

WARREN COUNTY SOIL CONSERVATION DISTRICT

www.warrencountyscd.com

224 West Stiger Street
Hackettstown, NJ 07840

Tel: 908-852-2579

SOIL DISPOSAL WORKSHEET

Date: _____

I. SOURCE PROJECT NAME: _____

Project Number _____ Municipality _____
Block _____ Lot _____

SOURCE PROJECT AGENT REQUESTING TRANSFER:

Phone: _____
Fax: _____

II. PROPOSED DISPOSAL SITE: _____

Block: _____ Lot _____
Municipality _____ Street Address _____

Disposal Site Owner: _____
Address _____
Phone: _____ Fax: _____

III. TRANSFER TO BEGIN: _____ END: _____

Approximate volume to be transferred (cu. ft.) _____
Approximate area after spreading (sq. ft.) _____
Description of planned land use for area being filled: _____

AGENTS RESPONSIBLE FOR SOIL EROSION / SEDIMENT CONTROL MEASURES AND PERMANENT STABILIZATION AT DISPOSAL SITE:

I (the below signed) certify that I am fully aware of the proposed clean fill activities and have no objection to the use of this property for said purpose.

Agent responsible for disposal site Date

I (the below signed) understand that the above certified project assumes all responsibility and will be held accountable for the timely installation and maintenance of temporary Soil Erosion and Sediment Control measures at the disposal site, for the permanent stabilization of the disposal site, and for District costs for inspection of the disposal site.

Agent responsible for source project. Date