

**BOARD OF HEALTH
TOWNSHIP OF READINGTON**

MUNICIPAL BUILDING
509 ROUTE 523
WHITEHOUSE STATION, NJ 08889
PHONE: (908) 534-4051
FAX: (908)-534-5909
RICHARD J. SHEOLA
TOWNSHIP ADMINISTRATOR/QPA



BOARD OF HEALTH
PHONE: (908) 534-4051 X234
FAX: (908) 534-0038

APPLICATION FOR BOH APPROVAL

BLOCK _____ LOT (s) _____ PROPOSED LOT (s) _____

STREET LOCATION OF PROJECT: _____

TYPE OF FACILITY: (CHECK ONE) _____ RESIDENTIAL _____ COMMERCIAL _____

TYPE OF WASTE TO BE DISCHARGED: (CHECK ONE)

_____ SANITARY SEWAGE

_____ INDUSTRIAL WASTE

_____ OTHER (SPECIFY)

TYPE OF PROJECT: (CHECK ALL THAT APPLY)

_____ NEW CONSTRUCTION (NEW HOME)

_____ ALTERATION/NO EXPANSION OR CHANGE OF USE

_____ ALTERATION/EXPANSION OR CHANGE IN USE

_____ ALTERATION/CORRECT MALFUNCTIONING SYSTEM

_____ REPAIRS TO EXISTING SYSTEM (REMOVE OR REPLACE)

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE: _____

ENGINEER'S NAME: _____

ENGINEER'S ADDRESS: _____

ENGINEER'S PHONE: _____

ENGINEER'S EMAIL: _____

APPLYING FOR A VARIANCE **OR** WAIVER? (CHECK ONE) YES _____ NO _____

IF YES, SPECIFY NATURE OF VARIANCE/WAIVER IN DETAIL

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

PRINT NAME AND TITLE: _____

SIGNATURE: _____

REQUIREMENTS

Before being placed on the board of health agenda, the following must be submitted to the administration of the board of health **at least 14 days prior to the meeting** at which consideration is desired:

- 1) 9 copies of septic design plans (map/plat) with soil testing clearly marked and identified.
- 2) 9 copies of any/all revisions/resubmissions/corrections as requested by Board of Health, Board of Health Engineer, or Hunterdon County Health Department.
- 3) 9 copies of engineer's soil testing report on all lots.
- 4) 9 signed and sealed copies of surveyor's map.
- 5) Wetlands statement in writing in one of three ways:
 - a. By written statement.
 - b. A wetlands expert can be hired to inspect the property and provide statement.
 - c. An LOI may be obtained.
- 6) Escrow funds with W-9 form as required by Board of Health Ordinance #98-04, amended BH:01-2007. Residential is \$750. Review the ordinance or contact the Advisory Board office to confirm escrow amount required if subdivision or commercial.
- 7) For sub-divisions (this includes any property with more than 1 lot) a potability test for existing wells should be provided.
- 8) Digital versions of **all** applicant materials sent to boh@readingtonwp-nj.org
- 9) Township Inspector (witness) testing reports on all lots.
- 10) Board of Health Engineer and/or County Reports/recommendations on all lots.

Please note that **submission of application to the Hunterdon County Health Department** is the applicant's responsibility.

APPLICANT RESPONSIBILITY

Please note the following:

- Include your block and lot numbers on all correspondence.
- A licensed engineer should be present at the hearing of your application.
- It is also the applicant's responsibility to make certain that lot numbers are indicated and coincide on all test reports, including township inspector (witness') reports, county reports and plot plans. No time will be taken at the meeting to make these corrections.
- It is the responsibility of the applicant's engineer to complete and submit revisions based on Board of Health engineer Ferriero Engineering, INC.'s review letter(s). Be advised that applications are listed on a Board of Health agenda **only after all deficiencies as identified by the Board of Health engineer are resolved** and therein are placed on the agenda on a first come first serve basis, with malfunctioning systems first, then new single lots and finally, subdivisions.

If you have any questions regarding the above, please do not hesitate to contact this office.

Please return this form with all copies to:

Readington Township Board of Health
Municipal Building
509 Route 523
Whitehouse Station, NJ 08889