Tax Map Sheet 27 | X New Construction | Application No. _____

Lot 80 Block 26.01 | _____ Alteration | Date Submitted _____

INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION
BOARD OF HEALTH, TOWNSHIP OF CHESTER
MORRIS COUNTY, NEW JERSEY

OWNER TRI CONSTRUCTION Tel. (201) 543-6472

Address 15 Talmage Road Mendham, New Jersey 07945

PURCHASER N/A Tel. _____

Address _____

CONTRACTOR TRI CONSTRUCTION Tel. (201) 543-6472

Address 15 Talmage Road Mendham, New Jersey 07945

INSTRUCTIONS: This application shall be accompanied by a percolation test report and 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 50 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. Proposed or possible future pool sites.
5. Direction and approximate percent of slope in the area of the proposed system.
6. Location of all percolation and observation test holes.
7. Location and depths of proposed or future excavations and fills.
8. Detailed plans of the disposal system including cross sections and profiles.
9. Provisions to divert surface water and/or subsurface water from the disposal area.
10. Show dimensions and distances for all above information.

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BOARD OF HEALTH

WELL DATA:

Water Supply: _____ Public X Well _____ Spring _____ Other _____

Well Date: _____ Existing X Proposed or estimated

1. Type Drilled
2. Depth _____
3. Depth to Rock _____
4. Method of Grouting Around Casing _____
5. Type of Rock _____
6. Depth of Casing _____
7. Method of Sealing _____

Well is located at a _____ higher _____ lower elevation than the disposal area.

DESIGN DATA:

Type of building: X Dwelling _____ Other _____

For dwelling: No. of bedrooms 5 Expansion attic: _____ yes X no

For other than dwellings:

Occupancy: _____ persons per day Size: _____ sq. ft. floor area

Estimated quantity of sewage: _____ gal. per day

CHESTER TOWNSHIP
BOARD OF HEALTH
APPROVED

Design is based on a ~~percolation rate of _____ minutes per inch at _____ depth below the surface,~~ perm. rate of ~~as shown for Percolation Test No(s). _____~~ 6-20 in./hr. for select fill. RJP 5/11/95

Grease Trap: _____ yes X no Location _____

Size _____ Material _____

Septic Tank: Number of tanks 1 Material Concrete

Capacity of each 1250 gal.

Individual Sewage Disposal System Application

Disposal Trenches and Beds:

1. Min. percolation area required by Code 1238 sq. ft.
   Designed percolation area 1290 sq. ft.
2. Min. infiltration area required by Township Standards _____ sq. ft.
   Designed infiltration area (trench sidewalls) _____ sq. ft.

Seepage Pits:

1. Number of Pits _____
   Size of each Pit _____, _____, _____
2. Min. percolation area required by Code _____ sq. ft.
   Designed percolation area _____ sq. ft.
3. Min. infiltration area required by Township Standards _____ sq. ft.
   Designed infiltration area _____ sq. ft.

CERTIFICATE OF QUALIFIED PERSON:

This is to certify to the Board of Health of the Township of Chester that the undersigned has prepared or examined the within application and accompanying plans and specifications and that such application and data are in compliance with: The Realty Improvement Sewerage and Facilities Act (1954) P.L. 1954, Chapter 199, R.S. 58:11-23, et seq. and Standards promulgated thereunder; The Individual Sewage Disposal System Code of the Township of Chester as revised and/or amended; and Standards adopted by the Board of Health of Chester Township.

Signature Charles I. Balut P.E. License No. 20084 Date 4/20/95

Firm CHARLES I. BALUT, AIA, PE, LS, PP Tel. No. (201) 691-1122

Address 183 Route 206 South, Flanders, NJ 07836

(seal)

APPROVAL AND INSPECTION RECORD

Application Approved by: _____ Date _____

Inspected _____ Date _____ By _____

_____ Date _____ By _____

_____ Date _____ By _____

_____ Date _____ By _____

_____ Date _____ By _____

Final Approval by _____ Date _____

Certificate of Compliance Issued _____ _____
(Date) (Signature)

MUNICIPALITY..Township of Chester..... Page 1 of 3

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

Form 2a - General Site Evaluation Data:

Block 26.01 Lot 80

1. Name of Site Evaluator (print): Charles I. Balut, AIA, PE, LS, PP

2. Business Address of Site Evaluator: 183 Route 206 South
Flanders, NJ 07836

3. Business Phone Number of Site Evaluator:.....(201) 691-1122.....

4. Special Site Limitations Identified (Check appropriate Categories): N/A
___Flood Plains ___Bedrock Outcrops ___Wetlands ___Excessively Stony
___Disturbed Ground ___Sink Holes ___Sand Dunes ___Steep Slopes
___Other - Specify.....

5. Soil Logs - Enter on Form 2b - Use one sheet for each soil log.

6. Considerations Relating to Disturbed Ground: N/A
a) Type of Disturbance (Check appropriate categories):
___Filled Area ___Excavated Area ___Re-graded Area
___Subsurface Drains ___Other-Specify.....
b) Pre-existing Natural Ground Surface
Elevation Relative to Existing Ground Surface.....
Method of Identification.....
c) Suitability of Disturbed Ground
___Unsuitable: Objects Subject to Disintegration or Change in Volume
___Excessively Coarse
___Proctor Test Performed - % Standard Proctor Density = ...

7. Hydraulic Head Test: N/A
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):
X Site Plan
X Key Map Showing Location of Site On U.S G.S. Quadrangle or Other Accurate Map
X Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
___Other - Specify.....

9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (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..4/20/95.
Signature of Professional Engineer.....License #.20084,

MUNICIPALITY... Township of Chester .....

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

Form 2b - Soil Log And Interpretation: Block 26.01 Lot 80

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

2. Soil Log:

Depth (Inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size and Contrast, If Present
Soil Logs No. 1, Lot 80, Block 26.01	
0" - 14"	Dark yellowish brown 10 YR 3/4 silt loam; 5% gravel; subangular blocky structure; moist friable.
14" - 55"	Yellowish brown 10 YR 5/6 silty clay loam; 5% cobbles, 5% stone; subangular blocky structure; moist friable.
55" - 128"	Yellowish brown 10 YR 5/6 sandy clay loam; 15% gravel, 10% cobbles, 5% stone; subangular blocky structure; moist friable.
Few fine faint brown mottling 48" - 81"	
Slight seepage 108" - 128"; no ledgerock; roots to 12"	

3. Ground Water Observations: None
___Seepage - Indicate Depth.....
___Pit/Boring Flooded - Depth after .... Hours: .....

4. Soil Limiting Zones (Check Appropriate Categories):
___Fractured Rock Substratum - Depth to Top.....
___Massive Rock Substratum - Depth to Top.....
___Excessively Coarse Horizon - Depth Top to Bottom.....
___Excessively Coarse Substratum - Depth to Top.....
___Hydraulically Restrictive Horizon - Depth Top to Bottom.....
___Hydraulically Restrictive Substratum - Depth to Top.....
___Perched Zone of Saturation - Depth Top to Bottom.....
___Regional Zone of Saturation - Depth to Top.....

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (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..4/20/95.
Signature of Professional Engineer.....License #.....20084...

MUNICIPALITY...TOWNSHIP OF CHESTER.....

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

Form 2b - Soil Log And Interpretation: Block 26.01 Lot 88

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

2. Soil Log:

Depth (Inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragments, If Present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size and Contrast, If Present
Soil Log No. 2, Lot 80 Block 26.01	
0" - 14"	Dark yellowish brown 10 YR 3/4 silt loam topsoil; 5% gravel; subangular blocky structure; moist friable.
14" - 58"	Yellowish brown 10 YR 5/6 silty clay loam; 15% gravel, 5% cobbles, 5% stone; subangular blocky structure; moist friable.
58" - 144"	Yellowish brown 10 YR 5/6 sandy clay loam; 15% gravel, 10% cobbles, 5% stone; subangular blocky structure; moist friable.
Few fine faint brown mottling from 51" - 98"	
Slight seepage 120"; roots to 10"	
Soil Sample taken at 60" yielded a soil permeability class rating of K1.	

3. Ground Water Observations: None
___Seepage - Indicate Depth.....
___Pit/Boring Flooded - Depth after .... Hours: .....

4. Soil Limiting Zones (Check Appropriate Categories):
___Fractured Rock Substratum - Depth to Top.....
___Massive Rock Substratum - Depth to Top.....
___Excessively Coarse Horizon - Depth Top to Bottom.....
___Excessively Coarse Substratum - Depth to Top.....
___Hydraulically Restrictive Horizon - Depth Top to Bottom.....
___Hydraulically Restrictive Substratum - Depth to Top.....
___Perched Zone of Saturation - Depth Top to Bottom.....
___Regional Zone of Saturation - Depth to Top.....

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.S.A. 7:14-8.

(Signature of Site Evaluator)..[signature]..Date..4/20/95
Signature of Professional Engineer.....License #..20084...

BOARD OF HEALTH
TOWNSHIP OF CHESTER
MORRIS COUNTY
BOX 428
CHESTER, NEW JERSEY 07930

CHECKLIST FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

	DESIGN ENGINEER	BOARD OF HEALTH
TESTING PROCEDURES		
1 Tests to determine soil characteristics and performance of percolation tests must be observed by an authorized representative of the Board of Health as required by BH: *4-74* 3(c). For appointment call 879-5572 Monday, Wednesday or Thursday 9 to 4 or 593-3076 daily.	X	
2 Fee for observation of tests is $30.00 per test payable to "Township of Chester Board of Health" when test is observed.	X	
3. Tests of soil characteristics must comply with BH: *4-74* 5(c), 7:9 2.60 and 2.61		
a. *Provide at least one test pit for each of the proposed disposal areas and each of the proposed reserve areas.*	X	
b. Identify soils encountered using the "Unified Soil Classification System.	X	
c. *Provide at least two percolation tests at various depths for each of the proposed disposal areas and each of the proposed reserve reserve areas.*	X	
d. Determine the depth to ground water as required by 7:9 2.61(3).	X	
e. Report all test results on forms provided by the Board of Health.	X	
PLANS SHOULD INCLUDE THE FOLLOWING INFORMATION		
1. Minimum scale of 1" = 50'.	X	
2. Keymap on plot plan.	X	
3. Contour intervals of 10' or less.	X	
4. Location of all drainage easements and utility rights of way.	NA	
5. Separate disposal facilities for different wastes, BH: *4-74*, 5 (n).	X	
6. Septic tank capacities, BH: *4-74*, 5 (b).	X	
7. Location and distance of component parts of systems, BH: *4-74*, 5 (d) and 7:9 - 2.19.	X	
8. Septic tank materials, BH: *4-74*, 5(a).	X	
9. Design of disposal areas, BH: *4-74*, 5 (l) and 7:9-2.62 and 2.78.	X	
10. Disposal area expansion or replacement, BH: *4-74*, 5(l).	X	
11. Location of all soil tests.	X	
12. Soil logs.	X	
13. Soil boundaries when two or more soil types are encountered within one property.	X	
14. Water courses and private water supplies located within 100' from property line of applicant.	X	
15. Lowest building elevations to be served by proposed disposal systems.	X	
16. Control of surface water.	X	
17. Existing and proposed grades for areas requiring fill and compliance with 7:9 2.71.	X	
18. Plan and profile of subsurface interceptor drains when provided, BH: *4-74*, 5(n).		
SUPPORTING DATA SHOULD INCLUDE		
1. Soil map prepared by the Soil Conservation Service with area of applicant's property indicated.	X	
2. Specifications of pumps or other appurtenance when proposed.	NA	
A FORMAL APPLICATION THAT IS SUBMITTED SHOULD INCLUDE		
1. Completed application; typewritten or in ink.	X	
2. Application signed by owner and contractor.	X	
3. Application bearing seal and signature of engineer.	X	
4. Soil test reports bearing seal and signature of engineer.	X	
5. Supporting data bearing seal and signature of engineer.	X	
6. Plans bearing seal and signature of engineer. Two (2) copies of plans should be provided.	X	
7. Fees payable to "Township of Chester Board of Health" are as follows:		
a. New Construction $125.00	X	
b. Other than single family dwelling $175.00		
FINAL APPROVAL FOR CERTIFICATE OF COMPLIANCE - INSTALLATION OF A SEWAGE DISPOSAL SYSTEM SHOULD INCLUDE		
1. All necessary Board of Health inspections completed and recorded - BH: *4-74* 9.		
2. *A copy of as-built plans of the sewage disposal system bearing the surveyor's and/or engineer's seal and signature.*		
3. *A permanent marker placed at the access opening at finished grade to indicate the location of septic tanks, lateral trenches or any major component part of installed system.*		

WUNNER ENGINEERING ASSOCIATES

ENGINEERS • LAND SURVEYORS • PLANNERS
P.O. Box 303, 19 Route 10 East, #22
SUCCASUNNA, NEW JERSEY 07876
201-584-2233
FAX 201-584-6646

Form 3c. Soil Permeability Class Rating Data

Client/Job No. BELLUSH - BAUT / 92-2176 Location LOT 80 BL. 26.01 CHESTER

1. Test Number 1 Replicated (Letter) A & B

2. Sample Depth 60" Soil Pit/Boring # 2 Date 4-4-95

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 400
   Weight of Material Retained on 2mm sieve, grams 59
   Wt. % Coarse Fragment (W.C.F./W.T. x 100) 14.75

4. Oven Dry Weight (24 hrs., 105°C) of 40 Gram Air Dry Sample, grams, Wt 37.1

5. Hydrometer Calibration, Rc 4.3

6. Hydrometer Reading-40 seconds, grams R1 A = 24 B = 23.5
   Temperature of Suspension, °F A = 75 B = 75

7. Corrected Hydrometer Reading, grms, R1' A = 21.1 B = 20.6

8. Hydrometer Reading-2 hours, grams R2 A = 15 B = 15
   Temperature of Suspension, °F A = 74 B = 74

9. Corrected Hydrometer Reading, grams R2' A = 11.9 B = 11.9

10. % sand = (Wt. - R1')/Wt. x 100 A = 43.13 B = 44.47

11. % clay = R2'/Wt. x 100 A = 32.1 B = 32.08
    % silt A = 24.77 B = 23.45

12. Sieve Analysis:
    a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in .047 mm Sieve), grams A = 22.2 B = 22.27
    b. Wt. of Fine Plus Very Vine Sand Fraction (Sand Passing 0.25 mm Sieve), grams A = 8.2 B = 7.9
    c. % Fine Plus Very Fine Sand (b/a) A = 36.94 B = 35.47

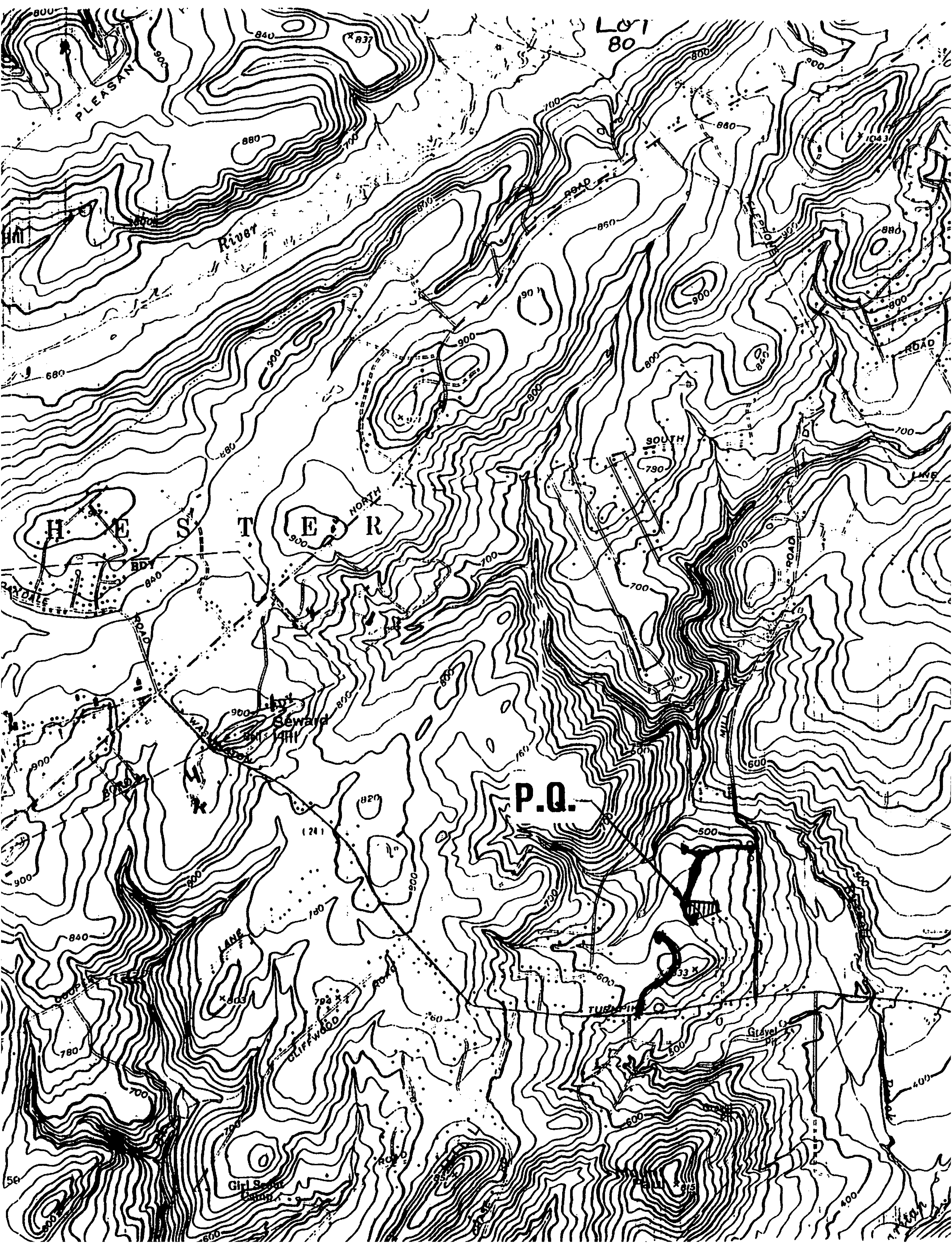
13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested BLOCKY
    Consistence of Soil Horizon Tested: Dry
    Moist FRIABLE

14. Soil Permeability Class Rating A = K 1 B = K 1
    Average of Replicate Samples K = 1 modified to K

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.

Ray Kimble
Site Evaluator
Date 4-7-95

Professional Engineer
License No. 22704



LOT
80
PLEASAN
River
ROAD
ROAD
H E S T E R
NORTH
BDY
ROAD
Seward
Hill
P.Q.
SOUTH
MILL
ROAD
LINE
LANE
CLIFFWOOD
ROAD
TURNPIKE
Gravel Pit
Girl Scout Camp

LOT 80

NEW JERSEY — SHEET NUMBER 32

BOARD OF HEALTH
Township of Chester, Morris County, New Jersey

Application
№ 2536

Date 4/24 19 95 10

- [x] Construct
- [ ] Alter
- [ ] Repair
- [ ] Sewage
- [x] Water

Received of (name) Tri Construction

(address) 15 Talmage Road, Mendham 07945

One Hundred Dollars ..... Dollars $ 100.00

Location: Lot 80 Block 26.01

This copy for Secretary

Josephine Abbadelo
agent

BOARD OF HEALTH

Township of Chester, Morris County, New Jersey

Application No. 2537

- ☐ Construct
- ☐ Alter
- ☐ Repair
- ☒ Sewage
- ☐ Water

Date 4/24 19 95

Received of (name) Tri Construction

(address) 15 Talmage Rd. Meadham

Three Hundred Dollars Dollars $ 300.00

Location: Lot 80 Block 26.01

This copy for Secretary

Josephine Abordale

agent