

TOWNSHIP OF READINGTON

WHITEHOUSE STATION, NEW JERSEY 08889

MUNICIPAL BUILDING
509 ROUTE 523
WHITEHOUSE STATION, NJ 08889
PHONE: (908) 534-4051
BOARD OF HEALTH FAX (908) 534-0038



VITA MEKOVETZ, RMC/CMC
ADMINISTRATOR/MUNICIPAL CLERK

BOARD OF HEALTH

APPLICATION for WITNESSING SOIL LOGS and IN-SEASON GROUND WATER TESTING

BLOCK _____ LOT (s) _____ NUMBER OF LOTS _____

APPLICANT NAME: _____

APPLICANT ADDR.: _____

APPLICANT PHONE: _____

STREET LOCATION _____

DATE OF APPLICATION _____

ENGINEER NAME: _____

ENGINEER ADDR.: _____

ENGINEER PHONE: _____

ENGINEER EMAIL: _____

This applicant agrees to comply with Board of Health Ordinance 98-02, Individual Sewage Disposal Systems code, which states that all soil logs shall be in accordance with Chapter 199 of the Public Laws of New Jersey. The applicant also agrees to comply with the Readington Township policies on soil log and high groundwater testing.

For the observation of a test of soil characteristics by a representative of the Board of Health, by appointment for the purposes of meeting the requirements of an application for subdivision approval or for the purposes of filing an application for an individual sewage system permit, a fee shall be charged for the hourly services of the Township's witness based upon a rate of \$200.00 per lot/ per day. This rate shall be applicable to all types of testing. The minimum advance fee will be \$400.00.

An application shall be on file with the Board of Health and appropriate fees shall be on file with the Board of Health Clerk five working days prior to the requested witnessing time. In the event these fees are not received within this time frame it will be within the Township's right to cancel the appointment for witnessing.

It is the responsibility of the applicant to secure the safety of the site during the testing procedures. The applicant is required to complete the attached indemnification agreement and submit along with this application.

Applicant Signature

THIS DOCUMENT
HAS IMPORTANT LEGAL CONSEQUENCES
AND
SHOULD BE REFERRED TO YOUR LAWYER
PRIOR TO SIGNING

____(I) ____ (We), _____, the applicant(s)
(name)

for the observation and witnessing by a representative of the BOARD OF HEALTH of a test of soil characteristics in connection with (*check one*) ____ construction, ____ alteration, or ____ repair of a subsurface individual sewage disposal system on Block _____/Lot _____, in Readington Township, New Jersey, in consideration of the participation by the BOARD OF HEALTH OF THE TOWNSHIP OF READINGTON (BOARD OF HEALTH) in the site evaluation procedure for the design and location of a septic system on the subject property, acknowledge (my) (our) responsibility for providing adequate safety measures to permit safe access to the excavated test area during the test procedures, as well as appropriate warning signs and fencing, to limit access to any excavation by the public when the excavation is left unattended and (I) (we) hereby agree to defend, indemnify and save harmless the BOARD OF HEALTH and the TOWNSHIP OF READINGTON and their elected and appointed officials, agents, and employees, from and against any and all claims and liabilities (including, without limitation, attorneys' fees) arising out of or related to any excavation.

This indemnification agreement shall apply notwithstanding the actual or alleged negligence of those to be indemnified, but shall not apply to claims or liabilities arising solely from the negligence of those to be indemnified.

Signature of Applicant

Printed Name of Applicant

Street Address

City, State, Zip Code

Date