

**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)

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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

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*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 28 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 (\$750.00 payable by check to Readington Township) with w-9 form (attached) as required by Board of Health Ordinance #98-04, amended BH:01-2007.
- 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@readingtontwp-nj.org](mailto:boh@readingtontwp-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.

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## 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