INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

Permit No. 6574

DATE APPLICATION RECIEVED _____
DATE APPLICATION REVIEWED _____
APPROVED--REJECTED--INITIAL---
COMMENTS: _____

SECTION REPORT

Green Bed-OK-CC-4/8/88
Pipe+Stone-NG-No Hay-pipe in "D" Box not level
Pipe+Stone-NG-Field Hay-One pipe in D Box too high-8/15/88
Pipe+Stone-OK-CC-8/17/88 Engr must make all inspections and certify

DEPARTMENT OF HEALTH, WEST MILFORD
PASSAIC COUNTY, NEW JERSEY

Owner (print) MR. MICHAEL MACACIONE

Mailing Address & Phone 37 EAST GLEN AVENUE, RIDGEWOOD, NJ 07450 [redacted]

Location Address DARETOWN ROAD (No. / Street) Block No. 63 (1606) Lot No. 27-31 (1)

Individual Dwelling - No. of Bedrooms 3 Use: Yearly ☒ Summer ☐ Expansion Attic - Yes ☒ No ☐

Other — Type of Building _____ No. of Persons _____ Gals./Person/Day _____ Total G.P.D. _____

SEPTIC TANK	GREASE TRAP	DISPOSAL BED	DISPOSAL TRENCH	SEEPAGE PIT
Liquid Capacity 1000	Liquid Capacity 1000	Width 20'-0"	Width	Width ..... Length .....
Material CONCRETE	Material CONCRETE	Length 20'-0"	Depth	Diameter
		Area Sq. Ft. 400	Area Sq. Ft.	Depth Below Inlet
				Area sq. ft. of liner

Design is based on a percolation rate of 7 minutes per inch at (inch-foot) 4'-0" depth below the surface, as shown in percolation test report.

PERCOLATION TEST RESULTS

Hole No	Time in Min. per In.	Number of Tests to Determine Saturation	Depth Below Surface	Type of Soil Encountered, Depth of Each Type. Note Depth at which Water or Rock Encountered.
A	6.3	3	4'-0"	SEE REVERSE
B	5	3	4'-0"	SEE REVERSE

Remarks _____

I hereby certify that all the information contained herein is accurate and correct and that this information contained herein complies with the Individual Disposal System code or Individual and Semipublic Water Supply code in effect and as adopted by this Township. & State Law P.L. Ch199.

Signed and Sealed Engineer

Engineer's Name FRANK IOSCALZO JR. P.E.
Mailing Address & Phone 11 KINGSLEY ROAD, RINGWOOD, NJ 07456 201-962-9300

Date of Preparation 5/18/88
Date of Percolation Tests 3/25/88

INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

INSPECTION REPORT

Permit No. _____

DATE APPLICATION RECIEVED _____

DATE APPLICATION REVIEWED _____

APPROVED---REJECTED---INITIAL---

COMMENTS: _____

DEPARTMENT OF HEALTH, WEST MILFORD
PASSAIC COUNTY, NEW JERSEY

Owner (print) MR. MICHAEL MACACIONE

Mailing Address & Phone 37 EAST GLEN AVENUE, RIDGEWOOD, NJ 07450 [redacted]

Location Address DARETOWN ROAD (No. / Street) Block No. 63 Lot No. 27-31

Individual Dwelling - No. of Bedrooms 3 Use: Yearly ☒ Summer ☐ Expansion Attic - Yes ☐ No ☐

Other — Type of Building _____ No. of Persons _____ Gals./Person/Day _____ Total G.P.D. _____

SEPTIC TANK	GREASE TRAP	DISPOSAL BED	DISPOSAL TRENCH	SEEPAGE PIT
Liquid Capacity 1000	Liquid Capacity 1000	Width 20'-0"	Width	Width Length
Material CONCRETE	Material CONCRETE	Length 20'-0"	Depth	Diameter
		Area Sq. Ft. 400	Area Sq. Ft.	Depth Below Inlet
				Area sq. ft. of liner

Design is based on a percolation rate of 7 minutes per inch at (inch-foot) 4'-0" depth below the surface, as shown in percolation test report.

PERCOLATION TEST RESULTS

Hole No	Time in Min. per In.	Number of Tests to Determine Saturation	Depth Below Surface	Type of Soil Encountered, Depth of Each Type. Note Depth at which Water or Rock Encountered.
A	6.3	3	4'-0"	SEE REVERSE
B	5	3	4'-0"	SEE REVERSE

Remarks _____

I hereby certify that all the information contained herein is accurate and correct and that this information contained herein complies with the Individual Disposal System code or Individual and Semipublic Water Supply code in effect and as adopted by this Township. & State Law P.L. Ch199.

Signed and Sealed Engineer

Engineer's Name FRANK LOSCALZO JR. P.E.

Mailing Address & Phone 11 KINGSLEY ROAD
RINGWOOD, NJ 07456 201-962-9300

Date of Preparation 5/18/88

Date of Percolation Tests 3/25/88

OBSERVATION TEST HOLE - DESCRIPTION OF SOIL: OBSERVATION TEST HOLE NO.....

DEPTH		SOIL DESCRIPTION
From	To	(Color, texture, water content, firmness, relative permeability)
0'-0"	0'-6"	TOP SOIL
0'-6"	3'-0"	BROWN CLAY LOAM W/STONES
3'-0"	10'-0"	GREY SAND AND GRAVEL W/STONES, FINE - MEDIUM GRAIN, TR/SILT, LOOSE, MOIST, PERM.

Example: Lt. brown silty gravel, moist, dense - permeable.

SEEPAGE AND GROUNDWATER

DEPTH		RELATIVE AMOUNT OF SEEPAGE INTO HOLE
From	To	(Indicate rapid, moderate, slow, very slow, none)
—	—	—

Depth to stabilized water table: — after — hours.

Estimated depth to highest fluctuating or seasonal water table:.....

Depth to mottled soil (grey streaked or marbled appearance):

From — to —

From — to —

SOIL PERMEABILITY

Soil pervious at ALL depth

Soil Not pervious at — depth

Comments:

INSTRUCTIONS: This appiication shall be accompanied by signed and sealed detailed plans for the proposed sewage disposal system. The plans shall include the following:

1. A scale drawing of the lot showing the location and size of all existing and proposed buildings, driveways, ditches, drains, ponds, streams, swales, wells, wooded areas, and open areas.
2. The drawing shall extend to portions of adjoining and nearby properties to show all structures within 150 feet of the proposed disposal system and all ditches, drains, ponds, streams, swales, and wells within 100 feet of the proposed disposal system.
3. An outline of an area reserved for possible future expansion of the system and clearly marked as such on the plans.
4. Direction and approximate percent of slope in the area of the proposed system.
5. Location of all percolation and observation test holes. - 2 percolation tests in proposed bed area.
6. Location and depths of proposed or future excavations and fills.
7. Detailed plans of the disposal system including cross sections and profiles.
8. Provisions to divert surface water and/or subsurface water from the disposal area.
9. Show dimensions and distances for all above information.
10. Percolation and observation hole must be in proposed bed area.

Alteration Permit.....$30.00
New Construction
Permit.....$40.00

Permit **Nº 6574**

TOWNSHIP OF WEST MILFORD
PASSAIC COUNTY, N. J.

DEPARTMENT OF HEALTH

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

Owner's Name Maccioni Phone 652

Location - Address Dartown Rd Block No. 63 Lot No. 27-31

Contractor's Name Bruce Moyer Phone

In accordance with the provisions of an ordinance entitled: "AN ORDINANCE establishing a code to regulate and control the location, construction, use, maintenance, and method of emptying or cleaning individual sewage disposal systems, or other places used for the reception or storage of human excrement, the issuance of permits and providing penalties for the violation thereof.", or as may be directed by the Dept. of Health & State Law P.L. Ch 199

Dept. of Health of Township of West Milford
in the County of Passaic and
State of New Jersey

8/11/88
Date

Administrative Officer

Application & Permit Fee $20.00

Application P 5096

Trench ok MT 10/31

WS 12/14/88

TOWNSHIP OF WEST MILFORD
Passaic County, New Jersey

DEPARTMENT OF HEALTH

APPLICATION FOR A PERMIT TO INSTALL / ALTER WATER PUMP AND SUPPLY

Owner's Name Michael MacoiNE

Mailing Address 37 EAst Glen Ave Ridgewood Phone [redacted]

Location Daretown Rd (Street) Block ~~22~~ 63 - ~~31~~ Lot 27-31

1606 1

No. of Realty Improvements

Installation for other than dwelling — Number or gallonage

Installer's name John H. Barrett Inc Phone number 838-2262

Size of casing 6" Depth of casing 50' Size & type of pump (H.P.) 1/2 Gould Sub.

G.P.M. 3 (At well bottom) 247' (Depth of well) Static water level 64' (from ground level) depth pump to be set 237

Remarks and/or variances required 220 gal TANK & Low WATER CUT off

Date 10/28/88

Signed [signature] performed by

Application and
Permit Fee $10.00

TOWNSHIP OF WEST MILFORD
Passaic County, N. J. 07480

Permit No. [redacted] 5096

DEPARTMENT OF HEALTH

PERMIT TO INSTALL A WATER PUMP AND SUPPLY

Permission is granted to Michael Macaini
Applicant's Name

Address ..... Block 63 Lot 27-31

for one or other
No. of dwelling units Specify type or gallonage

Date 10-28-86

Henry Schmidt
Department of Health Inspector

120 TANK 3' Low water cut off

Application & Permit Fee $25.00

Application W 5096

TOWNSHIP OF WEST MILFORD

Passaic County, New Jersey

DEPARTMENT OF HEALTH

APPLICATION FOR PERMIT TO CONSTRUCT / ALTER A WELL

No. of Realty Improvements 1 Other than dwelling .....

Owner's Name (print) MR. MICHAEL MACAIONE

Mailing Address & Phone 37 E. GLEN AVENUE, RIDGEWOOD, NJ 07456, [redacted]

Location - Address DARETOWN ROAD (No. Street) Block No. 63 Lot No. 27-31

Type of well or source of water DRILLED

Proposed diameter of well 6" Estimated depth of well 125 FT.

Type and capacity of proposed pumping equipment ½ H.P. SUBMERSIBLE PUMP

Method of sealing casing and well head CEMENT GROUT. SANITARY SEAL

Estimated gpm 5+-

Remarks WATER TIGHT CASING TO A DEPTH OF 50'

I hereby certify that all the information contained herein is accurate and correct and that this information contained herein complies with the Individual Disposal System code or Individual and Semipublic Water Supply code in effect and as adopted by this Township and State Law P.L. Ch 199

Name of Well Driller (print) if known .....

Address & Phone .....

Signature of Owner, Well Driller or Engineer (seal) .....

Date 5/18/88

Application and Permit Fee $10.00

TOWNSHIP OF WEST MILFORD

Passaic County, New Jersey

№ 5096

DEPARTMENT OF HEALTH

PERMIT TO LOCATE AND CONSTRUCT / ALTER A WELL

Permission is hereby granted Michael Maracioni
Name of Owner

Mailing Address 31 E. Glen Ave Phone [redacted]

Location Deerfown Rd 63 27-31
Address Block Lot

No. of Realty Improvements 1

Other than dwelling

In order to comply with State Law, Chapter 199 P. L. of 1954, the following is needed in order for this Department of Health to issue Certification.

1. Well Drillers Certification.

2. Written proof of water analysis. [potable and chemical]

Department of Health of the Township of West Milford

Date 8/11/58

J. Chapman
Administrative Officer

Size of Drill Hole

Distance from Disposal Systems Including Building Sewer

Method of Sealing Casing

Wall Thickness of Casing

WELL DRILLERS CERTIFICATION

№ 5096

Owner's Name Block Lot

Gals. per minute (at bottom) | Depth of well | Size of casing | Depth to rock

Depth into rock | Static water level (from ground level) | Total amount of casing used

Well Driller [print] Phone

Date Signed
Well Driller

Application and Permit Fee $10.00

TOWNSHIP OF WEST MILFORD

Passaic County, New Jersey

№ 5096

DEPARTMENT OF HEALTH

PERMIT TO LOCATE AND CONSTRUCT / ALTER A WELL

Permission is hereby granted Michael Macaciour
Name of Owner

Mailing Address 37 E. Glen Ave Phone [redacted]

Location Deretown Rd 63 27-31
Address Block Lot

No. of Realty Improvements 1

Other than dwelling

In order to comply with State Law, Chapter 199 P. L. of 1954, the following is needed in order for this Department of Health to issue Certification.

1. Well Drillers Certification.

2. Written proof of water analysis. [potable and chemical]

Department of Health of the Township of West Milford

Date 4/11/88

J. Chapman
Administrative Officer

WELL DRILLERS CERTIFICATION

№ 5096

Size of Drill Hole 10"

Distance from Disposal Systems Including Building Sewer 100'

Method of Sealing Casing grout

Wall Thickness of Casing .250

Owner's Name Michael Macaciour Block 63 Lot 27-31

3	247'	6"	19'
Gals. per minute (at bottom)	Depth of well	Size of casing	Depth to rock

31'	64'	50'
Depth into rock	Static water level (from ground level)	Total amount of casing used

Well Driller [print] D.F. WELL DRILLING CO. Phone 347-2250

Date 10/30/88

Signed D. F. Well Drilling Co.
Well Driller

DWR-133 (5/85)

Mail to
Water Allocation
CN 029
Trenton, N.J. 08625

5096

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
TRENTON, N.J.

15

Permit No. 2228236

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P.

COORD#: 22 . 24 . 392

Owner MICHAEL MACAIONE
Address 37 EAST GLEN AVE
Ridgewood - NJ . 07450

Name of Facility
Address DARETOWN
WEST MILford

Driller D.F. WELL DRILLING CO. INC
Address P.O. Box 8
NETCONG. NJ. 07857

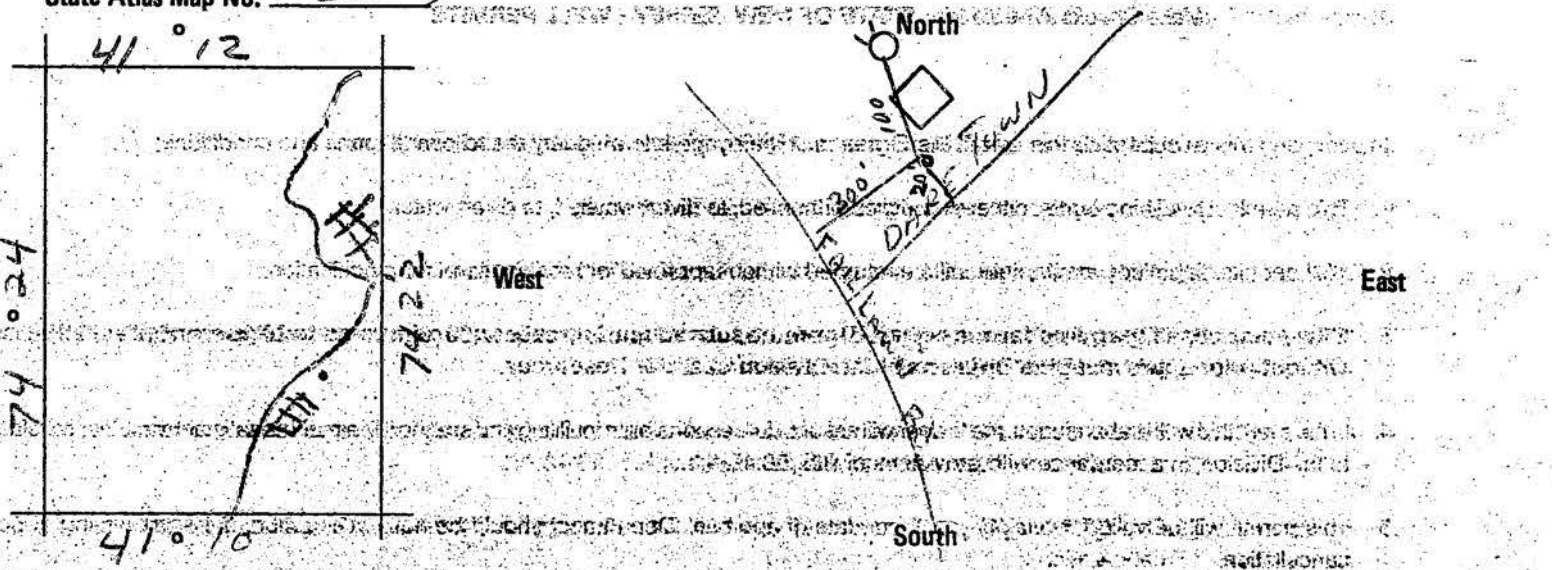
Diameter of Well	6 Inches	Proposed Depth of Well	UNKNOWN Feet
Proposed Capacity of Pump	5 GPM	Method of Drilling (cable-tool, rotary, etc.)	ROTARY
Use of Well (See Reverse)	DOMESTIC - NEW		

LOCATION OF WELL

Lot #	Block #	Municipality	County
27-31	63	West Milford	PASSAIC

State Atlas Map No. 22

Draw sketch showing distance and relations of well site to nearest public roads, streets, septic systems, etc.



SEE REVERSE SIDE for IMPORTANT PROVISIONS AND REGULATIONS pertaining to this permit. APPROVAL of this permit is made SUBJECT TO acceptance of and compliance with the following ADDITIONAL CONDITIONS.

- ☐ Pinelands - Well must be drilled over 100' deep or a clay layer at least 4' in thickness must be encountered.
- ☐ It is necessary that Geophysical Logs of this well be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ Authorization by rule under N.J.A.C. 7:14A-1 et seq.
- ☐ Samples of cuttings required every _____ feet or change in material.
- ☐ The results of a volatile organic scan mut be obtained prior to using the water and submitted to the purveyor.
- ☐ **Domestic Potable Water Supply** - The service line for water from the public community water supply system shall be turned off at the curb cock, and the meter shall be removed by the water purveyor.
- ☐ **Domestic Irrigation Supply** - No piping from the well for which the permit applies shall enter any building.
- ☐ **Industrial/Commercial Supply** - A physical connection permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10-1 et seq., and a vigorous cross connections control program shall be instituted and maintained within the premises.
- ☐ **Heat Pump Wells** - Wells must be 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ _____

This Space for Approval Stamp

WELL PERMIT APPROVED
Dept. of Environmental Protection
Water Resources / Water Allocation
OCT 19 1988

In compliance with R.S. 58:4A-14, application is made for a permit to drill a well as described above.

Date 10-11-88 Signature of Owner S/ Michael Macaione

COPIES: Water Allocation – White Health Dept. – Yellow Owner – Blue Driller – White

USE OF WELL:	Boring/Probe Hole	Oil & Gas Exploration
	Commercial	Public Supply
Please Specify	Domestic	Recharge
	Recovery	Replacement
	Fire	Test
	Irrigation	Gas Vent
	Heat Pump	Dewatering
	Geothermal	Cathodic Protection
	Industrial	Piezometer
	Injection	Livestock
	Monitoring/Observation	Public Non-Community

Application must be accompanied by a check or money order for the legal fee of ten dollars ($10.00) for wells under 70 gallons per minute and twenty-five dollars ($25.00) for 70 gallons per minute and above.

Make Checks Payable to: **STATE OF NEW JERSEY - WELL PERMITS**

In accepting this permit the Owner and Driller agree to abide by the following terms and conditions:

1. This permit conveys no rights, either expressed or implied, to divert water.
2. Well permits, submitted incomplete, will be returned without approval for modification.
3. **If the pump capacity applied for is less than 70 gpm, no subsequent increase to 70 gpm or more shall be made without prior approval of the Division of Water Resources.**
4. In the event this well is abandoned, the Owner will assume full responsibility for filling and sealing it in a manner satisfactory to the Division, in accordance with provisions of R.S. 58:4A-4.1.
5. This permit will be valid for one (1) year from date of approval. Department should be notified in writing of permit cancellation.
6. If this well is to be used for public non-community or non-public supply, it must be constructed in accordance with provisions of "Standards for the Construction of Public Non-Community and Non-Public Water Systems" and be approved by the local Board of Health.
7. A well record must be filed with the Bureau of Water Allocation within sixty (60) days after the well is completed.
8. Authorization by rule may be revoked at any time.

State of New Jersey

CHRIS CHRISTIE
Governor

Department of Environmental Protection

BOB MARTIN
Commissioner

Kenneth Hawkswell
1480 Union Valley Rd
West Milford, NJ 07480

March 3, 2012

SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION NJDEP CASE NUMBER: 12-03-02-1109-44

The New Jersey Department of Environmental Protection, Site Remediation Program, has received verbal notification of an incident that may have resulted in a discharge of a hazardous substance within your jurisdiction.

Pursuant to N.J.S.A. 13.1K-15 et seq., (P.L. 1984, c. 210) "Hazardous Substance Discharge - Reports and Notices Act" and N.J.A.C. 7:1E-5.1 et seq., "Hazardous Substance Discharge: Reports and Notices", attached is a copy of our Incident Notification Form which contains details of the suspected discharge. Further information concerning this incident may be obtained by contacting:

CASE ASSIGNMENT SECTION
Site Remediation
609-292-2943

Please refer to the above "NJDEP CASE NUMBER" in all correspondence concerning this incident.

PATRICK J. SINWICH, ACTING COMMUNICATIONS OFFICER
BUREAU OF COMMUNICATIONS AND RESPONSE SERVICES

Attachment

1606 - 1

West Milford Health Dept.

MAR 20 2012

RECEIVED

New Jersey Department of Environmental Protection
COMMUNICATION CENTER NOTIFICATION REPORT

Received: 3/2/2012 11:09:44 Comm. Center #: 12-03-02-1109-44

Operator: 16 Reviewed By:_____

Incident ID: 418531

Reporter Type: Other

Reported By: DIANNE RAFTERY Affiliation: MARKSMAN ENVIRO Phone: 973-786-5858

Street Address: P O BOX 728, Municipality: Andover Boro State: NJ

Incident Category: Other

Location Description: RESIDENCE

Address: 15 DARETOWN RD

Municipality: West Milford Twp County: Passaic State: NJ Zip Code: 07480

Location Type: Residential Occurred Date: 03/02/2012 Occurred Time: 10:00 AM

Substance Released: OIL HEATING #2 Amount Released: Units: Unknown

ID: Known State: Liquid CAS#: Incident Status at Time of Report: Terminated

Substance Contained: Yes HAZMAT: Yes TCPA: No Haz Waste: No

Incident Type: Underground Storage Tank Incident Type 2:

Injuries: No Public Evac: No Facility Evac: No Public Exposure: No Police At Scene: No

Firemen At Scene: No Dep Requested: No Road Closure: No Wind Speed/Direction:

Contamination Of: Land

Watershed: Other Watershed:

Incident Description: 1/1000 GAL UST REMOVED. CLEAN UP PENDING

Responsible Party Name: ISMET RADONCIC Responsible Party Phone: [redacted]

Responsible Party Street Address: 3424 KINGSBRIDGE AVE, 5H, BRONX

Municipality: Out Of State County: Out Of State State: NY Zip Code: 10463

Officials Notified

Name	Affiliation	Phone	Date	Time	Action
	Case Assignment Section		03/02/2012	11:09	Notification - Fax
DISP SOMMERS	WEST MILFORD TWP	973-728-2800	03/02/2012	11:15	Notification - A310

Comments: