 gal concrete - new

Date of Installation: 6/10/19

Job Address: 38 Barnegat Rd Hewitt

Contractor: Sisco Services

Evaluation Method: Vac Test

Evaluation Conducted By: David Fiss - Sysk

Hunterdon County
Department of Public Safety
Division of Public Health Services

www.co.hunterdon.nj.us/health.htm

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SUITABLE FILL CERTIFICATION
For
THE HUNTERDON COUNTY DEPARTMENT OF PUBLIC HEALTH

MUNICIPALITY: West Milford DATE: 6/20/19
BLOCK: 1207 LOT: 2 DISPOSAL SYSTEM DESIGN RATE: _____

QUARRY NAME: Braen
I hereby certify that the fill material used meets the requirements of 7:9A

Date fill material acquired from field: 6/12/19 Date of testing: 6/12/19

A textural analysis of:
Percentage Passing Through:

Between 80-100%	#8 Sieve	85%
Between 50-85%	#16 Sieve	62%
Between 25-60%	#30 Sieve	41%
Between 10-30%	#50 Sieve	13%
Between 2-10%	#100 Sieve	7%

Coarse fragment: _____ Coarse fragment: 15%

(Check one) By: _____ Volume (less than 15%) X Weight (less than 20%)

** Fine & Very Fine Sand _____ ** ~~Fine and Very Fine~~ Sand

*Engineer's Signature and Seal

*And that the fill material after it has been emplaced and compacted to a bulk density equivalent to the design permeability at the level of infiltration set forth in N.J.A.C. 7:9A-6.1(a) determined by: **(Tube permeameter tests shall be performed within the bed area).***

Permeability shall be 6-20 inches per hour for design purposes

Date of fill material acquired from field: _____
Date of testing: _____

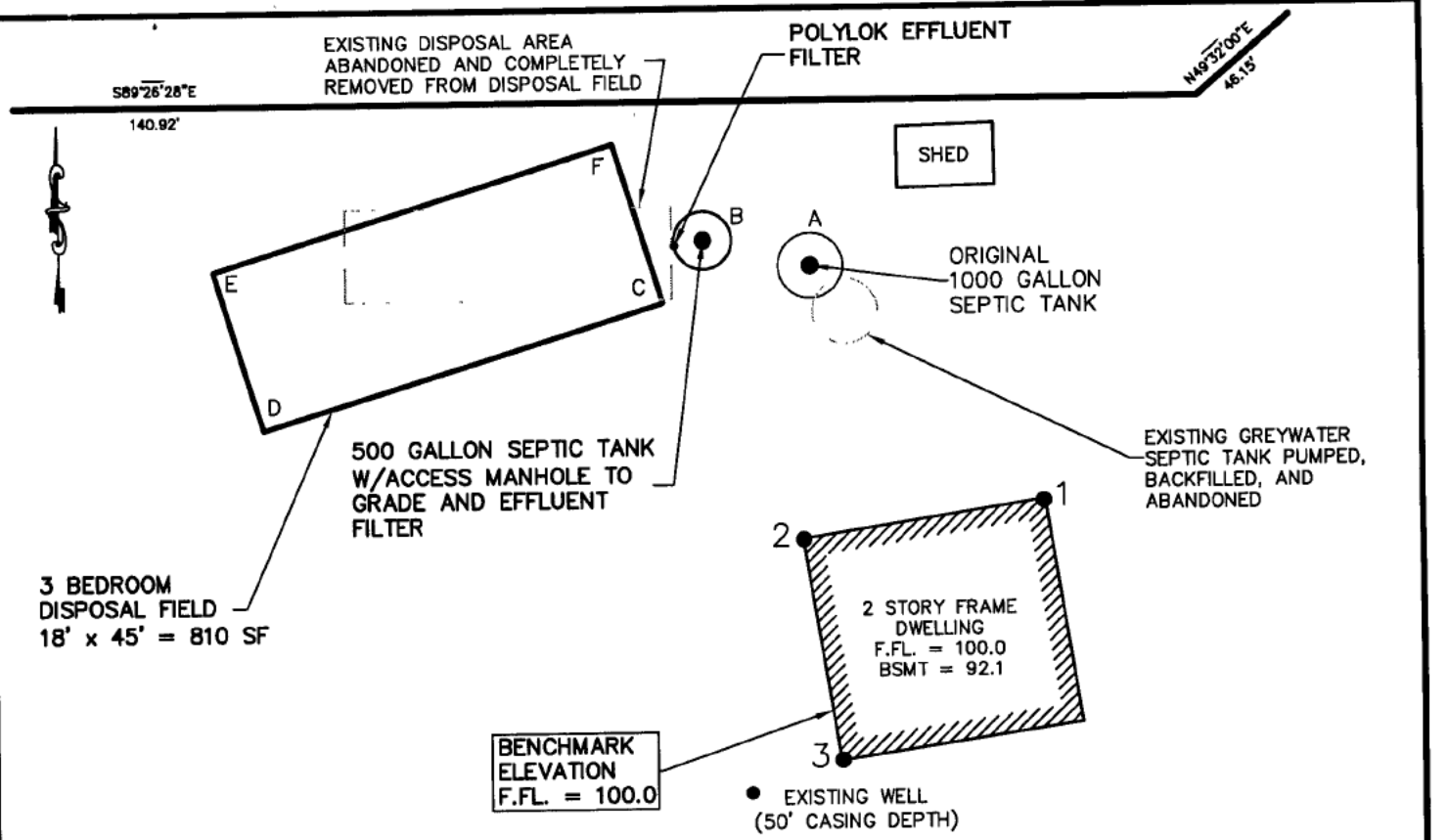
Percolation tests, with a result of: _____
Tube permeameter tests, with a result of: _____

I find the compaction and placement of the fill material satisfactory and meets the requirements as set forth in N.J.A.C. 7:9A-10.4(F)3,

*Engineer's Signature and Seal

* *Engineer's signature and Seal required in each section.*
** *Lebanon Township and Readington Township - fine and very fine sand to 25% or less by weight. Or any additional tests required in the engineer's designs.*

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2nd Floor
Mailing Address: P O Box 2900, Flemington, NJ 08822
Tel (908) 788-1351 Fax (908) 782-7510



GENERAL NOTES

1. PROPERTY LINE INFORMATION FROM A SURVEY BY CAFFREY AND ASSOCIATES, INC., BERNARD M. CAFFREY, JR., NJPLS LIC #16958 DATED FEBRUARY 20, 2009.
2. PROPERTY KNOWN AS #38 BARNEGAT ROAD OR AS LOT 2 IN BLOCK 1207 ON THE CURRENT TAX MAP OF THE TOWNSHIP OF WEST MILFORD
3. OWNER / APPLICANT: MEGAN FAVRE
   38 BARNEGAT ROAD
   HEWITT, NJ 07421
   [redacted]
4. TOPOGRAPHIC INFORMATION BASED ON AN AREA OF TOPOGRAPHY BY DAB SURVEYING INC., DOUGLAS B. SMITH, NJPLS LIC #43234 DATED MAY 15, 2019. TOPOGRAPHY BASED ON ASSUMED DATUM
5. THERE IS TO BE NO WATER SOFTENER DISCHARGE CONNECTED TO THE SEPTIC SYSTEM.
6. CONTRACTOR NAME: DJ SISCO
   [redacted]

	1	2	3
A	35.5'	29.5'	
B	46'	34'	
C	46'	29'	
D		60'	73'
E		68'	84'
F	58'	45.5'	

SEPTIC SWING TIES

INV. OUT OF HOUSE	97.1
INV. INTO SEPTIC TANK A	95.6
INV. INTO SEPTIC TANK B	94.9
INV. OF LATERALS	93.8
TOP OF BED	96.1

SEPTIC ELEVATIONS

SEPTIC INSPECTIONS

OPEN BED EXCAVATION	6/11/2019
SUITABLE FILL	6/12/2019
SEPTIC TANK	6/13/2019
LATERALS	6/13/2019
FINAL GRADE	6/20/2019

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REVISIONS

DATE	BY	DESCRIPTIONS

DRAWN BY: JRL | CHECKED BY: MAP

SEPTIC AS-BUILT
BLOCK 1207 – LOT 2
#38 BARNEGAT ROAD
FOR
MEGAN FAVRE
TOWNSHIP OF WEST MILFORD, PASSAIC CO., N.J.

MAP ENGINEERING, INC.
170 Kinnelon Road
Suite 36
Kinnelon, NJ 07405
P:(973)492-0345
F:(973)492-8472
Staff@MAPengineering.net
www.MAPengineering.net

DATE 05/20/2019

MARK A. PALUS, P.E., P.P.
N.J. PROFESSIONAL ENGINEER LICENSE NO. 40354
N.J. CERTIFICATE OF AUTHORIZATION NO. 27912100

JOB NO: 3214-2755
SHEET NO: 1 OF 1
DRAWING SCALE 1" = 20'
0 20' 40'
GRAPHIC SCALE

Township of West Milford

Department of Health
1480 Union Valley Road, West Milford, NJ 07480-1303
(973) 728-2720 Fax: (973) 728-2847
Health@westmilford.org

Permit # 12603

SEPTIC INSPECTION REPORT

Applicant: KAVRE **Telephone** [redacted]

Location: 38 BARNEGAT Rd. **Block** 1207 **Lot** 2

Septic Installer: DJ Sisco [redacted]

DATE	TYPE OF INSPECTION	APPROVAL	INSPECTOR
6/10/19	MNI SENT		SAM
6/11/19	EXCAVATION - OK - PE TO COUNTY - SAM		
6/12/19	SCUM RE - OK - PE ON CONC - SAM		
6/13/19	CBOX - P+J - FILTER RAISED (ON-SITE) SAM		
	ok		
6/17/19	FINAL CK. - OK		

TOWNSHIP OF WEST MILFORD

DEPARTMENT OF HEALTH

Permit No: 12803

Check # 1393 Amount $175.00

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

___New Construction

✓ Alteration/No Expansion or Change of Use

___Alteration/Expansion or Change in Use

___Alteration/Malfunctioning System

✓ Deviation from Standards

___Repairs to Existing System

___Advanced Waste Water Treatment Maintenance Contract

___ Deed Restriction for Advanced Waste Water Treatment for Individual Subsurface Sewage Disposal System.

___Deed Restriction for Ultra Violet Light Treatment for Individual Subsurface Sewage Disposal System.

___Point of Entry Treatment System (POET) and Maintenance on Potable Well

___NJDEP Freshwater Wetlands Permit

___NJDEP Flood Hazard Area/Stream Encroachment Permit

✓ Plumbing Permit

___Electrical Permit

Owner's Name MEGAN FAVALE Phone ____

Location (Address) 28 BARNEGAT Rd. Block No. 1207 Lot No. 2

Contractor's Name VJ Sisca Phone [redacted]

Trading As Sisca Services LLC

Contractor's Signature [signature]

Single Family dwelling: Number of Bedrooms 4 (3)

Commercial Building: Gallons per day —

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 of New Jersey

6/10/19

Date

[signature]

Administrative Authority

PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUANCE

DESIGN ENGINEER MUST INSPECT AND CERTIFY ALL ELEVATIONS

PLUMBING SUBCODE
TECHNICAL SECTION

TOWNSHIP OF WEST MILFORD
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480
(973) 728-2780

Date Received / Control # 6/10/19. 19-0705

Date Issued / Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1207 Lot 2 Qualification Code

Work Site Location 38 Barnegat Rd Hewitt

Owner in Fee: Megan Faure

Tel. [redacted] e-mail

Address 1 Brooke Lane (street) Hewitt (municipality) 07421 (zip code)

Contractor: Sisco Services Tel. 201 749-2415

Address 38 Castle Rock Rd e-mail

Contractor License No. 13VH 08827600 Exp. Date 3-31-2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: David Sisco-Clerk

Print name here: David Sisco - Clerk

[ ] Licensed Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Septic lines

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	XXX
	Water Service Connection	
	Stacks	
	Other	

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Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 10/17) 1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. Goldenrod-Office Copy

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

HEWITT, NJ 07421

Certified Mail Fee $3.50

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $0.00
- Return Receipt (electronic) $0.00
- Certified Mail Restricted Delivery $0.00
- Adult Signature Required $0.00
- Adult Signature Restricted Delivery $

Postage $0.55

Total Postage and Fees $4.05

Postmark Here
JUN - 5 2019
06/05/2019

Sent To
UGLPOA

Street and Apt. No., or PO Box No.
PO Box 457

City, State, ZIP+4®
Hewitt NJ 07421

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0160 0001 0079 4340

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1207-2

38 Barnegat

Cory Favre
38 Barnegat Road
Hewitt, NJ 07421
Block 1207 Lot 2

UGLPOA
PO Box 457
Hewitt, NJ 07421

To Whom it May Concern,

This letter is to inform the Upper Greenwood Lake Property Owner's Association that I am replacing the septic system at my house located at 38 Barnegat Road, Block 1207 Lot 2. I have hired MAP Engineering to design the new system and Sisco Services LLC to install. If you need to contact me regarding this, my phone number is [redacted]

Sincerely,

Cory Favre

Township of West Milford

Department of Health
1480 Union Valley Road, West Milford, NJ 07480-1303
(973) 728-2720 Fax: (973) 728-2847
Health@westmilford.org

June 3, 2019

Megan Favre
38 Barnegat Road
Hewitt, NJ 07421

FILE COPY

Re: Application to Alter an Individual Subsurface Disposal System
38 Barnegat Road
Block 1207, Lot 2
Owner/Applicant: Megan Favre
West Milford Health Department (WMHD) Application No.: 12152
MAP Engineering Project No.: 3214-2755
FEI Project No.: 19WM300:057

Dear Ms. Favre,

The above referenced application has been submitted to permit the construction of a septic system designed to replace the existing septic serving the 3-bedroom dwelling on lot 2 in block 1207 along Barnegat Road. The documentation reviewed in support of the application includes the inspection report prepared by Evergreen Inspection Services, dated 4/24/19; the partial topographic survey prepared by Douglas B. Smith, PLS, dated 6/15/19; the property survey prepared by Bernard M. Caffrey, Jr, PLS, dated 2/20/09; and the application and design plan dated 4/19/19, prepared by Mark A. Palus, PE, PP.

The proposed disposal system components will be located adjacent to the existing property line at a separation distance which does not conform to the minimum standards set forth in the N.J. State Code N.J.A.C. 7:9A, the "Standards for Individual Subsurface Disposal Systems". Two soil logs were also not conducted in the vicinity of the proposed disposal area to evaluate the subsurface conditions for the proposed system design as required by N.J.A.C. 7:9A-5.2(b). Since the proposed system is located in the least constrained area of the lot, no expansion or change of use for the property is proposed, and the new system will be closer to conformance with the current Code than the septic it is designed to replace, the West Milford Township Health Department may consider of waiver from strict compliance with the Standards pursuant to N.J.A.C. 7:9A-3.3(e.)1.

Prior to the issuance of a permit to construct the proposed septic system, the Owner/Applicant is responsible for addressing the following:

1. The septic construction permit fee in the amount of $185.00 must be submitted to WMHD.
2. A notification to the Property Owner's Association must be provided prior to construction, if applicable.
3. Proof must be submitted to the WMHD that a plumbing permit has been obtained from the West Milford Township Construction Department.

Prior to construction of the proposed septic system, the following conditions must be satisfied by the septic installer (Contractor):

1. Soil erosion and sediment controls shall be provided and maintained during construction in accordance with the Hudson Essex Passaic Soil Conservation District standards.

Re: Application to Alter an Individual Subsurface Disposal System
38 Barnegat Road
Block 1207; Lot 2
Owner/Applicant: Megan Favre
West Milford Health Department (WMHD) Application No.: 12152
MAP Engineering Project No.: 3214-2755
FEI Project No.: 19WM300:057

2. The contractor shall possess a valid installer license issued by the WMHD.
3. The contractor shall provide the WMHD with the confirmation number obtained when the utility markout is requested.

Prior to final construction approval, the following conditions must be satisfied by the <u>Engineer, Owner/Applicant, and Contractor</u>:

1. The Engineer is to test the in-situ permeability and compaction of the fill material utilized for the disposal area to verify that it meets the minimum specifications of the approved design. A certification shall be submitted to the WMHD by the Engineer which certifies the compaction of the suitable fill material and also includes a textural analysis of the fill to demonstrate compliance with N.J.A.C. 7:9A-10.1(f.), as applicable.
2. The Engineer shall submit a "Certificate of Compliance" to the WMHD which certifies that all aspects of the proposed construction have been completed in accordance with the approved plan.
3. Abandonment of existing septic system components shall be conducted in conformance with N.J.A.C. 7:9A-12.8.
4. A certification shall be submitted to the WMHD that all tanks have been tested for water-tightness pursuant to N.J.A.C. 7:9A-8.2(m.).
5. An as-built plan of the construction must be prepared and submitted in accordance with the WMHD Standards.

<u>PLEASE NOTE</u>:

THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL OTHER REQUIRED FEDERAL, STATE OR LOCAL APPROVALS PRIOR TO THE COMMENCEMENT OF WORK UNDER THIS APPROVAL, INCLUDING BUT NOT LIMITED TO: NJDEP PERMITS TO CONDUCT ACTIVITIES IN FRESHWATER WETLANDS, FRESHWATER WETLAND TRANSITION AREAS, OR FLOOD PLAIN JURISDICITIONS. FAILURE TO OBTAIN THESE PERMITS PRIOR TO CONDUCTING REGULATIED ACTIVITIES WITHIN THESE AREAS MAY RESULT IN REMOVAL OF THE SYSTEM AND/OR THE ASSESSMENT OF SIGNIFICANT CIVIL PENALTIES.

Very truly yours,

Paul W. Ferriero, PE, CME
Township Engineer

cc: West Milford Township Health Officer/Director
Mark A. Palus, PE, PP

10:30

WEST MILFORD
SOIL LOGS

Owner FAVRE _____ Address 38 BARNEGAT Rd,

Block 1207 Lot 2 New Constr: ____ Repair: Alt

Performed by: MAP ENG Witness by: SAM

Date: 5/15/19 Summary of site limiting conditions: _____

SOIL LOG #1

Depth	Munsel Color	Soil textures	Soil struc	%Coarse frag	Soil consist
0-6"	TS				
6"-36"	10YR 5/6	SA CL LOAM	SAB	10/5/0	FRI
36"-120"	10YR 3/3	SA LOAM	SAB	15/10/15	FRI

Mottling Depth	Abundance	Size	Contrast	Color
∅				

Ground Water

Seepage @ ∅ Water standing @ ____ After ____ Hours ____

Rock Substratum @ ____ Fractured or Massive

ROOTS → 20"

SAMPLE @ 4/2"

SOIL LOG #2

Depth	Munsel Color	Soil textures	Soil struc	%Coarse fraq	Soil consist

Mottling Depth	Abundance	Size	Contrast	Color

Ground Water

Seepage @_____ Water standing @_____ After _____ Hours _____

Rock Substratum @_____ Fractured or Massiave

Type and dept of soil samples: _____

Location of soil logs:

MAP Engineering

170 Kinnelon Road – Suite 36
Kinnelon, NJ 07405
www.MAPengineering.net

Phone: 973-492-0345
Fax: 973-492-6472
Staff@MAPengineering.net

Form 1.-General Information

#12152 Check # 232 $185 —

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1. Type of Permit Needed - (Check Applicable Categories)
   - ____ New Construction
   - x Alteration/No Expansion or Change in Use
   - ____ Alteration/Expansion or Change in Use
   - ____ Alteration/Malfunctioning System
   - ____ Repair (in-kind replacement)/ Malfunctioninmg system
   - ____ Repair (in-kind replacement) System is not malfunctioning
   - x Deviation From Standards
   - x New system installed (existing structure)

2. Location of Project
   Municipality: **West Milford** Block: **1207** Lot: **2**
   Street Address: **38 Barnegat Road** Zip. **07421**

3. Name of Applicant. **Megan Favre**

4. Applicants Present Address: **38 Barnegat Road, Hewitt, NJ 07421**

5. Applicants Telephone Number: [redacted]

6. Type of Facility:
   - x Residential
   - ____ Commercial/Industrial

7. Type of Waste to be Discharged
   - x Sanitary Sewage
   - ____ Industrial Waste
   - ____ Other - Specify

8. If d. or e. in 1 above are checked, indicate the type of malfunction and its cause (check all that apply)
   - ____ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
   - ____ Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
   - ____ Seepage of sanitary sewage or effluent into portions of building below ground
   - ____ Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
   - ____ Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent
   - ____ Direct discharges to ground water (no zone of treatment)

9. Please expand on Question #1, above, by checking if any of the following apply):
   - ____ A privy, outhouse, latrine or pit toilet is present, a system must be installed,
   - X A system must be upgraded as part of a real property transfer,
   - ____ A cesspool has been identified during a real property transfer and a conforming system must be installed,
   - ____ A malfunctioning cesspool has been identified and a conforming system must be installed.

10. Other Approvals/Certification/Waivers/Exemptions (Attach to Application).

_____ Pinelands Commission

_____ Highlands Water Protection and Planning Act

11 . 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 is subject to prosecution.

Signature of Applicant Megan [signature] Date: **05/24/19**

FOR AGENCY USE ONLY

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_____ Application Denied - Reason for Denial/Citation of Rules Violated

_____ Application Approved

_____ Application Approved Subject to Approval by NJDEP

_____ Date of Action _____ Signature of Authorized Agent

_____ Name and Title

Form 2a.-General Site Evaluation Data

County/Municipality: **Passaic / West Milford** Block: **1207** Lot: **2**

1. Name of Site Evaluator: **MAP Engineering**

2. Business Address of Site Evaluator: **170 Kinnelon Road, Kinnelon, NJ 07405**

3. Business Phone Number of Site Evaluator: **973-492-0345**

4. Special Site Limitations Identified (Check Appropriate Categories)

_____ Flood Plains	_____ Disturbed Ground	_____ Sand Dunes
_____ Excessively Stoney	_____ Steep Slopes	_____ Sink Holes
_____ Wetlands	_____ Rock Outcrops	_____ Other

5. Soil Logs - Enter on Form 2b

6. Considerations Relating to Disturbed Ground

a. Type of disturbance (Check Appropriate Categories)

_____ Filled Area	_____ Surface Drains	_____ Regraded Areas
_____ Excavated Area	_____ Other - Specify	_____ Method of Ident.

b. Pre-existing Natural Ground Surface

_____ Elevation Relative to Existing Ground Surface

c. Suitability of Disturbed Ground

_____ Unsuitable: Objects Subject to Disintegration or Change in Volume

_____ Proctor Test Performed - % Standard Proctor Density

7. Hydraulic Head Test

a. Hydraulically Restrictive Horizon: Depth to Top

b. Piezometer A; Depth to Bottom _____ Depth of Water Level (24hrs)

c. Piezometer B; Depth to Bottom _____ Depth of Water Level (24hrs)

d. Witnessed By _____ Signature

8. Attachments (Check Items Included):

- X Site Plan
- X Key Map Showing Location of USGS Quadrangle or other Accurate 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 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. **05/24/19**

Signature of Professional Engineer _____ Lic. No. **40354**

Form 2b. - Soil Log & Interpretation

County/Municipality. **Passaic / West Milford** Block. **1207** Lot **2**

1. Log No. **1** Method (Check One) **X** Profile Pit _____ Boring _____

2. Soil Log

TESTHOLE #1 (05-15-2019) WITNESSED BY SUE MIHAW
0" - 6" TOPSOIL
6" - 36" 10 YR 5/6 SANDY CLAY LOAM, SUBANGULAR BLOCKY, FRIABLE
10% GRAVEL, 5% COBBLE, 0% STONE
36" - 120" 10 YR 5/6 SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE
15% GRAVEL, 10% COBBLE, 15% STONE
SOIL SAMPLE TAKEN AT 42"
SOIL PERMEABILITY RATING: K-3 (2-6 IN/HR)
NO GROUND WATER
NO MOTTLING

3. Ground Water Observations:
Seepage - Depth _____
Mottling - Depth _____

4. Soil Limiting Zones (Check Appropriate Categories) (inches)
_____ Fractured Rock Substratum - Depth to Top
_____ Massive Rock Substratum - Depth to Top
_____ Excessively Coarse Horizon
_____ Excessively Coarse Substratum
_____ Hydraulically Restrictive Horizon - Depth to Bottom
_____ Hydraulically Restrictive Substratum - Depth to Top
_____ Perched Zone of Saturation - Depth to Bottom
_____ Regional Zone of Saturation - Depth to Top

5 Soil Suitability Classification I

6. I hereby Certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A C. 7.14-8.

Signature of Soil Evaluator _____ Date **5/24/2019**

Signature of Professional Engineer _____ Lic. No. **40354**

Form 3a. - Soil Permeability Class Rating

County/Municipality: **Passaic / West Milford** Block: **1207** Lot. **2**

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 eg. Use one sheet for each separate test or test replicate.

1. Summary of Data-Enter data for each test replicate on separate line

Type of Test	Test number	Replicate letter	Depth inches	Results

(see attached analysis)

* For tube permeameter, pit-bailing, and piezometer tests, reports results in inches/hour For Soil Permeability Class Rating, give soil permeability class number. For Percolation Test, Report result in minutes/inches. For Basin Flooding Test, report result as positive if basin drains completely within 24 hours after second filling, negative otherwis otherwise.

2. Design Permeability/Percolation Rate* Specify Test Number

X	Average of Test Replicates		Single Replicate
	Slowest of Replicates		Test Number

3. Type of Limiting Zone Identified _____ Test No. _____

4. Attachments (Check items included)*

	Form 3b - Tube Permeameter Test Data -	Number of Sheets	
X	Form 3c - Soil Permeability Class Rating Data -	Number of Sheets	1
	Form 3d - Percolation Test Data -	Number of Sheets	
	Form 3e - Pit Bailing Test Data -	Number of Sheets	
	Form 3f - Piezometer Flooding Test Data -	Number of Sheets	
	Form 3g - Basin Flooding Test Data -	Number of Sheets	

5. 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: **5/24/2019**

Signature of Professional Engineer _____ Lic. No. **40354**

Form 3c. Soil Permeability Class Rating Data

1. Test Number __1__ Replicate (Letter) __A__

2. Sample Depth__42"_ Soil Pit/Boring Number_1__ Date Collected__May 15, 2019___

3. Coarse Fragment Content:
Total Weight of Sample, W.T., grams __580___
Weight of Material Retained on 2mm sieve, W.C.F., grams__145__
Wt. % Coarse Fragment (W.C.F./W.T. x 100):__26%_

4. Oven Dry Weight (24 hrs., 105°C) of 40 Gram Air Dry Sample, grams, Wt __39.7_____

5. Hydrometer Calibration, Rc___4.0_____

6. Hydrometer Reading—40 seconds, grams, R1_14.3_
Temperature of Suspension, °F___68_____

7. Corrected Hydrometer Reading, grams, R1' __10.3_

8. Hydrometer Reading—2 hours, grams, R2__10.0_
Temperature of Suspension, °F___68_____

9. Corrected Hydrometer Reading, grams, R2'__6.0_

10. %sand= (Wt.-R1')/Wt.x100= (_39.7_-__10.3_)/__39.7_____x100= __74%____

11. % clay = R2'/Wt. x 100 = __6.0_/__39.7_____ x 100 = __15%_

12. Sieve Analysis:
a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams__16.5
b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams_4.6__
c. % Fine Plus Very Fine Sand (b/a)__28%_

13. Soil Morphology (Natural Soil Samples Only):
Structure of Soil Horizon Tested__SAB/Fri_____
Consistence of Soil Horizon Tested: Dry_____ Moist__X__

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) K- 3(2-6 in/hr)

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 Site Evaluator_ _____ Date__May 20, 2019

Signature of Professional Engineer_ _____ License # 40354_

Property Address: 38 Barnegat Road
West Milford, NJ

Form 3c. Soil Permeability Class Rating Data

1. Test Number __1__ Replicate (Letter) __B__

2. Sample Depth__42"_ Soil Pit/Boring Number_1__ Date Collected__May 15, 2019

3. Coarse Fragment Content:
Total Weight of Sample, W.T., grams __580___
Weight of Material Retained on 2mm sieve, W.C.F., grams__145__
Wt. % Coarse Fragment (W.C.F./W.T. x 100):__26%_

4. Oven Dry Weight (24 hrs., 105°C) of 40 Gram Air Dry Sample, grams, Wt __39.7_____

5. Hydrometer Calibration, Rc___4.0_____

6. Hydrometer Reading—40 seconds, grams, R1_15.1_
Temperature of Suspension, °F___68_____

7. Corrected Hydrometer Reading, grams, R1' __11.1_

8. Hydrometer Reading—2 hours, grams, R2__10.0_
Temperature of Suspension, °F___68_____

9. Corrected Hydrometer Reading, grams, R2'__6.0_

10. %sand= (Wt.-R1')/Wt.x100= (_39.7_-__11.1_)/__39.7_____x100= __72%____

11. % clay = R2'/Wt. x 100 = __6.0_/__39.7_____ x 100 = __15%_

12. Sieve Analysis:
a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams__17.8
b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams_4.6__
c. % Fine Plus Very Fine Sand (b/a)__26%_

13. Soil Morphology (Natural Soil Samples Only):
Structure of Soil Horizon Tested__SAB/Fri_____
Consistence of Soil Horizon Tested: Dry_____ Moist__X__

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) K- 3(2-6 in/hr)

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 Site Evaluator_ _____ Date__May 20, 2019

Signature of Professional Engineer_ _____ License # 40354_

Property Address: 38 Barnegat Road
West Milford, NJ

Form 4. - General Design Data

County/Municipality: **Passaic / West Milford** Block: **1207** Lot. **2**

1. Vol. Of Sanitary Sewage, gal **500**

X Res.: No of Dwelling Units **1** Number of Bedrooms **3**

Commercial/Institutional - Indicate type of establishment and show method of calculation. If based on water meter data, indicate source of data, frequency of reading, average daily flow and maximum recorded daily reading.

WEST MILFORD HEALTH DEPT. MAY 28 2019 RECEIVED

2. Alteration of Repairs:

a. Reasons for Alterations or Repair (Check appropriate categories)

_____ Expansion or Change in Use _____ Upgrade Existing Facilities

x Correct Malfunctioning System _____ Other - Specify

b. Describe the nature of Alterations or Repair

Propose to reuse the existing 1000 gallon septic tank followed by a new 500 gallon septic tank equipped with an effluent filter discharging to a new 810 sf gravity fed stone and pipe disposal field

3. System Components:

a. Grease Trap Capacity, gals _____ Show Calculations Used·

b. Septic Tank Capacity, gals **1500** First Compartment _____

Second Compartment _____

Third Compartment _____

c. Effluent Dist. Method: **X** Gravity Flow _____ Gravity Dosing _____ Pres. Dosing

Dosing Device: Pump _____ Siphon _____

d. Dosing Tank Capacity: Total Capacity _____

Dosing Volume _____ Reserve Capacity _____ gallons

e. Laterals: Number **5** Length **39.00** Pipe Size **4"** Spacing **36** inches

f. Connecting Pipe: **15'** Size **4"**

g. Manifold: _____ Size _____ Length _____

h. Disposal Field: Type of Installation _____

Design Permeability (per rate) **K4**

Trenches: Width Length Bed: Area **810** sq. ft

I. Seepage Pits: Design Percolation Rate

_____ Number of Pits Total Percolation Area Provided _____

4. Attachments (Check if items included):

X General Plan of System Showing Location of All Components

X X-Section of Each System Component Including Grease Trap, Septic Tank, Dosing Tank Disposal Field, Seepage Pits and Interceptor Drains

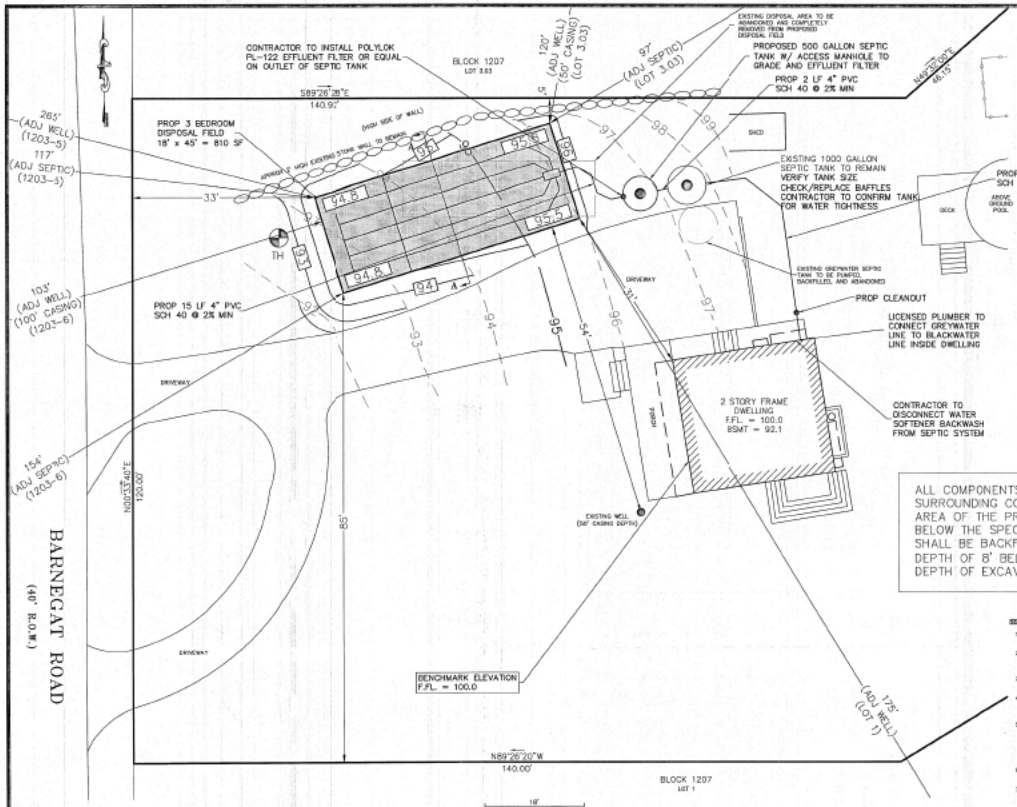
_____ Pump Performance Curves

_____ 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 (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. **5/24/2019**

Signature of Professional Engineer _____ Lic. No. **40354**



SOIL LOG & TEST RESULTS

TAKEN BY MAP ENGINEERING
TESTHOLE #1 (05-15-2019) WITNESSED BY SUE MIHAW
0" – 6" TOPSOIL
6" – 36" 10 YR 5/6 SANDY CLAY LOAM, SUBANGULAR BLOCKY, FRIABLE 10% GRAVEL, 5% COBBLE, 0% STONE
36" – 120" 10 YR 5/6 SANDY LOAM, SUBANGULAR BLOCKY, FRIABLE 15% GRAVEL, 10% COBBLE, 15% STONE
SOIL SAMPLE TAKEN AT 42"
SOIL PERMEABILITY RATING: K-3 (2-6 IN/HR)
NO GROUND WATER
NO MOTTLING

SEPTIC SYSTEM DESIGN

1. NUMBER OF BEDROOMS : 3 EXISTING
2. SEPTIC TANK CAPACITY = 3(250 GAL/BEDROOM) = 750 GAL.
   EXISTING 1000 GALLON SEPTIC TANK TO REMAIN
   PROPOSED 500 GALLON SEPTIC TANK
3. DESIGN FLOW: 200 GAL/DAY + 2(150 GAL/DAY) = 500 GPD
4. SOIL SUITABILITY CLASS : I
5. DESIGN PERMEABILITY RATING : K-4 (6-20 IN/HR) (BASED ON 4' SOIL REPLACEMENT)
6. MIN. REQUIRED DISPOSAL FIELD BOT/GAL/DAY = 1.61 SF/GPD
   MIN. BED SIZE REQUIRED : 1.61 x 500 = 805 SF
7. SEPTIC BED PROVIDED : 18' x 45' = 810 SF

ALL COMPONENTS OF THE EXISTING SEPTIC FIELD AND THE SURROUNDING CONTAMINATED SOILS ARE TO BE REMOVED FROM THE AREA OF THE PROPOSED SEPTIC FIELD. THIS MAY REQUIRE EXCAVATION BELOW THE SPECIFIED ELEVATION OF 88.5 ANY ADDITIONAL EXCAVATION SHALL BE BACKFILLED WITH SUITABLE FILL MATERIAL TO A MAXIMUM DEPTH OF 8' BELOW THE BOTTOM OF STONE ELEV. 92.5 THE REMAINING DEPTH OF EXCAVATION MAY BE BACKFILLED WITH NATIVE SOILS.

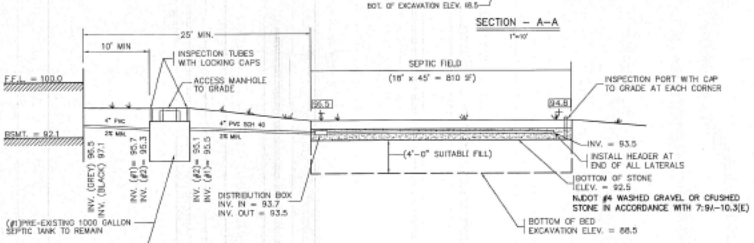
KEY MAP
1" = 200'

GENERAL NOTES

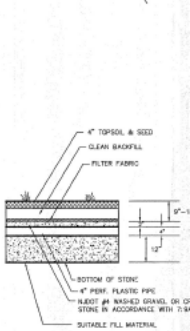
1. PROPERTY LINE INFORMATION FROM A SURVEY BY CAFFREY AND ASSOCIATES, INC., BERNARD M. CAFFREY, JR., N.J.P.L.S. LIC #16958 DATED FEBRUARY 20, 2009. PURSUANT TO N.J.A.C. 13:40-7.2(e)1 A COPY OF THE SURVEY WILL BE PROVIDED BY THE HOMEOWNER.
2. PROPERTY KNOWN AS #38 BARNEGAT ROAD OR AS LOT 2 IN BLOCK 1207 ON THE CURRENT TAX MAP OF THE TOWNSHIP OF WEST MILFORD
3. OWNER / APPLICANT: MEGAN FAVRE
   38 BARNEGAT ROAD
   HEWITT, NJ 07421
   [redacted]
4. TOPOGRAPHIC INFORMATION BASED ON AN AREA OF TOPOGRAPHY BY DABI SURVEYING INC., DOUGLAS B. SMITH, N.J.P.L.S. LIC #43234 DATED MAY 15, 2019. TOPOGRAPHY BASED ON ASSUMED DATUM
5. THE SITE CONTRACTOR IS RESPONSIBLE FOR LOCATING ALL UNDERGROUND UTILITIES. THE DESIGN ENGINEER SHALL BE NOTED OF ANY CONFLICTS PRIOR TO THE BEGINNING OF CONSTRUCTION.
6. THE DESIGN ENGINEER SHALL BE NOTED A MINIMUM OF 24 HOURS IN ADVANCE OF THE FOLLOWING SO THAT THE REQUIRED INSPECTIONS AND CERTIFICATIONS CAN BE PROVIDED:
   1) SEPTIC FIELD OPEN BED INSPECTION
   2) SUITABLE FILL INSTALLATION
   3) SEPTIC TANK AND FIELD LATERAL INSTALLATION
   4) BACK FILLING OF THE SEPTIC SYSTEM
7. THE PROPOSED INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM IS NOT LOCATED IN A FRESHWATER WETLANDS/ TRANSITION AREA OR A FLOODWAY/FLOOD HAZARD/ FLOOD PLAIN AREA
8. LICENSED PLUMBER TO COMPLETE ALL INDOOR PLUMBING WORK. LICENSED ELECTRICIAN TO COMPLETE ALL ELECTRICAL WORK.
9. ALL TREES WITHIN 10' OF PROPOSED DISPOSAL FIELD TO BE REMOVED. NOT ALL TREES ON THE PROPERTY ARE SHOWN ON THIS PLAN.
10. CONTRACTOR TO CONFIRM THAT ALL EXISTING PLUMBING FIXTURES IN THE DWELLING ARE CONNECTED TO PROPOSED SEPTIC TANK.
11. THERE IS TO BE NO WATER SOFTENER DISCHARGE CONNECTED TO THE SEPTIC SYSTEM. CONTRACTOR TO CONFIRM THAT NO EXISTING WATER SOFTENER DISCHARGES TO THE SEPTIC.
12. DEVIATIONS FROM STANDARDS
    1) SEPARATION DISTANCE: DISPOSAL FIELD TO PROPERTY LINE
       EXISTING: 15'/10' = 100% COMPLIANCE
       PROPOSED: 5'/10' = 50% COMPLIANCE
13. THIS SYSTEM HAS NOT BEEN DESIGNED TO BE USED WITH A GARBAGE DISPOSAL UNIT. THE USE OF A GARBAGE GRINDER, DISPOSAL UNIT, OR EJECTOR PUMP WITHIN THE DWELLING IS STRICTLY PROHIBITED.
14. FIELD CHANGES ARE PROHIBITED. NO DEVIATIONS FROM THE APPROVED DESIGN ARE PERMITTED WITHOUT PRIOR AUTHORIZATION FROM THE LOCAL HEALTH DEPARTMENT.
15. SOIL EROSION AND SEDIMENT CONTROLS SHALL BE PROVIDED AND MAINTAINED DURING CONSTRUCTION IN ACCORDANCE WITH THE LOCAL SOIL CONSERVATION DISTRICT'S REQUIREMENTS.

SEPTIC TANK NOTES:

1. ALL JOINTS BELOW THE LIQUID LEVEL OF THE TANK OR BELOW THE SEASONALLY HIGH WATER TABLE SHALL BE PROVIDED WITH A PERMANENT WATER-TIGHT SEAL.
2. ALL INSIDE CONCRETE SURFACES SHALL BE SEALED WITH TWO COATINGS OF AN APPROPRIATE INERT COATING TO MINIMIZE CORROSION. COATING OF PRE-CAST TANKS SHALL BE APPLIED BY THE MANUFACTURER PRIOR TO DELIVERY TO THE JOB SITE.
3. A SEPTIC SOLIDS RETAINER OR SEPTIC EFFLUENT FILTER SHALL BE INSTALLED AND MAINTAINED IN CONJUNCTION WITH ALL NEW SEPTIC TANKS PRIOR TO THE EFFLUENT DISTRIBUTION NETWORK.
4. ALL MANHOLES SHALL BE EXTENDED TO AND MAINTAINED AT FINISHED GRADE BY MEANS OF A RISER FITTED WITH A REMOVABLE WATERTIGHT COVER. RISERS SHALL BE BOLTED OR LOCKED TO PREVENT ACCESS BY CHILDREN AND SHALL BE OF CAST IRON WHEN A CONCRETE RISER IS USED.
5. A PERMANENT, NON-CORROSIVE MARKER A MINIMUM OF SIX (6) SQUARE INCHES IN SIZE CONTAINING THE FOLLOWING INFORMATION SHALL BE ATTACHED TO THE MANHOLE COVER OR RISER IMMEDIATELY BELOW THE COVER:
   a. THE ADMINISTRATIVE AUTHORITY NAME AND PERMIT NUMBER UNDER WHICH THE SYSTEM WAS INSTALLED
   b. THE DATE OF INSTALLATION
   c. THE TYPE OF SYSTEM
   d. THE TOTAL DESIGN CRITERIA IN GALLONS PER DAY
6. MANHOLE RISERS AND INSPECTION PORTS ON FIBERGLASS OR POLYETHYLENE TANKS SHALL BE CONSTRUCTED OF THE SAME MATERIAL AS THE TANK.
7. ALL TANKS INCLUDING RISERS AND INSPECTION PORTS TO THE HIGHEST JOINT, SHALL BE TESTED FOR WATER TIGHTNESS AFTER INSTALLATION AND BEFORE BACKFILLING USING HYDROSTATIC OR VACUUM TESTS IN ACCORDANCE WITH THE FOLLOWING:
   a. WATER TIGHTNESS TESTING PROCEDURES AND CRITERIA FOR CONCRETE TANKS SHALL FOLLOW THE METHODS DESCRIBED IN ASTM C-1227 OR THE NPCA TESTING CRITERIA AND PROCEDURES SPECIFIED IN ITS PRECAST CONCRETE ON-SITE WASTEWATER TANK BEST PRACTICES MANUAL.
   b. TANKS MADE OF MATERIAL OTHER THAN CONCRETE SHALL BE TESTED, AFTER INSTALLATION, IN ACCORDANCE WITH THE METHODS DESCRIBED IN ASTM C-1227 STANDARDS, IF APPLICABLE, OR OTHER HYDROSTATIC OR VACUUM METHODS APPROVED BY THE TANK MANUFACTURER.
   c. WATER USED FOR THE TESTING SHALL BE EITHER FROM A POTABLE WATER SOURCE OR RECLAIMED WATER FOR BENEFICIAL REUSE AUTHORIZED BY AN NJPDES PERMIT.
   d. THE USE OF AN ONSITE POTABLE WELL FOR PURPOSES OF SUPPLYING WATER FOR THIS TEST IS NOT PERMITTED.
   e. IF AN ONSITE POTABLE WELL IS TO BE USED, WITHDRAWAL OF WATER FROM THE WELL SHALL BE AT A RATE OF LESS THAN 80 PERCENT OF THE DESIGN YIELD OF THE WELL AND IN A MANNER THAT WILL AVOID DAMAGE TO THE PUMP OR ANY OTHER PART OF THE WELL.
8. POLYLOK FILTER PL-122, OR APPROVED NSF 46 EQUAL, FILTER IS EQUIPPED WITH A GAS DEFLECTOR. IN ABSENCE OF FILTER, A GAS DEFLECTOR IS TO BE INSTALLED IN OUTLET SIDE OF TANK.

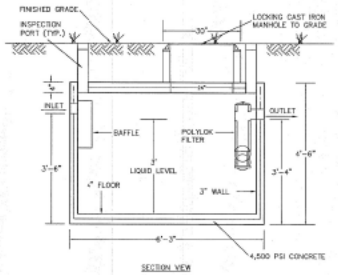


PROFILE – SEPTIC SYSTEM



SECTION – A–A
1"=10'

SECTION – SEPTIC BED



SECTION VIEW

500 GALLON ROUND SEPTIC TANK
NTS

NOTES

1. EXCAVATE AREA OF SEPTIC FIELD TO ELEV. 88.5 USING BENCHMARK (F.F.L.) AND BACKFILL TO THE BOTTOM OF STONE, ELEV. 92.5 WITH SUITABLE FILL MATERIAL MEETING CURRENT N.J.D.E.P. STANDARDS.

SUITABLE FILL REQUIREMENTS WITHIN THE ZONE OF TREATMENT:
1) COARSE FRAGMENTS (GREATER THAN NO. 8 SIEVE) <15% BY VOLUME OR <20% BY WEIGHT
2) TEXTURAL ANALYSIS: BETWEEN 80%-100% MUST PASS THROUGH NO. 8 SIEVE, BETWEEN 50%-85% MUST PASS THROUGH A NO. 16 SIEVE, BETWEEN 25%-50% MUST PASS THROUGH A NO. 30 SIEVE, BETWEEN 10%-30% MUST PASS THROUGH A NO. 50 SIEVE AND BETWEEN 2%-10% MUST PASS THROUGH A NO. 100 SIEVE
3) PERMEABILITY 6-20 IN/HR

SUITABLE FILL REQUIREMENTS WITHIN THE ZONE OF DISPOSAL:
1) COARSE FRAGMENTS (GREATER THAN NO. 8 SIEVE) <15% BY VOLUME OR <25% BY WEIGHT
2) TEXTURAL ANALYSIS: 85% OR MORE SAND
3) PERMEABILITY GREATER THAN 2" PER HOUR, OR PERCOLATION RATE FASTER THAN 30 MINUTES PER INCH

PASSAIC COUNTY SOIL MAP (NRCS/USDA)
RoetBc – ROCKAWAY LOAM

412152 4234 8185 Check

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LEGEND:
EXISTING CONTOUR 104
PROPOSED CONTOUR 103
EXISTING GRADE +101.0
PROPOSED GRADE +103.0

REVISIONS		
DATE	BY	DESCRIPTIONS

DRAWN BY	CHECKED BY
JEH	MAP

SEPTIC ALTERATION
BLOCK 1207 – LOT 2
#38 BARNEGAT ROAD
FOR
MEGAN FAVRE
TOWNSHIP OF WEST MILFORD, PASSAIC CO., N.J.

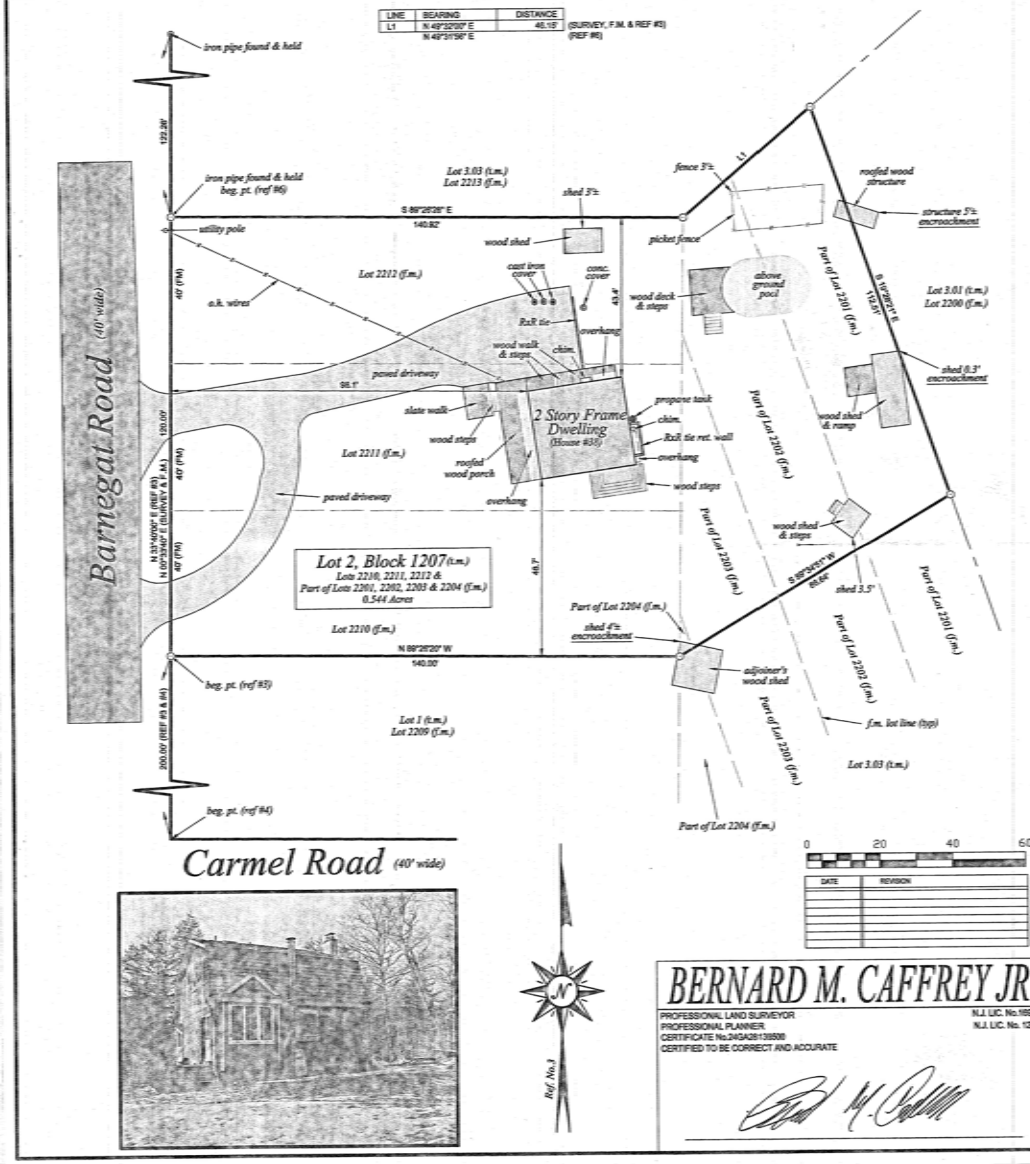
MAP ENGINEERING, INC.
370 Kinderkamack Road
Suite 3B
Kinnelon, NJ 07405
P: (973)492-6345
F: (973)492-6473
StaffDNAPengineering.net
www.MAPengineering.net

MARK A. PALUS, P.E., P.P.
N.J. PROFESSIONAL ENGINEER LICENSE NO. 40354
N.J. CERTIFICATE OF AUTHORIZATION NO. 27912100

DATE: 05/24/2019

JOB NO: 3214-2755
SHEET NO: 1 OF 1

DRAWING SCALE
1" = 10'
0 10' 20'
GRAPHIC SCALE



REFERENCES:

1. TOWNSHIP OF WEST MILFORD TAX MAPS.
2. A MAP ENTITLED "SECOND MAP OF UPPER GREENWOOD LAKE, TOWN OF WEST MILFORD, PASSAIC COUNTY, NEW JERSEY", AND FILED IN THE PASSAIC COUNTY CLERK'S OFFICE AS MAP No.942.
3. DEED OF RECORD, BOOK 1493, PAGE 103.
4. DEED OF RECORD, BOOK Q-122, PAGE 170.
5. DEED OF RECORD, BOOK D-930, PAGE 122.
6. DEED OF RECORD, BOOK D-903, PAGE 253.

CERTIFICATION NOTES:

THIS CERTIFICATION IS MADE ONLY TO NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY, THE SETTING OF FENCES AND/OR ANY OTHER STRUCTURES IN OR NEAR THE PROPERTY LINES.

CERTIFIED TO:

CORY J FAVRE.

BOSTON TITLE AGENCY.

OLD REPUBLIC TITLE INSURANCE COMPANY.

FIRST INTERSTATE FINANCIAL CORPORATION, ITS SUCCESSORS AND/OR ASSIGNS, AND THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT, HIS/HER SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR.

NICHOLAS NICOSIA, ESQ.

WEST MILFORD HEALTH DEPT
MAY 28 2019
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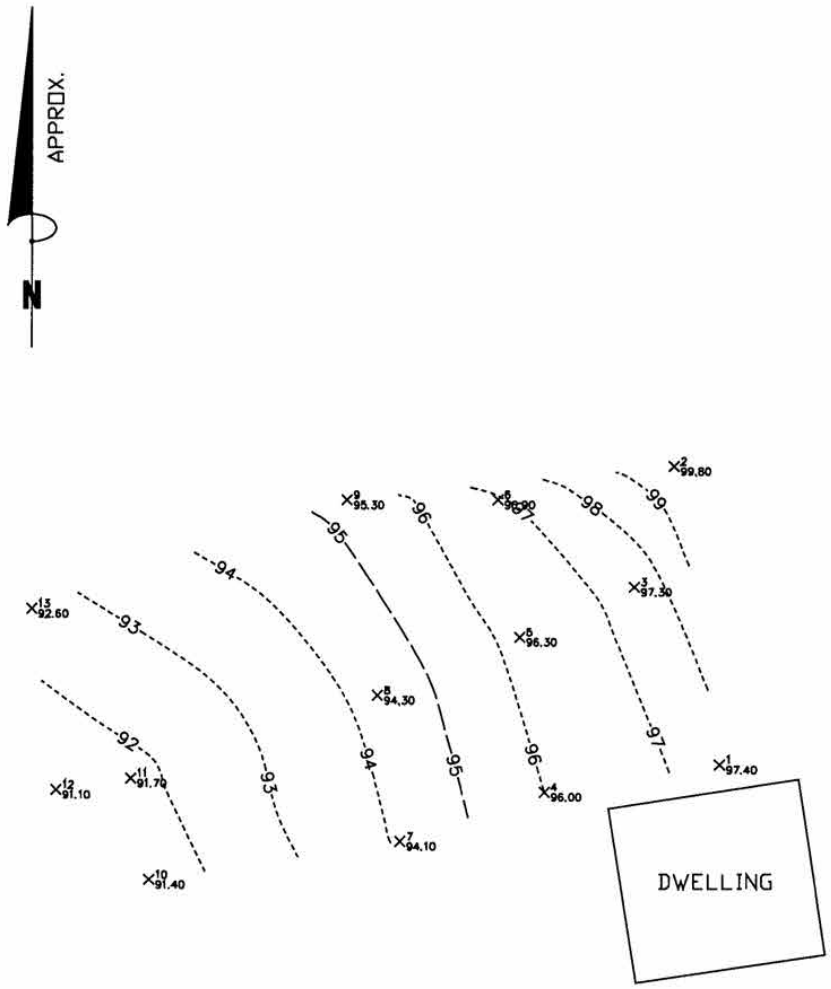
BERNARD M. CAFFREY JR.
PROFESSIONAL LAND SURVEYOR N.J. LIC. No.16956
PROFESSIONAL PLANNER N.J. LIC. No. 1245
CERTIFICATE No.24GA28139500
CERTIFIED TO BE CORRECT AND ACCURATE

SURVEY OF PROPERTY

PREPARED FOR
Lot 2, Block1207
SITUATED IN THE
Township of West Milford
County of Passaic, New Jersey

CAFFREY AND ASSOCIATES, INC.
PROFESSIONAL - SURVEYORS - PLANNERS
35 ROUTE 23N, HAMBURG, NEW JERSEY 07419
LICENSED IN; NEW YORK, NEW JERSEY AND PENNSYLVANIA (973) 827-6800

SCALE 1"=20' DATE: FEBRUARY 20, 2009 JOB No. 09-109 DRAWN BY: GGG



NOTE:
VERTICAL DATUM: ASSUMED.

WEST MILFORD
HEALTH DEPT
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AREA TOPOGRAPHY

38 BARNEGAT ROAD
BLOCK 1207 ~ LOT 2
TOWNSHIP OF WEST MILFORD
PASSAIC COUNTY, NEW JERSEY

SCALE: 1"=20' | MAY 15, 2019

REFERENCES: EVIDENCE IN THE FIELD.

973-838-4792 FAX 283-1655

DAB
SURVEYING INC.
170 KINNELON ROAD
SUITE 25
KINNELON, NJ 07405
CERTIFICATION OF AUTHORIZATION
24GA27953100

CERTIFIED TO:

PROJECT NUMBER | 2019 05 0151

DOUGLAS B. SMITH PROFESSIONAL LAND SURVEYOR N.J. LIC.43234

MAP Engineering

170 Kinnelon Road – Suite 36
Kinnelon, NJ 07405
www.MAPengineering.net

Phone: 973-492-0345
Fax: 973-492-6472
Staff@MAPengineering.net

May 24, 2019

West Milford Health Dept
1480 Union Valley Road
West Milford N.J. 07480
Attn: Sue Muhaw

#12152 Check #236 $185

WEST MILFORD
HEALTH DEPT
MAY 28 2019
RECEIVED

Re: Septic **Alteration** Plan
38 Barnegat Road
Block 1207 – Lot 2
West Milford, NJ

Dear Ms. Muhaw:

The Septic Alteration Plans for the referenced property are enclosed along with copies of the state application, a copy of the survey, and a $185.00 check payable to "Township of West Milford."

The design is for the existing 3 bedroom dwelling and proposes to reuse the existing 1000 gallon septic tank and add a new 500 gallon septic tank equipped with an effluent filter discharging to a new 810 sf gravity fed stone and pipe disposal field.

If you have any questions or concerns regarding this submittal, please do not hesitate to contact our office.

Sincerely,

Joseph Hogan, PE

Town Package

cc: Megan Favre, applicant (w/ plans)
Sisco Services, contractor (w/ plans)

VER-GREEN
INSPECTION SERVICES
1-973-620-1833

Needs P.E. 4/25/19

63 Glenside Trail, Sparta, NJ 07871

April 24, 2019

Antonie Delannoy
RE: On Site Wastewater Treatment System
38 Barnegat Rd.
West Milford, NJ 07421
Block: 1207 Lot: 2
Job # 19040812

Dear Mr. Delannoy,

As requested, this company performed an inspection of the on-site wastewater system at the above noted address on April 24, 2019. Attached is the report of that inspection which will document our findings. Based on the inspection, the system was found in **"Uns*atisfactory Condition*"** at the time of inspection.

The system contains three main components: the treatment tank that traps the solids, the conveyance system which moves the liquid from the treatment tank to the absorption area and the absorption area where the liquid percolates into the ground.

Prior to the inspection the septic file was reviewed at the West Milford Health Department.

The black water tank and gray water tank were opened and inspected. The gray water tank is underneath the driveway, this is a concern. The baffle that directs the solids to the base of the tank (inlet baffle) was found to be intact and operational in both tanks. The baffle that prohibits the floating solids from leaving the tank (outlet baffle) was found to be intact and operational in both tanks as well. There were no visible signs of cracking or damage to the tanks. The tanks were not pumped out during the inspection and conditions below the liquid level could not be observed. This is considered satisfactory with concerns.

The camera was run into the conveyance line from both outlet baffles and liquid was observed backing up into the line. The distribution box (d-box) is located downstream from the treatment tank. The liquid leaves the treatment tank and enters the d-box where it is directed into pipes (outlet lines) that run out into a disposal bed. The d-box was located, and a fully elevated liquid level was observed. This is considered unsatisfactory.

The absorption area was probed, and the stone was found to be fully saturated. Visible liquid was observed above the stone in all probe holes. This is considered unsatisfactory.

Ever-Green recommends that a septic contractor/engineer is contacted to replace the absorption area. Ever-Green recommends not to park heavy vehicles or machinery on top of the gray treatment tank in the driveway.

Based on today's observations, the information provided by the owner (s) or their agent, Ever-Green submits this sub-surface sewage disposal system inspection.

List of RE's
Putty 6.11 (1)

3 & Barnaget

2879 -
Recycling 2 ewm
.09

The inspection is based on the current conditions of the onsite sewage disposal system. Ever-Green makes no representation that the system was designed, installed or meets N.J.A.C. 7:9A-1.1 et seq. Ever-Green has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of the numerous factors (usage, soil type, installation and maintenance etc.) which affect the proper operation of a sub-surface disposal system as well as the inability of Ever-Green to supervise or monitor the use and maintenance of the system, this report shall not be construed as a warranty by Ever-Green that the system will function properly for any prospective buyer. Ever-Green disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.

If you have any questions, please do not hesitate to contact us. Thank you for allowing Ever-Green to meet your inspections needs.

Sincerely,

Ryan Odom
Certified Inspector

ON-SITE INSPECTION FORM

Job# 19040812

Inspection Overview

- Preliminary system information
- Inspection of treatment tanks
- Absorption system inspection
- Disposal/Conveyance system assessment
- Identification of any alternative technology approved components - Requires additional inspection

EVER-GREEN INSPECTION SERVICES
1-973-620-1833

Client Info

Client Name: Antonie Delannoy

Different from Owner ? ☑ Yes ☐ No

Street Address:

City: State: Zip Code:

Contact Method

Home : [redacted]

Work :

Fax:

e-mail address : [redacted]

ONSITE SYSTEM LOCATION

Inspector Name: Ryan Odom

Date: 04-25-2019

ISSDS Address: (including municipality):

38 Barnegat Rd.
West Milford, NJ 07421
Passaic County

New Jersey Coordinate:

Block: 1207 Lot: 2

Was GPS used? ☐ Yes ☑ No

Preliminary Information

Weather: Clear

Last Precipitation: 2 Days prior to inspection

Age of system: 1985 with alterations

Type of dwelling? ☑ Residential ☐ Non Residential

Number of bedrooms: 3

How many systems are being inspected? 1

List any commercial activities or high impact hobbies:

1 -
2 -
3 -
4 -
5 -

	Yes	No
Is there a site plan or septic map available ?	☑	☐
Is the dwelling currently being occupied?	☑	☐
If so how many occupants?	4	
If no last date occupied?		
If there is a washing machine, is it connected to a separate gray water disposal system ?	☐	☑
Is the dwelling free of additional gray water systems?	☑	☐
Is the dwelling free of a garbage disposal systems?	☑	☐
Is the dwelling free of sump pump discharges to the system?	☑	☐
Is the dwelling free of any historical sewage back ups into the structure ?	☑	☐
Does all sewage enter the septic system and no type of sewage bypass exits ?	☑	☐

Septic Tank Pumping

	Yes	No
Is the septic tank pumped regularly?	☐	☐

Frequency: Unknown

Date of last pumping: Unknown

Comments:

Prior to the inspection the septic file was reviewed at the West Milford Health Department. This sysem contains a separate black water and gray water tank which connect to a shared disposal bed. The black water tank is a 1000 gallon tank, and the gray water tank is a 500 gallon tank. It should be noted that they gray treatment tank is underneath the driveway, this is a concern. Ever-Green recommends not to park heavy vehicles or machinery on top of the gray treatment tank.

Treatment Tank

Type of system being inspected :

☐ Cesspool ☑ Septic Tank ☑ Gray Water

☐ Other:

☐ Multi-compartment: # 1

Name the material of the system :

☑ Concrete ☐ Block ☐ Steel

☐ Other:

Approximate Treatment Tank Volume: notes

Evaluate the condition of the tank below:

Comments refer to both tanks.

	Satisfactory	Unsatisfactory	N/A
Top and Lids	☑	☐	☐
Inlet baffle	☑	☐	☐
Outlet Baffle	☑	☐	☐
Cracks or Leaks	☑	☐	☐
Sewage Flow from structure	☑	☐	☐

	Yes	No
Main tank lid opened for inspection?	☑	☐
Liquid level below the tank's inlet invert?	☑	☐
Liquid level below the tank's outlet invert?	☑	☐
Treatment tank pumped for this inspection?	☐	☑
Are all portions of the tank(s) clear of structures like a deck or a drive way ?	☐	☑
Is the area clear of evidence that sewage has surfaced above the treatment tank?	☑	☐
Does water flow unimpeded from the treatment tank?	☑	☐
Is an effluent filter a part of the system?	☐	☑
If yes, does it appear properly maintained?	N/A	N/A
Are there any other type of accessory units present?	☐	☑

Depth to top of tank: 4 inches

Depth to top of tank access: at-grade inches

Comments:

The liquid level was observed at the proper operating level in both tanks at the time of inspection.

Absorption Area

Name the type of absorption system?

☑ Disposal bed ☐ Seepage pit ☐ Cesspool ☐ Disposal trench ☐ Mounded

☐ Other:

Was the absorption system located? ☑ Yes ☐ No If no explain:

Are the inspection ports present ? ☐ Yes ☑ No If yes how many ?

Were the inspection ports checked ? ☐ Yes ☐ No ☑ N/A

Was a separate probe dug in the absorption area to confirm the observations in the inspection ports ? ☑ Yes ☐ No ☐ N/A

Is the area of the absorption system free of sewage odors ? ☑ Yes ☐ No

Does sewage flow from the treatment tank to the absorption system without flowing back ? ☑ Yes ☐ No ☐ N/A

Is the area above or near any of the system components free from visible signs of effluent or sewage ? ☑ Yes ☐ No

Are the areas at or near the inlet invert of any absorption area component free from visible signs of sewage or effluent ? ☑ Yes ☐ No

Are areas above or near system components free of lush vegetation ? ☑ Yes ☐ No

If exposed, is the distribution box in satisfactory condition ? ☐ Yes ☑ No ☐ N/A

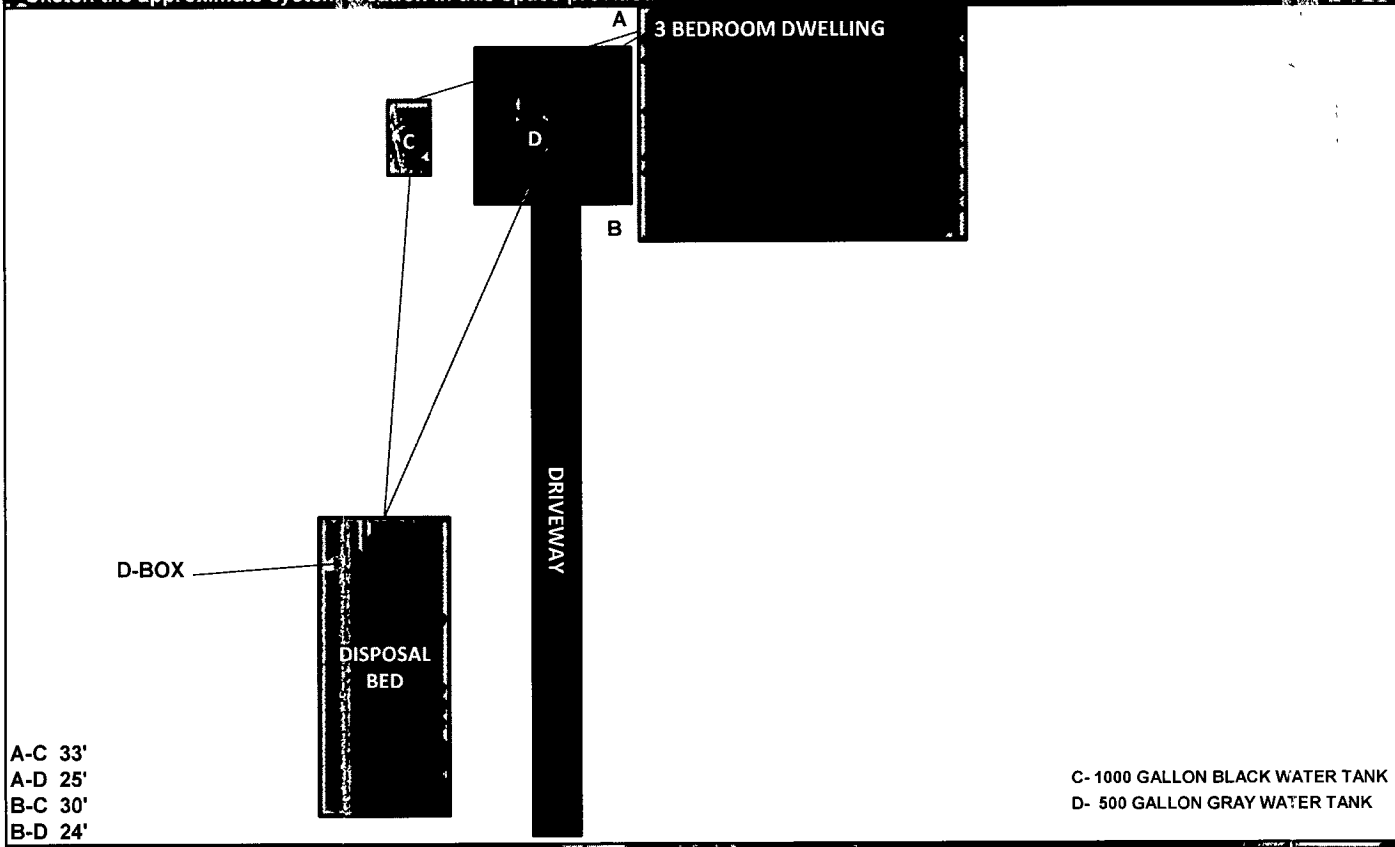
If not satisfactory please explain why: Elevated liquid level in d-box.

Is the area directly over any part of the absorption system free of any evidence of large objects (cars, pools, etc.) ? ☑ Yes ☐ No

Comments:

During the inspection the treatment tank and gray water tank were opened, inspected and found in satisfactory conditon. The camera was run into the conveyance line from both outlet baffles and it was found to have liquid backing up into the line. The d-box was located and evaluated. The liquid level inside the d-box was found to be elevated. This is considered unsatisfactory.

Sketch the approximate system location in this space provided:



Dosing or Pump Tank

	Yes	No	N/A
Does the system contain a pump tank ?	☐	☑	☐
Is the pump operating ?	☐	☐	☑
Do the alarm (s) on the pump work ?	☐	☐	☑
Is the pump elevated above the tank floor ?	☐	☐	☑
Is the lid in satisfactory condition ?	☐	☐	☑
Is the tank in satisfactory condition ?	☐	☐	☑
Is the tank free of accumulated solids ?	☐	☐	☑

Summary

	Satisfactory	Satisfactory with concerns	Unsatisfactory	Requires additional investigation	N/A
Condition of treatment tank (s)	☑	☐	☐	☐	☐
Condition of the conveyance and pump system (s)	☐	☐	☑	☐	☐
Condition of the absorption area (s)	☐	☐	☑	☐	☐
Condition of any accessory components	☐	☐	☐	☐	☑

Comments:

Probe holes were made in the disposal bed and the stone was found to be fully saturated. Visible liquid was observed above the stone in all of the probe holes. This is considered unsatisfactory. Ever-Green recommends contacting a septic contractor / engineer to replace the absorption area.

Township of West Milford

HW 1/16/19

Department of Health
1480 Union Valley Road, West Milford, NJ 07480-1303
(973) 728-2720 Fax: (973) 728-2847
Health@westmilford.org

WEST MILFORD HEALTH DEPT.
DEC 28 2018
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PERMIT N° 14751

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location of Pumping (Owner's Name): Cary Farrc
Owner's Name

38 Barnegate Rd
Street Address

1207
Block #

2
Lot #

Pumping Contractor: P + W Excavating 19393 973-728-1155
Name of firm DEP License # Telephone

Date of Pumping: 12/17/18

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2	300	300
Pump Tank		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided? NO X YES _____ TYPE _____

Location of Tank:
~~X~~ ~~Front Yard~~
_____ Rear Yard
X Side Yard

Liquid Level in tank is above _____ **outlet invert**
below _____ **outlet invert**
at X **outlet invert**

Type of Tank:
_____ Metal
X Precast Concrete
_____ Cinder Block
_____ Other

Condition of Tank (s):
Acceptable X
Problem with Lid _____
Problem with Baffle _____
Other Problems _____

Disposal Area Design:
_____ Seepage Pits
X Bed
_____ Trenches
_____ Unknown
_____ Other

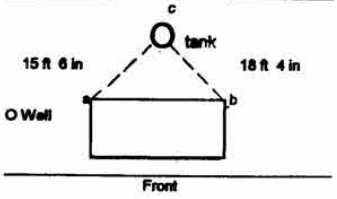
Condition of Disposal Area:
Acceptable X
Problem with Lid _____
Problem with Baffle _____
Other Problems _____

Reasons for Pump out:
X Routine Maintenance (including permit requirement)
_____ Surfacing on Ground
_____ Plumbing Backup
_____ Other (explain) _____

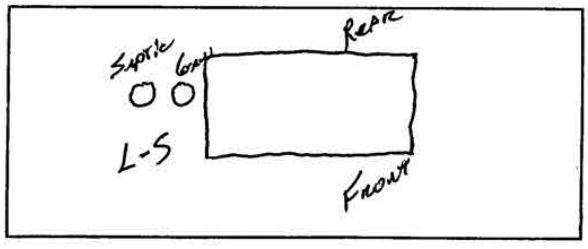
Keith VanDunk — Name of Pumper (PRINT)
Keith VanDunk — Signature of Pumper

Use the space provided to illustrate where your tank\well is located as shown in the example below. Measure the distances from the center of the tank to two fixed corners of the house. Avoid using items that may change. House shapes may vary, therefore you may find it easier to just send a photocopy of your property survey with the septic location marked as shown. If you wish to make notes or explain anything, please feel free to write on the back of this form.

Sample: Rear or Lake



A-C= 15 feet 6 inches
B-C= 18 feet 4 inches



A-C= ____ft ____in B-C= ____ft ____in

Original – Health Department **Duplicate – Homeowner** **Triplicate - Pumper**

WEST MILFORD HEALTH DEPT.
MAY 23 2016
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Township of West Milford
Department of Health
1480 Union Valley Road, West Milford, NJ 07480-1303
(973) 728-2720 Fax: (973) 728-2847
Health@westmilford.org

SEWAGE SYSTEM SLUDGE REMOVAL PERMIT No 11314

Pumping Date: 4/5/16

PROPERTY INFORMATION

1207 Blk# 2 Lot#

Street Address: 38 Barnegat Rd.

Owner's Name: Cary Favre

PUMPING COMPANY INFORMATION

Pumping Company Name: P+W Excavating

Telephone #: 973-728-1155

19363 DEP Lic #

Reasons for Pump Out:
- ☑ Routine Maintenance (including 3yr pump requirement)
- ☐ Plumbing Backup
- ☐ Surfacing on ground
- ☐ Other (Explain) _____

Kevin Van Dyke — Pumper's Name (Print)

Kevin Van Dyke — Signature of Pumper

TANK & DISPOSAL SYSTEM CONDITION INFORMATION

Septic Tanks: **System Location:** ☒ Front ☐ Rear ☐ Right ☐ Left

Tank Material :
- ☑ Precast Concrete
- ☐ Metal
- ☐ Plastic/Fiberglass
- ☐ Other: _____

"Acceptable"

Receptacle Pumped:	Tank Size In Gallons	Actual Gallons Pumped	Tank Conditions Y	Tank Conditions N	ATU Y	ATU N
Septic Tank 1	540	560	✓			
Septic Tank 2						
Pump Tank						

	Pit Depth and Circumference	Actual Gallons Pumped
Seepage Pit 1		
Seepage Pit 2		
Others		

"Acceptable" Means All Parts Working: Proper Liquid Levels, Physical Condition, Baffles, and Lid

Disposal System: ☑ Bed ☐ Trenches ☐ Seepage Pit(s) Other _____

Location: ☒ Front ☐ Rear ☐ Right ☐ Left

- ☑ Acceptable Disposal Area & D-Box With No Sign of Problem or Failure!
- ☐ Acceptable Split System with Separate Black or Grey Water

UNACCEPTABLE SYSTEM CONDITION INFORMATION

Issue(s) With Tank(s):
☐ Lid ☐ Baffle ☐ Flow Back ☐ Liquid Elevated ☐ Part Filled
☐ Tank Not Filled To Proper Level ☐ Tank Deterioration ☐ Other

Issue(s) With Disposal Area:
☐ Saturation ☐ Direct/Indirect Flow to Water Course
☐ Overflow ☐ Sludge Build Up in Laterals
☐ Dist-Box ☐ Other: _____

Explain issue(s) found: _____

FOR HEALTH DEPARTMENT USE ONLY

Dates:

Initial Notice	NOV Late Pumping	NOV Public Health Nuisance	Summons	Next Sched. Cycle Notice

4
3-31-17