

TOWNSHIP OF KINGWOOD

BOARD OF HEALTH
599 OAK GROVE ROAD
FRENCHTOWN, NJ 08825

Phone: 908-996-4276 X 226 (M,W,F - 9:00-3:00 TUES 9:00-11:30) Fax: 908-996-7753

APPLICATION FOR WITNESSING SOIL LOGS & PERMEABILITY TESTING

BLOCK: _____ LOT: _____ NUMBER OF PROPOSED LOTS: _____

NAME OF APPLICANT: _____

ADDRESS: _____

ENGINEER: _____ PHONE #: _____

TEST DATE/S: _____ EMAIL: _____

The applicant agrees to comply with the Code of the Township of Kingwood, Chapter 153, Article I, "Individual Subsurface Disposal Systems," as amended, which states that all soil logs shall be in accordance with Chapter 199 of the Public laws of New Jersey.

THE APPLICANT SHALL PROCURE A RECEIPT FOR THE PAYMENT OF SAID DEPOSIT FROM THE MUNICIPAL OFFICES.

IT IS THE RESPONSIBILITY OF THE APPLICANT OR ITS ENGINEER TO PRESENT THE RECEIPT WITH THIS APPLICATION TO THE TOWNSHIP ENGINEER AT HIS/HER OFFICE BEFORE ANY TESTS ARE SCHEDULED.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO CONTACT THE TOWNSHIP ENGINEER, ENGINEERING AND LAND PLANNING, AT 908-238-0544 TO ARRANGE FOR THE WITNESSING OF THE TESTING

The actual fees per lot for witnessing permeability tests and/or soil logs shall be \$300 for the first lot and \$175 for each additional lot on which testing is conducted and witnessed. A minimum charge of \$200 will be due if scheduled testing is cancelled for any reason, unless notification is given to the Township Engineer or his agent prior to 8:00 a.m. on the day of testing.

If at any time prior to completion of all permeability tests and soil borings the actual costs incurred by the Township shall equal or exceed the security moneys deposited by the applicant with the Board Secretary, the applicant shall again post a fee of \$175 per lot and shall again present evidence of payment thereof to the Township Engineer's office before further tests are scheduled.

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.

Date: _____ Signature of Owner _____
(If not applicant)

Date: _____ Signature of Applicant _____

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(KINGWOOD TOWNSHIP USE ONLY)

RECEIPT NO. _____ AMOUNT: _____

Date: _____

Signature of Township Official

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

(I) _____ (We) _____ , _____
the applicant/s 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
 _____ Repair of a subsurface individual sewage disposal system
 _____ Subdivision or Site Plan Application

Block: _____ Lot: _____

in Kingwood Township, New Jersey, in consideration of the participation by the Board of Health of the Township of Kingwood (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 Kingwood 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.

In accordance with Kingwood Township Ordinance No. 15-15-2008, backfilling of excavated soil logs and test pits shall be performed such as to restore the original soil layers, compacted and returned to the pre-existing natural ground surface to the greatest extent practicable. It is the applicant/owner's responsibility to ensure proper backfilling of excavations, not the Township witness or inspector.

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 these to be indemnified.

Signature of Applicant

Printed Name of Applicant

Street Address

City, State, Zip Code

Date