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

**SUITABLE FILL CERTIFICATION**

<table>
<thead>
<tr>
<th>STREET ADDRESS:</th>
<th>BLOCK:</th>
<th>LOT:</th>
</tr>
</thead>
</table>

**DISPOSAL SYSTEM DESIGN RATE:**

**QUARRY NAME:**

**QUARRY ADDRESS, CITY, STATE:**

Date fill material was acquired from field: | Date of testing:

**A textural analysis of:**

<table>
<thead>
<tr>
<th>Percentage passing through:</th>
<th>Sieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 - 100%</td>
<td>8</td>
</tr>
<tr>
<td>50 - 85%</td>
<td>16</td>
</tr>
<tr>
<td>25 - 60%</td>
<td>30</td>
</tr>
<tr>
<td>10 - 30%</td>
<td>50</td>
</tr>
<tr>
<td>2 - 10%</td>
<td>100</td>
</tr>
</tbody>
</table>

**Course Fragment:** | **Coarse Fragment:**

Check One: □ Volume (less than 15%) □ 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: