

BOARD OF HEALTH
Township of Washington
County of Morris

No 2984

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

*In Accordance with Chapter 199 Public Laws of 1954 as Adopted by
Ordinance of the Board of Health*

Permission is hereby granted Stateline Construction
Name of Owner or Contractor

170 Change Bridge Rd., Box A4-3, Montville, N. J. 07045
Address

☒ Locate and construct or to ☐ Alter To renew permit #2773

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name if any _____

Location: Section _____ Block No. 59 Lot No. 60.05 Street W. Valley Brook Rd.

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage

Disposal System Number _____

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Washington and the Ordinances of the Board of Health of the Township of Washington.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH OF WASHINGTON TOWNSHIP

Date May 26, 1993


For the Board of Health

Fee: \$50.00 paid - cash

BOARD OF HEALTH
Township of Washington
County of Morris

No 2773

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

*In Accordance with Chapter 199 Public Laws of 1954 as Adopted by
Ordinance of the Board of Health*

Permission is hereby granted Stateline Construction
Name of Owner or Contractor

170 Change Bridge Rd., Box A4-3, Montville, N. J. 07045
Address

☒ Locate and construct or to ☐ Alter

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name if any _____

Location: Section _____ Block No. 59 Lot No. 60.05 Street West Valley Brook Rd.

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage

Disposal System Number _____

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Washington and the Ordinances of the Board of Health of the Township of Washington.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH OF WASHINGTON TOWNSHIP

Date Feb. 13, 1991



For the Board of Health

Fee: \$200.00 paid

WASHINGTON TOWNSHIP HEALTH DEPARTMENT
Morris County

RECEIVED
JUL 5 1990

APPLICATION FOR PERMIT TO LOCATE, CONSTRUCT, ALTER OR REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
In accordance with NJAC 7:9A of 1989 as adopted by ordinance.

WASHINGTON TOWNSHIP
HEALTH DEPT.

SECTION I. GENERAL INFORMATION

1. Installation (Check where applicable)

☒ New Construction
☐ Alteration/Expansion or Change in Use
☐ Alteration/Malfunctioning System
☐ Repairs to Existing System
☐ Alteration/No Expansion or Change of Use
☐ Deviation from Standards

2. Location of Project:

Street Address: West Valley Brook Road

Block No. 59 Lot No. 60.05

3. Applicant's (Owner's) Name STATELINE CONSTRUCTION

4. Applicant's (Owner's) Address 170 CHANGE BRIDGE ROAD, BOX A4-3
MONTVILLE N.J. 07045

5. Applicant's (Owner's) Phone Number 575-5668

6. Type of Facility: ☒ Residential ☐ Commercial/Industrial

7. Type of Waste to be Discharged: ☒ Sanitary Sewage ☐ Industrial Waste

Other - Specify: _____

8. Other Approvals/Certification:

☐ U.S. Army Corps of Engineers
☐ N.J.D.E.P. - Flood Plain Management
☐ N.J.D.E.P. - Coastal Resources
☐ Other - Specify: _____

9. I hereby certify that the information furnished in Section I of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant [Signature]

Date 2/5/90

Signature of Engineer [Signature]

Date 5-21-90 Engineer's Seal: _____

AGENCY USE ONLY

Application Fee _____ Date Paid _____

Permit Fee \$200 Date Paid 2/13/91

Date Application Received _____

SECTION II. GENERAL SITE EVALUATION DATA

Block 59 Lot 60.05

1. Name of Site Evaluator (print) Associated Consultants

2. Business Address of Site Evaluator 530 East Main St, Chester, NJ 07930

3. Business Phone Number of Site Evaluator 875-6400

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 Forb 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: _____

RECEIVED

JUL 5 1990

- b) Pre-existing Natural Ground Surface Elevation
Relative to Existing Ground Surface _____

Method of Identification _____

WASHINGTON TOWNSHIP
HEALTH DEPT.

- c) Suitability of Disturbed Ground

_____ Unsuitable: Objects Subject to Disintegration of Change in Volume

_____ Excessively Coarse

_____ Proctor Test performed - _____ % Standard Proctor Density = _____

7. Hydraulic Head Test:

a) Hydraulically Restrictive Horizon: Depth Top to Bottom _____

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

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

d) Witnessed by _____ Signature _____ Date _____

8. Attachments (Check Items Included):

☒ Site Plan

☒ Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map

☒ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map

_____ Other - Specify: _____

9. I hereby certify that the information furnished in Section II of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator Charles J. Junt Date 5-21-90

Signature of Professional Engineer Charles J. Junt License # 12672

SECTION III. SOIL PERMEABILITY DATA

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f, or 3g. Use one sheet for each separate test or test replicate.

1. Summary of Data - All tests performed on the lot or proposed lot must be reported. Identify those used for design.

Type of Test (number)	Test (letter)	Replicate (inches)	Depth	Result *
PERC. 2	A		72"	2
PERC. 1	A		78"	2

* For tube permeater, pit-bailing and piezometer tests report results in inches per hour. For soil permeability class rating give soil permeability class number. For percolation test report result in minutes per inch. For basin flooding test report results as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number 1
_____ Average of Test Replicates _____ Slowest of Replicates _____ Single Replicate

3. Type of Limiting Zone Identified _____ Test Number _____
EXCESSIVELY COARSE HORIZON 2
HYDRAULICALLY RESTRICTIVE HORIZON 1 & 2
REGIONAL WATER TABLE 1

4. Attachments (Check Items Included):

_____ Form 3b - Tube Permeameter Test Data - Number of Sheets _____

_____ Form 3c - Soil Permeability Class Rating Test Data - Number of Sheets _____

☒ Form 3d - Percolation Test Data - Number of Sheets 2

_____ Form 3e - Pit Bailing Test Data - Number of Sheets _____

_____ Form 3f - Piezometer Test Data - Number of Sheets _____

_____ Form 3g - Basin Flooding Test Data - Number of Sheets _____

SECTION IV. GENERAL DESIGN DATA

1. Volume of Sanitary Sewage, gal. 650 Residential:
No. of Dwelling Units 1 No. of Bedrooms 4

Commercial/Institutional -

Indicate type of establishment and show method of calculation.
If estimate is based on water meter data, indicate source of data,
frequency of readings, average daily flow, and maximum
recorded daily reading _____

2. Alterations or Repairs

a) Reason for Alteration or Repair

(Check appropriate categories):

_____ Expansion or Change in Use

_____ Upgrade Existing Facilities

_____ Correct Malfunctioning System

_____ Other - Specify: _____

b) Describe Nature of Alteration or Repair _____

3. System Components:

a) Septic Tank Capacities, gal.

X First (Single) Compartment 1000 GAL.

_____ Second Compartment _____

_____ Third Compartment _____

b) Grease Trap Capacity, gals. _____

Show Calculation Used: _____

c) Effluent Distribution

Method: X Gravity Flow

Gravity Dosing _____ Pressure Dosing _____

Dosing Device: _____ Pump _____ Siphon _____

d) Dosing Tank Capacities, gals. _____

Total Capacity _____ Dose Volume _____

Reserve Capacity _____

e) Laterals: Number 4 Total Length 328

Pipe Size 4" Spacing 36"

f) Connecting Pipe: Size _____ Length _____

g) Manifold: Size _____ Length _____

h) Disposal Field: Type of Installation BED I

Design Permeability (Percolation Rate) 15 MIN/INCH

Trenches: Width _____ Total Length 88'

Bed: Area 1320

i) Seepage Pits:

Design Percolation Rate _____

Number of Pits _____

Total Percolating Area Provided _____

SECTION V: DESIGN OF PRESSURE DOSING SYSTEM (where applicable)

1. Configuration of Distribution Network:

Type of Manifold: _____ End _____ Central

Distribution Laterals: Number _____

Length, ft. _____ Spacing, ft. _____

Hole Diameter, ins. _____ Hole Spacing, ins. _____

Diameter of Laterals, ins. _____

2. Lateral Discharge Rate:

Design Pressure Head at Supply End of Laterals, H, ft. _____

Hole Discharge Rate, Q, gpm _____

Number of Holes per Lateral, n _____

Lateral Discharge Rate, (Q x n) gpm _____

3. Manifold Length, ft. _____ Manifold Diameter, Ins. _____

4. System Discharge Rate, gpm _____

5a. Pump Selection:

Diameter of Delivery Pipe _____

Length of Delivery Pipe _____

Friction Loss in Delivery Pipe, H_f ft. _____

Elevation of Dosing Tank Low Water Level _____

Elevation of Lateral Invert _____

Elevation Head, H, ft. _____

Total Operating Head, H (H_f + H_s + H_L), ft. _____

Pump Model _____ Rated Horsepower _____

Pump Discharge Rate at Total Operating Head, gpm _____

5b. Siphon Elevation:

Diameter of Delivery Pipe _____ Length of Delivery Pipe _____

Friction Loss in Delivery Pipe, H_f, ft. _____

Velocity Head, H_v, ft. _____

Total Operating Head, H (H_f + H_v + H_L), ft. _____

Elevation of Lateral Invert _____

Elevation of Siphon Invert _____

6. Dose Volume:

Design Volume of Sewage, gal/day _____

Design Permeability, in/hr _____

or Percolation Rate, min/in _____

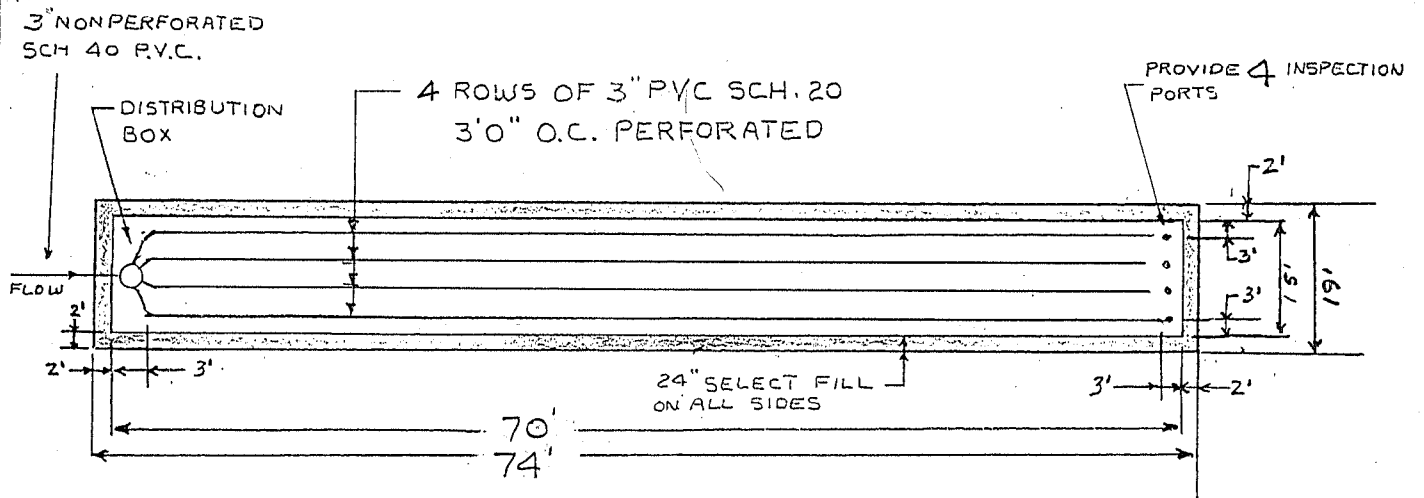
Internal Volume of Distribution Network _____

Dose Volume _____

I hereby certify that the information furnished on this applicaiton in Sections III, IV and V, and attachments thereto, is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

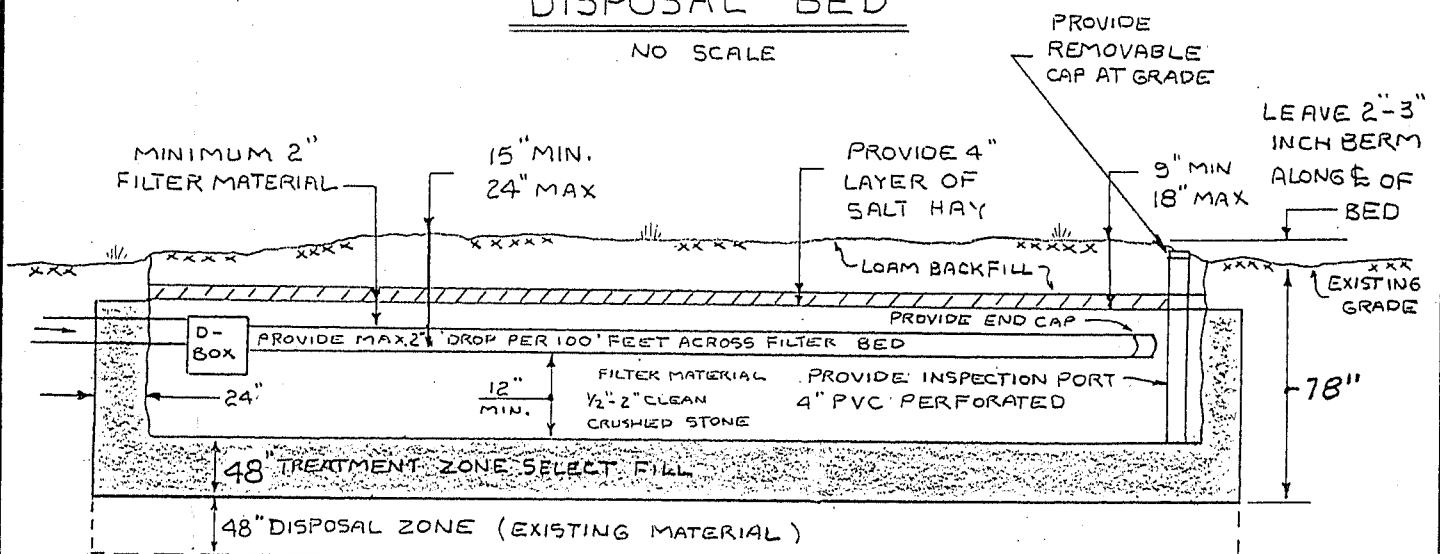
Signature of Professional Engineer Carlton J. Frost Date 7/3/90

Affix Seal Here



PLAN
FILL ENCLOSED
DISPOSAL BED

NO SCALE



SECTION
DISPOSAL BED

SOIL REPLACEMENT FILL ENCLOSED

N.T.S.

1. RUNOFF WATER SHALL BE DIVERTED FROM DISPOSAL AREA BY MEANS OF EITHER BERMS OR SWALES DURING FINAL GRADING.
2. THE CONTRACTOR SHALL BE AWARE OF REGULATIONS CITED IN 7:9A - 10.3 PARA. 5(e) CONCERNING PLACEMENT OF FILTER MATERIAL AND 7:9A - 10.4 PARA. (f), i, ii, iii, iv, v REGARDING PLACEMENT OF SELECT FILL.
3. ANY CHANGE FROM THE ABOVE OR PLOT PLAN MUST BE AUTHORIZED BY THE ADMINISTRATIVE AUTHORITY AND ENGINEER.
4. COMPACTION OF SELECT FILL TO BE WITNESSED BY ENGINEER.
5. IN-PLACE TESTING OF SELECT FILL TO BE PERFORMED BY ENGINEER.
6. NO MACHINERY SHALL BE PERMITTED ON THE BOTTOM OF THE BED EXCAVATION.

SEWAGE DISPOSAL SYSTEM

LOT 60.05 BLOCK 59

WASHINGTON TWP. - MORRIS COUNTY

NEW JERSEY

CARLTON N. FROST *Carlton N. Frost*

Professional Engineer & Land Surveyor • N. J. Lic. No. 12672
Professional Planner • N. J. Lic. No. 1875

ASSOCIATED
CONSULTANTS

ENGINEERS AND LAND SURVEYORS INC.
PROFESSIONAL PLANNERS
530 East Main Street
P.O. Box 383
CHESTER, NEW JERSEY 07930-0383

SCALE N.T.S.

DATE 9-12-90

DESIGNED BY: *af*

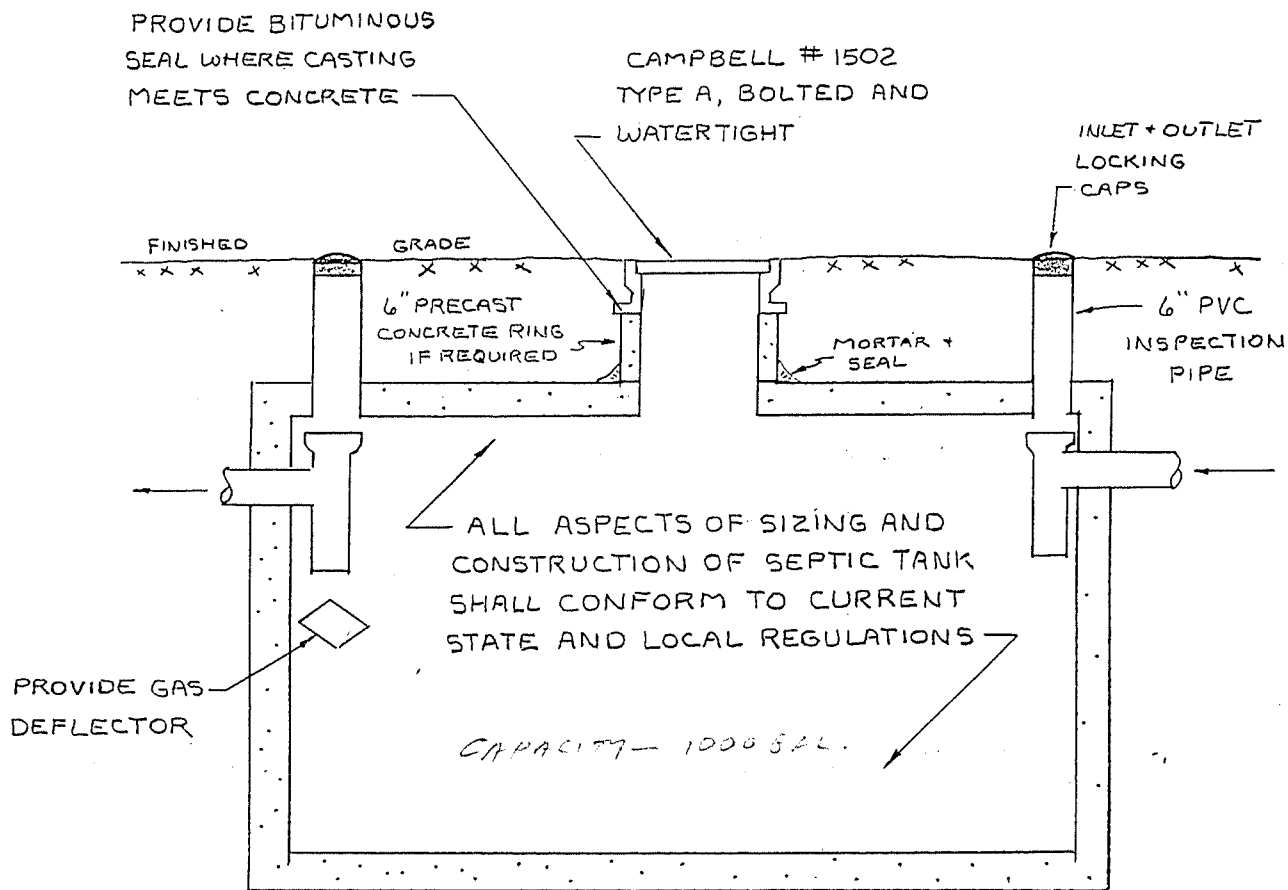
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BOOK:

FILE: 1808

REDUCE BED AREA 6-4-93

REVISED 9-12-90 - NEW SHEET
ADDED 2' ALL AROUND BED.



TYPICAL
SEPTIC TANK
SECTION
N.T.S.

SEPTIC TANK
 TYPICAL SECTION
 LOT 60.05 BLOCK 59
 WASHINGTON TOWNSHIP MORRIS COUNTY
 NEW JERSEY

CARLTON N. FROST *Carlton N. Frost*

Professional Engineer & Land Surveyor • N. J. Lic. No. 12672
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 CHESTER, NEW JERSEY 07930-0383

SCALE N.T.S.

DATE 4-27-90

DESIGNED BY:

DRAWN BY:

BOOK:

FILE: 1808

SECTION IV. GENERAL DESIGN DATA

1. Volume of Sanitary Sewage, gal. 650 Residential:
No. of Dwelling Units 1 No. of Bedrooms 4
_____ Commercial/Institutional -
Indicate type of establishment and show method of calculation.
If estimate is based on water meter data, indicate source of data,
frequency of readings, average daily flow, and maximum
recorded daily reading _____
2. Alterations or Repairs
a) Reason for Alteration or Repair
(Check appropriate categories):
_____ Expansion or Change in Use
_____ Upgrade Existing Facilities
_____ Correct Malfunctioning System
_____ Other - Specify: _____
b) Describe Nature of Alteration or Repair _____
3. System Components:
a) Septic Tank Capacities, gal.
_____ First (Single) Compartment 1000 GAL.
_____ Second Compartment _____
_____ Third Compartment _____

- b) Grease Trap Capacity, gals. _____
Show Calculation Used: _____
- c) Effluent Distribution
Method: _____ Gravity Flow X
Gravity Dosing _____ Pressure Dosing
Dosing Device: _____ Pump _____ Siphon
- d) Dosing Tank Capacities, gals. 1000
Total Capacity 1062 Dose Volume 114
Reserve Capacity 666
- e) Laterals: Number 4 Total Length 256'
Pipe Size 3" Spacing 36"
- f) Connecting Pipe: Size 3" Length 5' to 15'
- g) Manifold: Size _____ Length _____
- h) Disposal Field: Type of Installation SRE
Design Permeability (Percolation Rate) 15 MIN/INCH
Trenches: Width _____ Total Length _____
Bed: Area 1050
- i) Seepage Pits:
Design Percolation Rate _____
Number of Pits _____
Total Percolating Area Provided _____

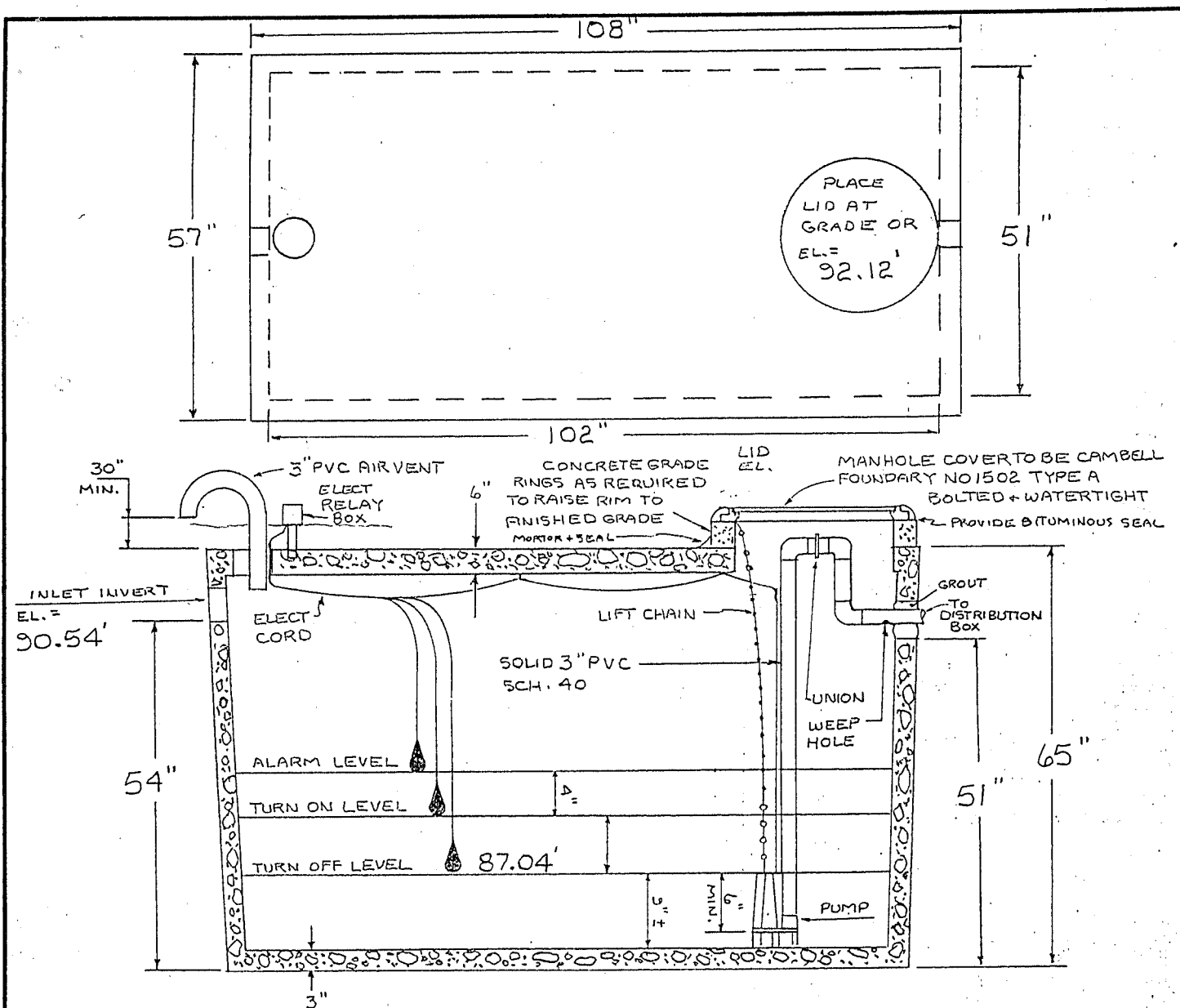
SECTION V: DESIGN OF PRESSURE DOSING SYSTEM (where applicable)

1. Configuration of Distribution Network:
Type of Manifold: _____ End _____ Central
Distribution Laterals: Number _____
Length, ft. _____ Spacing, ft. _____
Hole Diameter, ins. _____ Hole Spacing, ins. _____
Diameter of Laterals, ins. _____
2. Lateral Discharge Rate:
Design Pressure Head at Supply End of Laterals, H, ft. _____
Hole Discharge Rate, Q, gpm _____
Number of Holes per Lateral, n _____
Lateral Discharge Rate, (Q x n) gpm _____
3. Manifold Length, ft. _____ Manifold Diameter, Ins. _____
4. System Discharge Rate, gpm _____
- 5a. Pump Selection:
Diameter of Delivery Pipe _____
Length of Delivery Pipe _____
Friction Loss in Delivery Pipe, H_f ft. _____
Elevation of Dosing Tank Low Water Level _____
Elevation of Lateral Invert _____
Elevation Head, H, ft. _____
Total Operating Head, H (H_f + H_s + H_d), ft. _____
Pump Model _____ Rated Horsepower _____
Pump Discharge Rate at Total Operating Head, gpm _____
- 5b. Siphon Elevation:
Diameter of Delivery Pipe _____ Length of Delivery Pipe _____
Friction Loss in Delivery Pipe, H_f, ft. _____
Velocity Head, H_v, ft. _____
Total Operating Head, H (H_f + H_v + H_d), ft. _____
Elevation of Lateral Invert _____
Elevation of Siphon Invert _____
6. Dose Volume:
Design Volume of Sewage, gal/day _____
Design Permeability, in/hr _____
or Percolation Rate, min/in _____
Internal Volume of Distribution Network _____
Dose Volume _____

I hereby certify that the information furnished on this applicaiton in Sections III, IV and V, and attachments thereto, is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer Carlton J. Lent Date 7/3/90

Affix Seal Here



PUMP TANK

ONE PIECE

1. PUMP TANK TO BE A 1000 GALLON SEPTIC TANK BY MODERN SEPTIC TANK CO.
2. PUMP SHALL BE MODEL SP40 WITH A $\frac{1}{2}$ H.P. MOTOR AS MANUFACTURED BY HYDROMATIC PUMP CO. OF HAYESVILLE OHIO OR EQUAL
3. ALL ELECTRICAL WORK SHALL COMPLY WITH ALL APPLICABLE ELECTRICAL CODES. A LICENSED ELECTRICAL CONTRACTOR SHALL PERFORM THIS WORK
4. IF WATER IS ENCOUNTERED IN THE EXCAVATION OF THE PUMP TANK CONSULT WITH THE ENGINEER FOR THE AMOUNT OF ADDITIONAL WEIGHT TO BE PLACED ON THE TANK TO PREVENT BUOYANCY
5. ALARM SYSTEM SHALL BE PROVIDED WITH BELL AND LIGHT MOUNTED IN DWELLING MERCURY SWITCH ALARM BOX TYPE 3900 BY HYDROMATIC OR EQUAL
6. PUMP TO BE LOCATED BENEATH MANHOLE OPENING FOR EASE OF REMOVAL

PUMP TANK
SEWAGE DISPOSAL SYSTEM
LOT 60.05 BLOCK 59
WASHINGTON TOWNSHIP MORRIS COUNTY
NEW JERSEY

CARLTON N. FROST *Carlton N. Frost*

Professional Engineer & Land Surveyor • N. J. Lic. No. 12672
Professional Planner • N. J. Lic. No. 1875

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PROFESSIONAL PLANNERS
530 East Main Street
P.O. Box 383
CHESTER, NEW JERSEY 07930-0383

SCALE: NTS

DATE: 6-3-93

DESIGNED BY:

DRAWN BY:

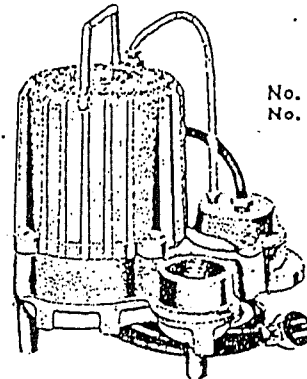
BOOK:

FILE: 1808

SAVE

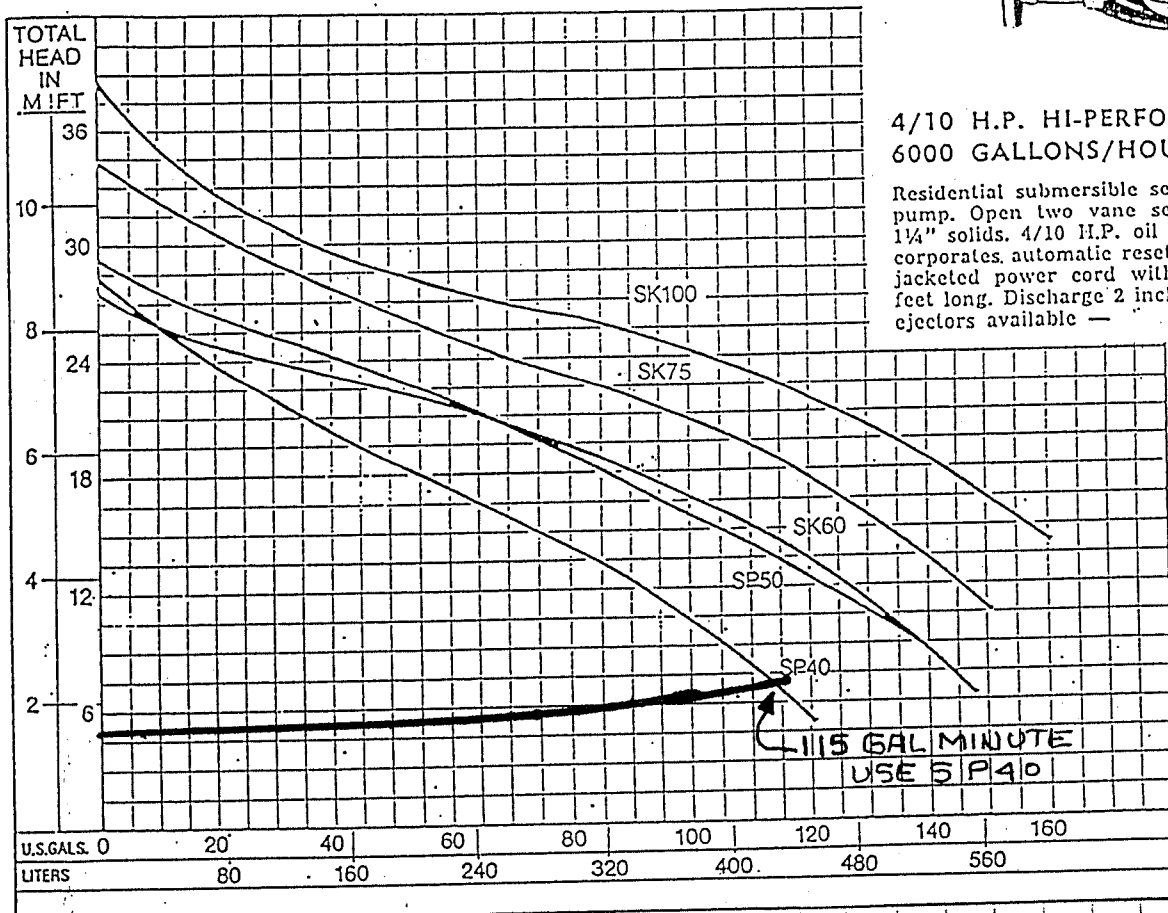
Model	Discharge (In.)	hp	Capacities to		Solids passed (In.)
			GPM	Heads (ft.)	
SP40	2	1/10	120	28	1 1/4
SP50	2 or 3	1/2	150	29	1 1/2
SK60	2 or 3	3/10	140	27	2
SK75	2 or 3	3/4	150	34	2
SK100	2 or 3	1	160	38	2

All pumps available in Bronze Construction



No. SP40A All Iron
No. SP40AB All Bronze

SP40
SERIES



4/10 H.P. HI-PERFORMANCE 6000 GALLONS/HOUR CAPACITY

Residential submersible sewage or high capacity sump pump. Open two vane sewage type impeller handles 1 1/4" solids. 4/10 H.P. oil filled ball bearing motor incorporates automatic reset thermal type overload. PVC jacketed power cord with grounding type plug is 10 feet long. Discharge 2 inch. Complete packaged sewage ejectors available —

PERFORMANCE DATA 4/10 THROUGH 1 HP SEWAGE PUMPS

PUMP DESIGN

Lot 60.05 Block 59

STATIC LIFT: Distribution box Invert El. = 91.57

Pump Tank Turn off Level = 87.04

Static Lift = 4.53 Use 5'

FRICTION LOSSES:

Equivalent Pipe Length = 3 BEND + 1 UNION
= 3(24) + 1(1.7)
= 25.7 Use 26

ACTUAL LENGTH = 30'

Schedule 40 PVC line HL (see below from goulds tech data)

EQUIV. LENGTH = 15' + 25.7' = 50' USE

3" Delivery Pipe

Pump Rate		Static Lift (Lf)	Head loss (Lf)	Total Dynamic Head (Lf)
GPM	HL/100Lf			
10	0.0	5	0	5
20	.13	5	.07	5
30	.26	5	.15	5.2
40	.44	5	.25	5.3
50	.66	5	.37	5.4
60	.93	5	.52	5.5
70	1.24	5	.69	5.7
80	1.58	5	.88	5.9
90	1.98	5	1.11	6.1
100	2.42	5	1.36	6.4

CARLTON N. FROST
P.E., L.S. & P.P.

HARRY F. METZLER
L.S. & P.P.

(908) 879-6400
Fax: (908) 879-8577

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**ENGINEERS AND LAND SURVEYORS INC.
PROFESSIONAL PLANNERS**

530 EAST MAIN STREET
P.O. BOX 383
CHESTER, N.J. 07930-0383

Boundary & Title Surveys
Roads & Storm Sewers
Feasibility Reports
Topography Surveys
Land Subdivisions
Percolation Tests
Sewerage Systems
Septic Systems
Water Systems
Flood Control
Wetlands

October 1, 1993

OUR FILE NO: 1808

Washington Township Health Department
PO Box 216
Long Valley, NJ 07853

Re: Block 59 Lot 60.05
Select Fill Compaction
Class Rating Test
Perc Testing

To Whom It May Concern:

On September 27, 1993 we took a sample of select fill from the above referenced site for class rating analysis. The results were as follows:

10.1% Coarse fragment
93.7% Sand
2.5% Clay
3.8% Silt
63.0% Fine to very fine sand
K4 Permeability Class

This is to certify that on September 29 and 30, 1993 Associated Consultants witnessed the compaction of select fill in the disposal bed in 1-foot lifts. Additionally, upon completion, we performed two perc tests in the select fill with the following results:

3.2 minutes/inch
4.1 minutes/inch

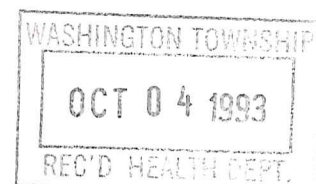
Should you have any questions, please do not hesitate to call.

Very truly yours,

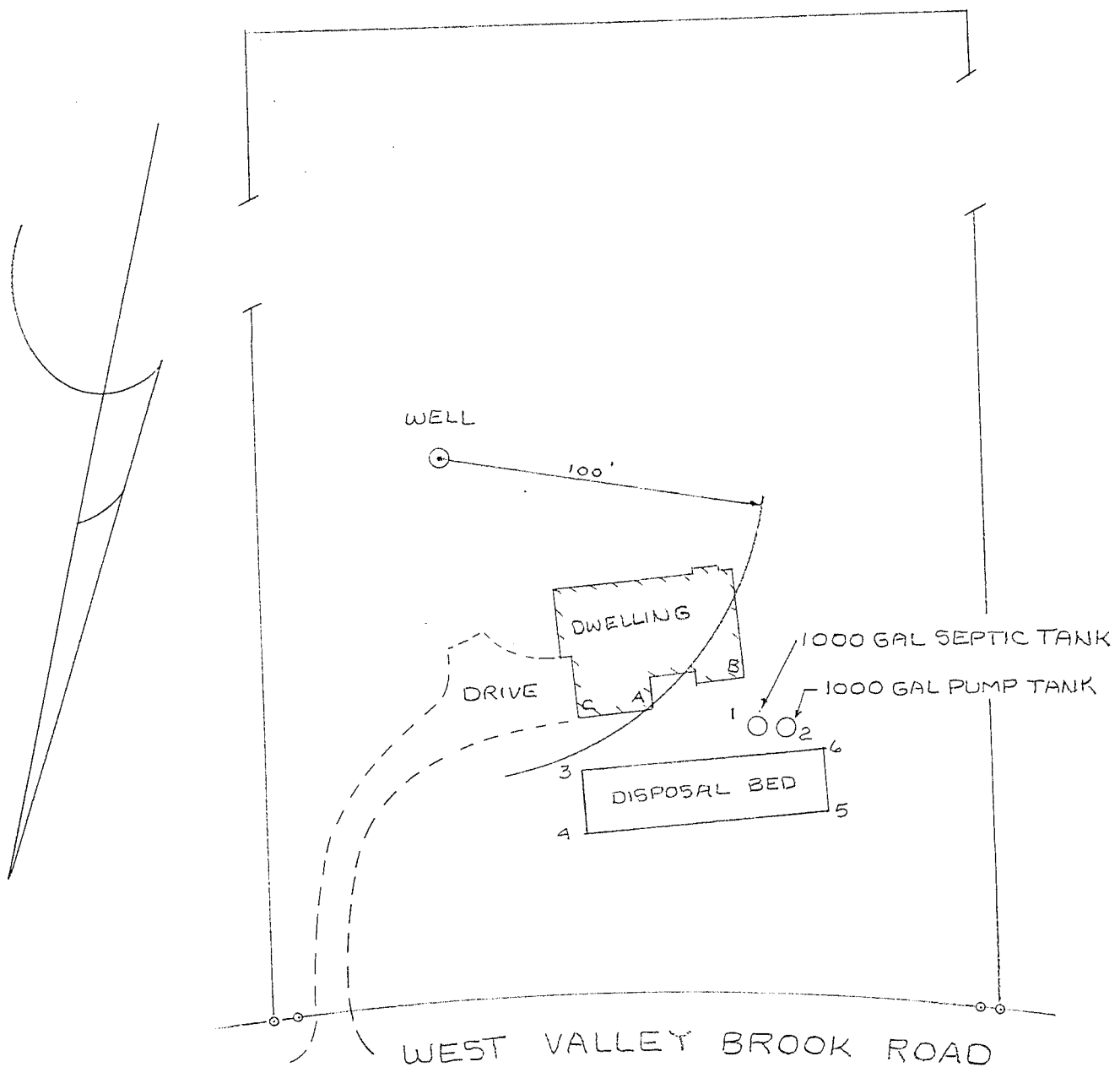


Carlton N. Frost, P.E.
Associated Consultants

CNF:sf
cc: Jose Domingues



OK



COMPONENT TIES

	A To	B To	C To
1.	33.0'	1. 15.5'	
2.	41.5'	2. 20.5'	
		3. 57.0'	3. 16'
		4. 68.5'	4. 36'
		5. 49.5'	5. 82'
		6. 33.0'	6. 76'

AS BUILT
SEWAGE DISPOSAL SYSTEM
LOT 60.05 BLOCK 59
WASHINGTON TOWNSHIP MORRIS CO.
NEW JERSEY

CARLTON N. FROST *Carlton N. Frost*

Professional Engineer & Land Surveyor • N. J. Lic. No. 12672
Professional Planner • N. J. Lic. No. 1875

WASHINGTON TOWNSHIP
OCT 04 1993
REC'D HEALTH DEPT.

ASSOCIATED
CONSULTANTS
ENGINEERS AND LAND SURVEYORS INC.
PROFESSIONAL PLANNERS
530 East Main Street
P.O. Box 383
CHESTER, NEW JERSEY 07930-0383

SCALE 1"=50'
DATE 9-29-93
DESIGNED BY:
DRAWN BY:
BOOK:
FILE: 1808

150472