

TOWNSHIP OF MENDHAM
 Health Department
 P.O. Box 520, 2 West Main Street
 Brookside, NJ 07926

SUITABLE FILL CERTIFICATION

STREET ADDRESS:	BLOCK:	LOT:
DISPOSAL SYSTEM DESIGN RATE:		
QUARRY NAME:		
QUARRY ADDRESS, CITY, STATE:		

Date fill material was acquired from field:	Date of testing:
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A textural analysis of:	Percentage passing through:
Between 80 – 100%	8 Sieve _____
Between 50 – 85%	16 Sieve _____
Between 25 – 60%	30 Sieve _____
Between 10 – 30%	50 Sieve _____
Between 2 – 10%	100 Sieve _____

Coarse Fragment:	Coarse Fragment:
Check One: <input type="checkbox"/> Volume (less than 15%)	<input type="checkbox"/> Weight (less than 20%)

I hereby certify that the fill material used meets the requirements set forth in N.J.A.C. 7:9A.

Signature of Engineer*:

*Engineer Seal**

And that the fill material after it has been emplaced and compacted to a bulk density equivalent to the design permeability at the level of infiltration set forth in N.J.A.C. 7:9A-6.1(a) determined by: (Tube permeameter tests shall be performed within the bed area).

Permeability shall be 6-20 inches per hour for design purposes.

Date of fill material acquired from field:	Date of testing:
Percolation tests, with a result of:	Tube permeameter tests, with a result of:

I find the compaction and placement of the fill material satisfactory and meets the requirements as set forth in N.J.A.C. 7:9A-10.4(F)3.

Signature of Engineer*:

*Engineer Seal**

* *Engineer's signature and Seal required in each section.*

OFFICIAL USE ONLY

Received by:	Date received:
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