WASHINGTON TOWNSHIP

MUNICIPAL BUILDING
Long Valley, N. J. 07853

No. 2225

BOARD OF HEALTH PERMIT
TO LOCATE AND CONSTRUCT OR ALTER A WATER SUPPLY

PERMISSION IS HEREBY GRANTED Stateline Construction
Name of Contractor or Owner

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

to [x] locate and construct [ ] alter a water supply To renew permit #2069

at Block No. 59 Lot No. 60.05 Street West Valley Brook Rd. as shown on

Application for Permit to Locate and Construct a Water Supply

Number

Application for Permit to Alter a Water Supply

Dated _____, in accordance with the provisions of an ordinance entitled:

"AN ORDINANCE establishing a code regulating the location, construction, alteration, use and supervision of individual and semipublic water supplies, requiring certain permits, providing for the inspection of such supplies, the fixing of fees and prescribing penalties for violations."

Board of Health of Washington Township

Date: May 26, 1993

Christianna Cooke-Gibbs
For the Board of Health

Paid: $20.00 cash

WASHINGTON TOWNSHIP

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Board of Health of Washington Township

Date: Oct. 26, 1990

David Burdsall
For the Board of Health

Paid: $365.00

WASHINGTON TOWNSHIP BOARD OF HEALTH

Municipal Building
Long Valley, N.J. 07853

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT OR ALTER
INDIVIDUAL, SEMI-PUBLIC, PUBLIC WATER SUPPLY

Date _____

NEW X or ALTERATION _____ SEWAGE DESIGN NO. _____

OWNER Stateline Construction OWNER PHONE # 575-5668

ADDRESS 170 Change Bridge Rd., Box A4-3, Montville, NJ 07045

WELL LOCATION _____ SECTION _____ BLOCK 59 LOT NO. 60.05

STREET West Valley Brook Road

NAME & ADDRESS OF CONTRACTOR _____

TYPE OF WELL OR SOURCE deep drilled well

ESTIMATED DEPTH 150 ft ±

ESTIMATED DEPTH OF CASING 50 ft minimum

METHOD OF SEALING cement grout

PUMPING EQUIPMENT jet flow or submersible

PURIFICATION FACILITIES IF REQUIRED _____

NUMBER OF REALTY IMPROVEMENTS TO BE SERVED one

PROPOSED USE OF WATER SUPPLY _____

ESTIMATED WATER DEMANDS AND BASIS OF ESTIMATES 5 GPM

DESCRIBE TYPE OF ALTERATION PROPOSED _____

Before a Certificate of Occupancy can be issued sampling of water system must be taken and well log must be submitted to the Board of Health.

ALL WELLS MUST BE SAMPLED BEFORE USE

THINGS TO DO BEFORE SAMPLING OF WELL:

1. Well must be sterilized. Procedure:
   a. Place ½ gallon of chlorox in well.
   b. Run water thru all faucets in home until chlorine odor is noticed.
   c. Allow chlorox to remain in well for 24 hours.
   d. Pump well until chlorox or chlorine odor has disappeared.
   e. Call Board of Health office 876-3315 for water sample. Give block & lot when requesting sample.

ITEMS TO BE SHOWN ON REVERSE SIDE:

1. Plot plan to scale showing:
   a. size of lot.
   b. location of building.
   c. location of proposed water supply.
   d. location of sewage facilities within 100' of the water supply.
   e. location of wells on adjacent properties.

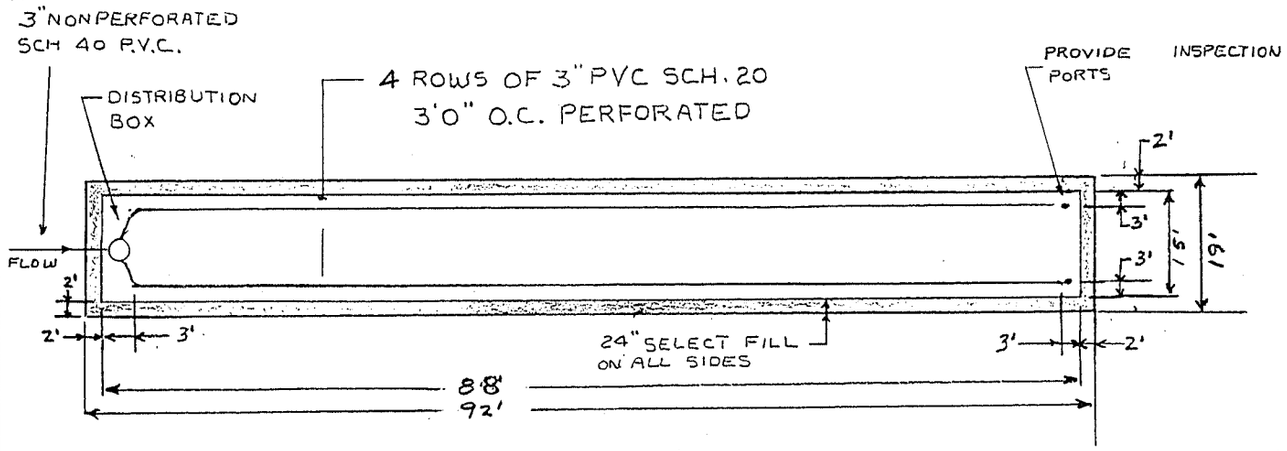
The Water Supply System designed herein complies with the Individual and Semipublic Water Supply Code of N.J., adopted by Ordinance of the Board of Health of Washington Township.

Signature of Engineer Carlton J. Grant P.E. 14672

Signature of Applicant _____ Owner or Contractor

FEE

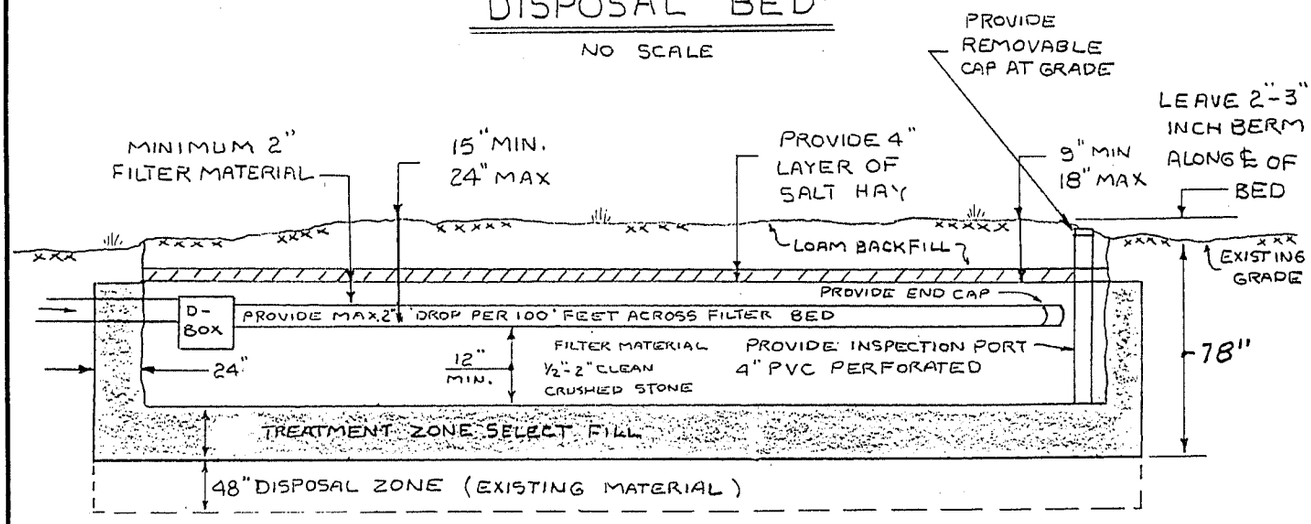
Rec'd $365. 5/15/90



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 SAHLL 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

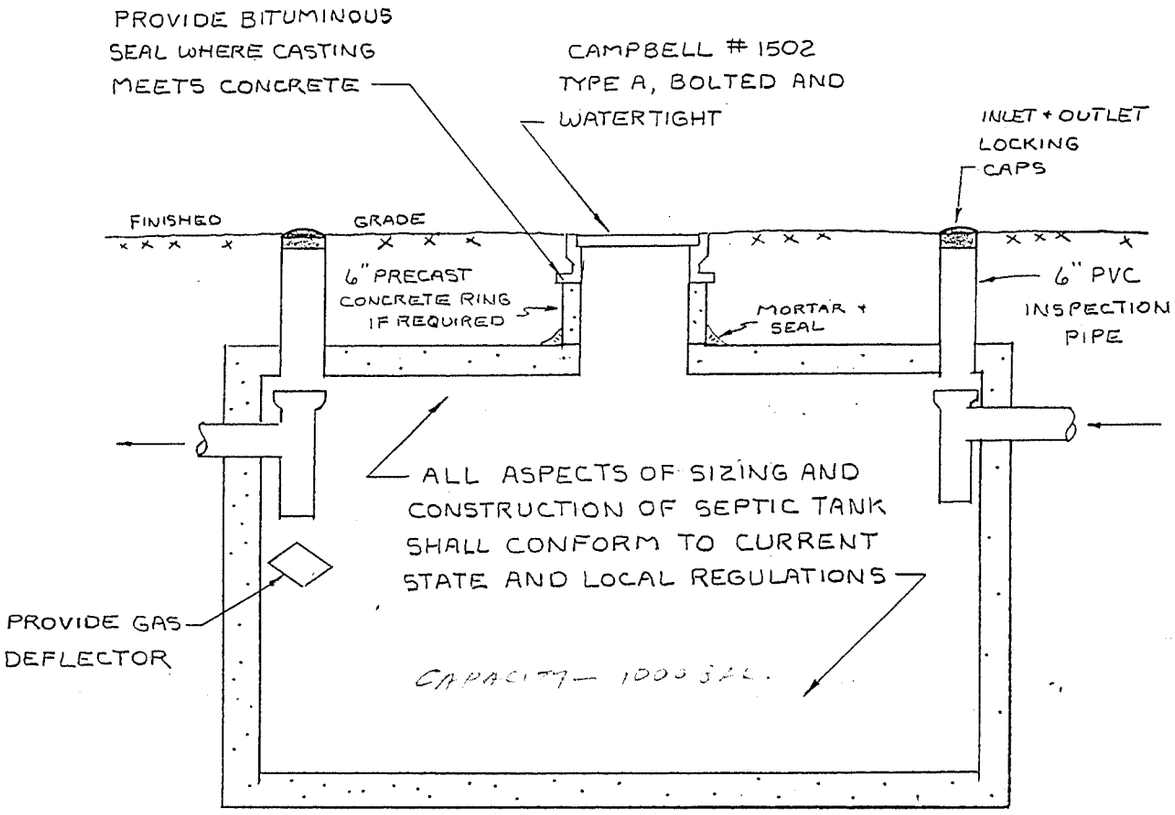
ENGINEERS AND LAND SURVEYORS INC.
PROFESSIONAL PLANNERS
530 East Main Street
P.O. Box 383
CHESTER, NEW JERSEY 07930—0383

SCALE	N.T.S.
DATE	9-12-90
DESIGNED BY:	cf
DRAWN BY:	cf
BOOK:	
FILE:	1808

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

150472

TRUKMANN'S



TYPICAL SEPTIC TANK SECTION

N.T.S.

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

CARLTON N. FROST
Professional Engineer & Land Surveyor • N. J. Lic. No. 12672
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PROFESSIONAL PLANNERS
530 East Main Street
P.O. Box 383
CHESTER, NEW JERSEY 07930–0383

SCALE	N.T.S.
DATE	4-27-90
DESIGNED BY:	
DRAWN BY:	
BOOK:	
FILE:	1808

150472

DWR-133
(7/90)

SERIAL # 37589

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

Permit No. 0427558

Mail to

Water Allocation
CN 029
Trenton, N.J. 08625

PERMIT TO DRILL WELL

38

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

COORD #: 24.15?.74

Owner STATELINE CONSTRUCTION CO., INC.

Address 170 CHANGE BRIDGE RD.
MONTVILLE, NJ 07045

Name of Facility DANNY DOMINQUES

Address WEST VALLEY BROOK RD.

Driller D & L WELL DRILLING & PUMP CO.

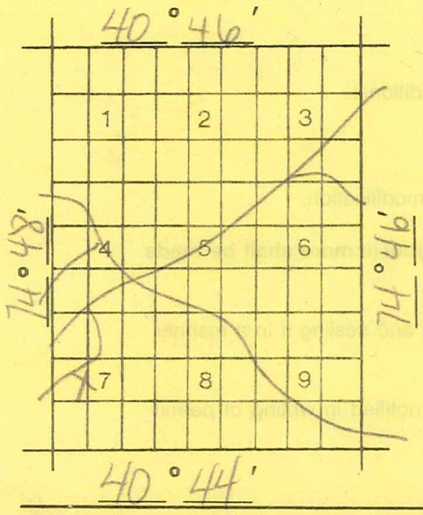
Address P. O. Box 5139
CLINTON, NJ 08809

Diameter of Well	6 *Inches*	Proposed Depth of Well	250 *Feet*
Proposed Capacity of Pump	10 *GPM*	Method of Drilling *(cable-tool,rotary,etc.)*	ROTARY
Use of Well *(See Reverse)*	DOMESTIC		
Drinking Water Supply?	X yes (see #6 on reverse)		no

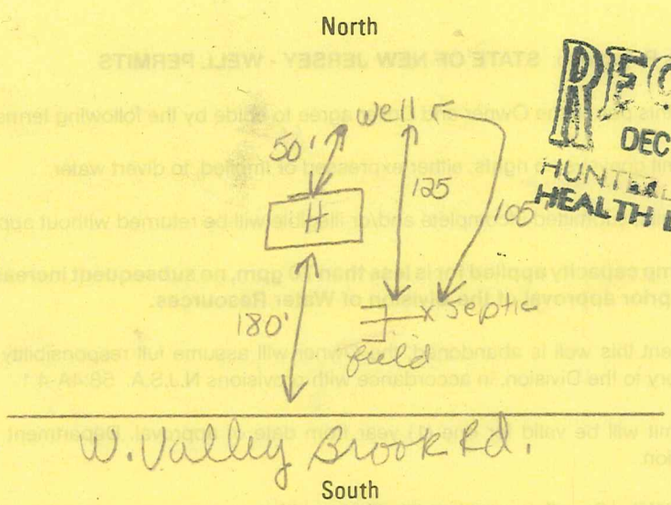
LOCATION OF WELL

Lot #	Block #	Municipality	County
60.05	59	WASHINGTON	MORRIS

State Atlas Map No. 24



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



RECEIVED
DEC 13 1990
HUNTERDON COUNTY
HEALTH DEPARTMENT

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.

- [x] **DOMESTIC/PUBLIC NON-COMMUNITY** Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et. seq.
- [ ] **PUBLIC COMMUNITY** Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1et. seq.
- [ ] **DOMESTIC IRRIGATION SUPPLY** - No piping from the well for which the permit applies shall enter any building.
- [ ] **HEAT PUMP WELLS** - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well. A two hour pump test must be performed on the return well at a rate of 1½ times the estimated return flow of water.
- [ ] **INDUSTRIAL SUPPLY** - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et. seq.
- [ ] **REPLACEMENT WELL** - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment.
- [ ] IRRIGATION PURPOSES ONLY [ ] TEST PURPOSES ONLY
- [ ] PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84(a)4.v. are met.
- [ ] GEOPHYSICAL LOGS of this well must be made. Permanent pumping equipment *SHALL NOT* be installed until such logs are made.
- [ ] SAMPLES of cuttings required every _____ feet or change in material.
- [ ] MINIMUM distance requirements as per N.J.A.C. 7:10-12.13 have not been met - see attached additional condition(s).
- [ ] _____

This Space for Approval Stamp

WELL PERMIT APPROVED
Dept. of Environmental Protection
Water Resources - Water Allocation
DEC 13 1990

RECEIVED
DEC 20 1990
WASHINGTON TOWNSHIP
HEALTH DEPT.

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

Date DECEMBER 3, 1990

Signature of Driller GLENN R. LANE License No. 1020

Signature of Owner DANNY DOMINQUES

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

WASHINGTON TOWNSHIP

MUNICIPAL OFFICES
MORRIS COUNTY
LONG VALLEY, N. J. 07853

43 Schooley's Mtn. Rd.
P. O. Box 216

Area Code 201
876-3315

WELL INFORMATION TO BE RETURNED TO BOARD OF HEALTH OFFICE BEFORE A WATER SAMPLE CAN BE TAKEN AND FINAL CERTIFICATE OF OCCUPANCY ISSUED.

PERMIT NO. 24-27558 DATE INSTALLATION COMPLETED _____

DRILLER'S NAME AND ADDRESS D & L WELL DRILLING & PUMP CO., P. O. BOX 5139

CLINTON, NJ 08809 TELEPHONE NO. 534-4475

DRILLER'S LICENSE NO. 1020 TYPE OF LICENSE JOURNEYMAN

DEPTH 205 FT. DIAMETER OF CASING 6"

GEOLOGICAL FORMATION 0-40' SANDY CLAY; 40-205' HARD GRAY GRANITE

STATIC WATER LEVEL 3 FT. CASED DEPTH 64 FT.

ELEVATION AT GROUND SURFACE _____ DEPTH TO BEDROCK 44 FT.

PUMPING LEVEL 80 FT. G. P. M. 20

DRAWDOWN _____ BIT SIZE START 10"

HOURS PUMPED 4 BIT SIZE FINISH 6"

SPECIFIC CAPACITY (YIELD/DRAWDOWN) _____

DEPTH AT WHICH CASING CEMENTED IN ROCK 64 FT.

AMOUNT OF CEMENT AND MIXTURE OF CEMENT 8 DRIVE SHOE USED YES

TYPE OF PUMP SUBMERSIBLE H.P. _____ FT. OF DROP PIPE _____

PRESSURE TANK SIZE _____ DEPTH OF SETTING _____

WELL VENTED YES SCREEN SPECS: _____

NAME AND ADDRESS OF OWNER STATELINE CONSTRUCTION CO., INC.

170 CHANGE BRIDGE RD., MONTVILLE, NJ 07045

LOCATION OF WELL: STREET W. VALLEY BROOK RD. BLOCK 59 LOT 60.05

PUMP INSTALLER'S SIGNATURE EDWARD DELCARLO Edward DelCarlo

DRILLER'S SIGNATURE GLENN R. LANE Glenn R. Lane

WATER SAMPLE TAKEN _____ SAMPLE RETURNED _____

RECEIVED