



Green Sergeant's Bridge  
New Jersey's Only Remaining Covered Bridge

# Delaware Township

Hunterdon County, New Jersey

www.DelawareTwpNJ.org

OFFICE OF BOARD OF HEALTH

P. O. BOX 500  
TOWNSHIP HALL  
SERGEANTSVILLE, NJ 08557  
(609) 397-3240, Ext. 10202  
Direct FAX Number (609) 397-4893

## HEALTH DEPARTMENT APPROVALS - SUBDIVISION

Applicants for subdivisions in Delaware Township must first obtain approvals from the Delaware Township Board of Health and the Hunterdon County Department of Health. They review the soil test results to be sure that the septic system can be designed and constructed that will properly address health and safety issues. These approvals are conditions prior to your appearance before the Planning Board.

It is your responsibility to arrange for these approvals. Please complete this form in duplicate and provide it with whatever other information the Township and County need to complete their reviews. Danene Gooding is the Delaware Township Board of Health Secretary. You can reach her at 609-397-3240 Ext. 202. The phone number for the County Health Department is 908-788-1351. They are located on Route 12, in Flemington.

Please attach one copy of your subdivision plat and the complete soil test results if separate from plat to this application for each board.

The Delaware Township Board of Health requires that each applicant submit their application, County Health Department approval, and 11 sets of plat plans 10 (ten) business days prior to the next scheduled meeting so that you can be heard.

The Hunterdon County Department of Health currently charges the following fees:  
1-3 Lots: \$75    4-10 Lots: \$ 110    11-20 Lots: \$ 160.00    21 + Lots \$245

The Delaware Township Board of Health currently charges \$100 Base Fee for Subdivision and \$25 for each lot.

Please complete the following attached application:

Minor Subdivision: \_\_\_\_\_ Major Subdivision \_\_\_\_\_

No. of Lots Created: \_\_\_\_\_ Existing septic on property? Yes No

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_ Phone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Proposed Subdivision Hearing: \_\_\_\_\_

Fee Attached: \_\_\_\_\_ Plats Attached: \_\_\_\_\_ Test Results Attached \_\_\_\_\_



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## HEALTH DEPARTMENT APPROVALS – Septic Repair, Waiver, Etc.

If you need to be heard by the Delaware Township Board of Health for other matters not resulting in a Subdivision, please fill out the application below with all necessary paperwork that will be needed for review by the Board and the County Health Department.

Please provide the Board with this application, County Health Department approval, and 11 sets of plat plans 10 (ten) days prior to the next scheduled meeting so that you can be heard. There is no fee charged by the Township Board of Health to be heard in this matter, but please contact the County Health Department to obtain the appropriate fees in this matter.

Name: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

State reason to be heard before the Board: \_\_\_\_\_

Date of Proposed Hearing: \_\_\_\_\_

**Please note:** If your septic field is to be placed within the sideyard or the rearyard setback, you will need to seek approval from the Board of Adjustment; Clerk – Kathleen E. Klink, 609-397-3240, ext. 208

Office Hours: 5:30 to 7:30 p.m., Wednesday evenings



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## DELAWARE TOWNSHIP BOARD OF HEALTH

### CHECKLIST FOR ENGINEERS

#### WHEN REQUESTING A WAIVER DUE TO SET BACK LINES OR APPLYING FOR A SUBDIVISION

The Delaware Township Board of Health requests the following information be provided when appearing before the board. This information should be provided when submitting the eleven (11) copies of the septic system design plans, the letter from the County Health Department, and a copy of the Application to Construct or Alter an Individual Sewage Disposal System.

Engineering Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

Enclosed

1. An Aerial view of the property (this can be obtained off the internet) \_\_\_\_\_
2. The location of the reserve area on neighboring properties \_\_\_\_\_
3. The location of property lines \_\_\_\_\_
4. The location and distance of neighboring wells and septics \_\_\_\_\_
5. Results from failed tests in the building envelope \_\_\_\_\_