10586 [redacted]

May 30 19 86

HOPEWELL TOWNSHIP HEALTH DEPARTMENT

PERMIT

PERMISSION IS HEREBY GRANTED TO Stuart Rosse

TO Perform septic repair

AT Block 20, lot 55 and 60, Crestview Ave.

NATURE OF PROPOSED WORK septic repair

FEE $35.00

HOPEWELL TOWNSHIP HEALTH DEPARTMENT

BY [signature]

TOWNSHIP of HOPEWELL

MERCER COUNTY

DEPARTMENT OF HEALTH Township of Hopewell

201 Washington Crossing Pennington Road Titusville, MAY 18 2012
New Jersey 08560-1410
Phone: 609.737.0120 Fax: 609-737-6836 www.hopewelltwp.org Health Department

APPLICATION FOR LETTERS OF REVIEW

Block 20 Lot 55+60 Street Address 10 Crestview Drive Hopewell N.J 08525

Check One: ☒ Sale of Property ☐ Rental of Property ☐ Change in Use Settlement Date June 1, 2012

Property Owner Information:

Name Martha Doemland Phon[redacted]

Address: [redacted] Crestview Drive Fax:[redacted]

City Hopewell State NJ Zip 08525 Emai[redacted]

Attorney Alfred Kettell Phone 609-737-1896

Fax 609-737-7405 E-mail ~~AKell~~ alkettel@aol.com

Purchaser/Tenant Information

Name _____ Phone: _____

Address: _____ Fax: _____

City _____ State _____ Zip _____ Email: _____

Attorney _____ Phone _____

Fax _____ E-mail _____

Applying for: ☒ Septic System Review - $75.00 ☒ Well Water Quality Review - $75.00 Total Fee ~~75.00~~ 150.00

Date 5-18-12

To be completed by Health Department CK# 1653

Septic System Review	Date	Well Water Quality Review	Date
Report Received		Report Received	
Rejected		Rejected	
Temporary Approval Granted		Temporary Approval Granted	
Final Approval Granted		Final Approval Granted	
Comments:			

Hold for Revised Copy

Sorry Mr Spera will call you from California @ 4:15 today. He has a question regarding his application.

Josh >

Permit No. **2012058** Date: **5/10/2012**

Hopewell Township Health Department

201 Washington Crossing – Pennington Road

Titusville, New Jersey 08560

Tel. (609) – 737-0120 Fax (609) – 737-6836

PERMIT

Applicant: **Martha Doemland** **Block 20.00 , Lot 55.00**

For: **INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM REPAIR**

Location: **10 Crestview Drive**

Fee: **$100.00**

24 Hour Inspection Notification Required

This permit is NOT transferrable.

Authorized by:

Hopewell Township Health Department

Hopewell Township Health Department

201 Washington Crossing Pennington Road
Titusville, NJ 08560
Phone: (609) 737-0120 Fax: (609) 737-6836

Permit Number 057
Date Issued 5-10-12
Fee Received $100

Township of Hopewell

MAY 10 2012

Health Department

Septic System Repair & Abandonment Application

Property Location 10 Crestview Drive BLOCK 20 LOT 59 & 60

Applicant Martha Doemland Address 10 Crestview Drive

City Hopewell State NJ Zip 08525

Phone [redacted]

Existing Information, (Check one)

✓ **Residential Single Family**
No. of Bedrooms 3

___ **Residential Multiple Family**
No. of Dwelling Units ___
Bedrooms per Unit ___ ___ ___ ___

___ **Commercial/Institutional**
Type of Establishment _____ Sq Ft of Facility _____
Total # Occupants or Employees per Shift _____ Meter Reading GPD _____
If estimate is based on water meter data, indicate source of data, frequency of readings average.

Existing Septic Tank Size 1000 gallons Garbage Disposal y/n N Sewage Ejector y/n N

Existing Disposal System (check one) (Bed) ___ Trenches ___ Seepage Pit(s) ___ Cesspool ___

Proposed Repair - Check Appropriate Category(s) *Provide cut sheets for all new components*

___ Septic Tank Installation or Replacement. Compartment(s) _____ Size _____ gallons
All new & existing tanks must be provided with locking manhole to grade. Add 250gal or 2 compartments

___ Connecting Pipes

___ D-Box Replacement, add monitor pipe to existing field

___ Pump Replacement Provide manufacturer _____ Horsepower _____

___ Connect washer or remove illegal discharge pipes

___ Septic Tank /Cesspool Abandonment

___ Replace filter bed material per engineer Monitor Ports are required

___ Dosing Tank Size ____ gallons Dose Volume _____ gallons Reserve Capacity _____ gallons

___ External Grease Trap - Gallons _____ Calculation _____

Other (Specify) Riser & Locking Lid

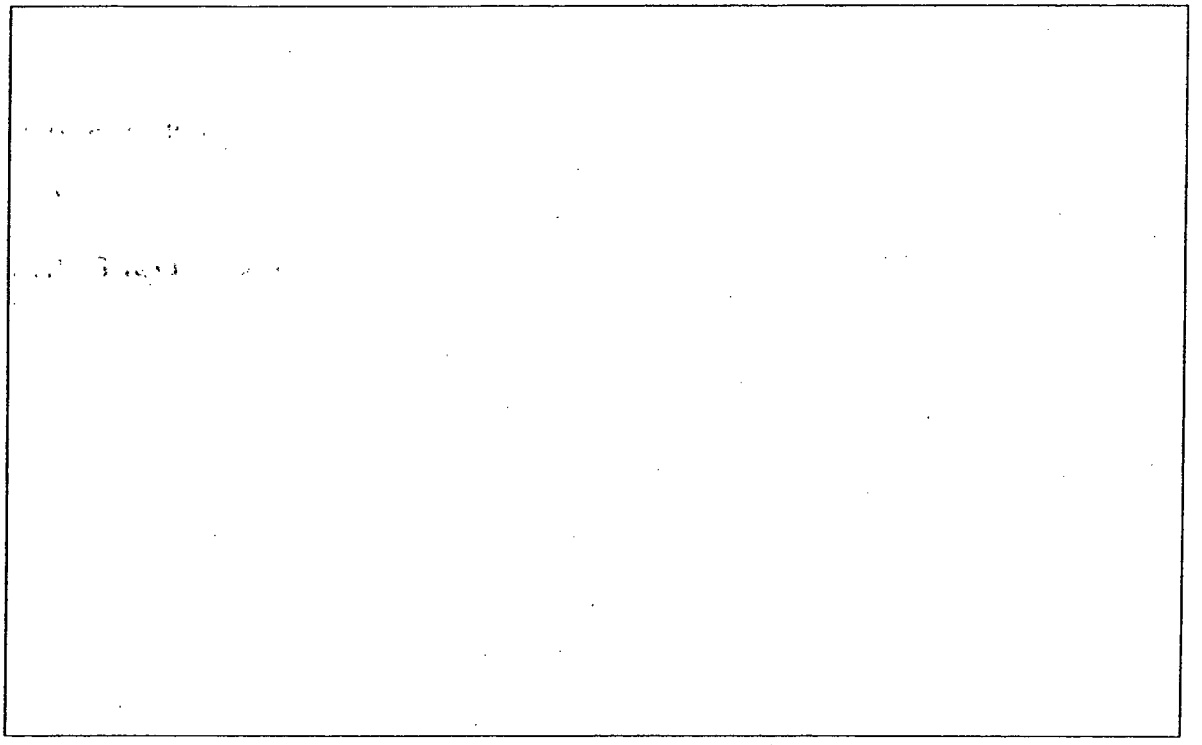
Describe Nature of Alteration or Repair(s):

_____

_____

_____

General Plan of System Showing Locations of All System Components



I hereby certify that the information furnished on this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

CONTRACTOR Ernest Consoli PHONE # 466-3258

ADDRESS 155 Hopewell-Wertsville City Hopewell N.J 08525

State NJ Zip 08525 Fax _____ Cell Phone # _____

Applicant / Contractor's Signature _____

Office use

Application Approved X Inspector _____

Application Denied _____ Inspector _____

Authorizing Signature _____ Date 5/10/12

Repair Completed 5/10/12 Inspector not inspected / phoned Contractor OK.

Septic System Abandonment
Tanks Crushed and Filled _____ Inspector _____

Uses/health/word/septic & well/"Septic –repair, alter & abandonment application 3/2006

TOWNSHIP of HOPEWELL

MERCER COUNTY

DEPARTMENT OF HEALTH

Serving Hopewell Borough & Pennington Borough

201 Washington Crossing Pennington Road Titusville, New Jersey 08560-1410

Phone: 609.737.0120 Fax: 609-737-6836

Martha Doemland
10 Crestview Drive
Hopewell NJ 08525

June 7, 2012

Enclosed please find your permit to replace the existing Baffles, Lid or Risers and connecting pipe at the above-mentioned property.

All manhole covers must be of cast iron construction and all risers must be of concrete unless otherwise reviewed and approved by this office.

This office recommends the installation of an effluent filter in conjunction with the outlet baffle.

You or your contractor must notify this office at least (24) Twenty-Four Hours in advance of installation to schedule inspections with this office.

This permit is valid only to replace the existing Baffle, Lid, Connecting pipe and Risers. You are not permitted to alter any component of the disposal field without further engineering and approvals from this office.

Very Truly Yours,

George Kiesel
Senior Environmental Health Coordinator

TOWNSHIP of HOPEWELL
MERCER COUNTY

DEPARTMENT OF HEALTH

201 Washington Crossing Pennington Road
Titusville, New Jersey 08560-1410
Phone: 609.737.0120 Fax: 609-737-6836 www.hopewelltwp.org

Public Health
Prevent. Promote. Protect.

April 27, 2012

Martha Doemland
10 Crestview Drive
Hopewell, NJ 98525

COPY

Letter of Review
Septic & Well

RE: Block 20, Lot 55.01 (10 Crestview Drive)

Dear Property owner

This office has received the applications for letter of review for both well water and septic system inspection for the sale of the above referenced property. These have been issued as noted.

1. **The well water from the potable well meets federal, state and local safe drinking water regulations.**

2. **The septic system was found to be satisfactory or satisfactory with concern by the inspection company. (See Report for comments if any)**
   Repairs to tank raisers and sewer line completed.

3. Lots to be consolidated as lot 55.01

Based on the information provided to this office, the septic and well letters of review for this property are released and a copy is hereby provided. No further inspections are required in for this sale.

You may contact this office at (609) 737-0120 with any questions you may have regarding this matter. Our office hours are Monday through Friday, 8:30 - 4:30

Sincerely,

Gary A. Guarino
Health Officer

Email: doemland@comcast.net
Al Kettell
R. Ehrlich

TOWNSHIP of HOPEWELL

MERCER COUNTY

DEPARTMENT OF HEALTH Township of Hopewell

201 Washington Crossing Pennington Road Titusville, MAY 18 2012
New Jersey 08560-1410
Phone: 609.737.0120 Fax: 609-737-6836 www.hopewelltwp.org Health Department

APPLICATION FOR LETTERS OF REVIEW

Block 20 Lot 55+60 Street Address 10 Crestview Drive Hopewell N.J 08525

Check One: ☒ Sale of Property ☐ Rental of Property ☐ Change in Use Settlement Date June 1, 2012

Property Owner Information:

Name Martha Doemland Pho[redacted]

Address: 10 Crestview Drive Fax[redacted]

City Hopewell State NJ Zip 08525 Ema[redacted]

Attorney Alfred Kettell Phone 609-737-9898

Fax 609-737-7405 E-mail ~~AKell~~ alkettel@aol.com

Purchaser/Tenant Information

Name _____ Phone: _____

Address: _____ Fax: _____

City _____ State _____ Zip _____ Email: _____

Attorney _____ Phone _____

Fax _____ E-mail _____

Applying for: ☒ Septic System Review - $75.00 ☒ Well Water Quality Review - $75.00 Total Fee ~~75.00~~ 150.00

Ck # 1653 Date 5-18-12

To be completed by Health Department

Septic System Review	Date	Well Water Quality Review	Date
Report Received		Report Received	5-31-12
Rejected		Rejected	
Temporary Approval Granted		Temporary Approval Granted	
Final Approval Granted		Final Approval Granted	5-31-12
Comments:			

Professional Home Inspection
Pillar To post®

April 21, 2012

Bridgid Finn

Re: 10 Crestview Drive
Hopewell, NJ 08525

Dear Ms. Bridgid Finn

The on lot wastewater treatment system for the above referenced property was inspected on April 21, 2012. Following is a summary of the findings.

Background Information:

The existing 3 bedroom house was reportedly constructed approximately 58 years ago. Drawings of the septic system were obtained from the Hopewell Township Health Department and reviewed. The system was designed to include a 1,000 gallon septic tank.

Visual Observations:

The attached onsite inspection form contains a site sketch that we generated presents the location of the septic system components. The septic tank and absorption area are located at the rear of the house. The absorption area is located at the right side of the driveway.

The septic tank was pumped and inspected Tank access was approximately 24" below grade. We did not observe any sludge surfacing above the top of the tank or within the soil surrounding the top of the tank. The septic tank was being pumped from an 8 inch tube above the inlet baffle not the main septic tank access.

A sewer camera was inserted into the outlet pipe and pushed towards the house, observed a break in the outlet line from the house to the tank and roots in the outlet line from the house to the tank. Half the outlet line from the house to the tank is plastic and half the line is cast iron. Have the septic contractor check the cast iron line when repairs are main the break in the outlet line. Cast iron outlet line appeared to be corroded at the time of the inspection.

The system contains a junction box in front of the distribution box. Junction box and distribution box were in satisfactory condition at the time of the inspection. .

127 US Highway 206
Suite 15 A
Hamilton, NJ 08610

Observation holes were placed in the absorption area and no liquid was observed in the field. Absorption area was in satisfactory condition at the time of the inspection.

Re: 16 Cherokee Drive
Pennington, NJ 08534

The plumbing fixtures in the building were operated to insure all of the fixtures discharge into the septic system.

.The tank was pumped, inspected and found to be in satisfactory condition at the time of the inspection.

On lot treatment systems are designed for a useful life of 20 to 30 years. This system is reported to be 26 years old.

Discussion & Conclusion:

Based on the preliminary information provided and the field inspection, the onlot system was found to be in unsatisfactory condition, due to the following conditions.

1- Observed a break in the outlet line from the house to the septic tank. .
2- Observed roots in the outlet line from the house to the septic tank.
3- Septic tank is being pumped from an 8 inch tube above the inlet baffle not the main septic tank access. Riser and lockable lid needs to be installed on the main tank access for ease of pumping.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Michael Gallagher
Pillar To Post

Professional Home Inspection
Pillar To Post

ONSITE SYSTEM INSPECTION FORM

Inspection Overview
- Preliminary system information
- Inspection of treatment tanks
- Absorption system inspection
- Disposal/conveyance system assessment
- Identification of any alternative technology approved components
  Requires additional inspection

INTERNAL USE ONLY:

Client Info

Client Name: Bridgid Finn

Different from owner? () yes () no

Client Address:

Contact Method:
home tel.
work tel.
e-mail

System Location

Inspector Name: Michael Gallagher

Date: 4-21-12

ISSDS Address (including municipality):
10 Crestview Drive
Hopewell, NJ 08525

New Jersey Coordinate: **Block:** 20 **Lot** 55&60

Was GPS used? () yes (X) no

Preliminary Information:

Weather: Sunny

Last Precipitation: Unknown

Age of system: 28

Type of dwelling?
(x) Residential
() Non-residential
Number of Bedrooms: 3
Describe:

How many systems are being inspected? 1

List any commercial activities or high impact hobbies:
None reported.

Describe prior problems and/or repair history including soil fracturing or use of chemical additives. Include dates and explain why the remedial measures have been applied to the system (if available): None reported.

Date file review requested with administrative authority:
4-20-12

	Yes	No
Is there a site plan or septic map available?	(x)	()
Is the dwelling currently being occupied?	(x)	()
If so, how many occupants? 2		
If no, date last occupied?		
If there is a washing machine, is it connected to a separate gray water disposal system?	()	(x)
Is the dwelling free of additional gray water systems?	(x)	()
Is the dwelling free of garbage disposal system?	(x)	()
Is the dwelling free of sump pump discharges to the system?	(x)	()
Is the dwelling free of any historical sewage back ups into the structure?	(x)	()
Does all sewage enter the septic system and no type of sewage bypass exists?	(x)	()
Septic Tank Pumping: Is the septic tank pumped regularly?	()	()
Frequency: unknown		
Date of last pumping: unknown		
Was a file review completed prior to inspection?	(x)	()
If no, explain why:		

Comments: Onlot wastewater treatment systems are designed for a useful life of 20 to 30 years. This system is reported to be 28 years old. Like other components of a home a septic system has a useful life span. Systems installed prior to 1990, generally do not meet current standards and are beyond their peak operating efficiency. Even though the system is operating properly at the time of this inspection, future repairs to the system should be anticipated.

Pillar To post Professional Home Inspection

Treatment Tank:

Type of system being inspected?
(x) Septic tank () Cesspool () Other _____
() Gray water () Multi-compartment: # _____
Name the material of the system?
(x) Concrete () Block
() Steel () Other _____

Approximate Treatment Tank Volume: 1,000 gal.
Evaluate the conditions of tank below:

	Satisfactory	Unsatisfactory	N/A
Top and Lids	(x)	()	()
Inlet baffle	(x)	()	()
Outlet baffle	(x)	()	()
Cracks or Leaks	(x)	()	()
Sewage Flow from structure	(x)	()	()

	Yes	No
Main tank lid opened for inspection?	(x)	()
Liquid level below the tank's inlet invert?	(x)	()
Liquid level below the tank's outlet invert?	(x)	()
Treatment tank pumped for this inspection?	(x)	()
Are all portions of the tank(s) clear of structures like a deck or driveway?	(x)	()
Is the area clear of evidence that sewage has surfaces above the treatment tank?	(x)	()
Does water flow unimpeded from the treatment tank?	(x)	()
Is an effluent filter a part of the system?	()	(x)
If yes, does it appear properly maintained?	()	()
Are there any other types of accessory units present?	()	(x)

Depth to top of tank: 24 inches
Depth to top of tank access: 24 inches
Comments: _____

Absorption Area:

Name the type of the absorption system?
(x) disposal bed () disposal trench
() seepage pit () mounded
() cesspool () other _____

Was the absorption system located? (x) yes () no If no, explain below.

Are inspection ports present? () yes (x) no

If yes, how many? _____

Were the inspection ports checked? () yes* () no (x) N/A *All levels observed must be included in report.

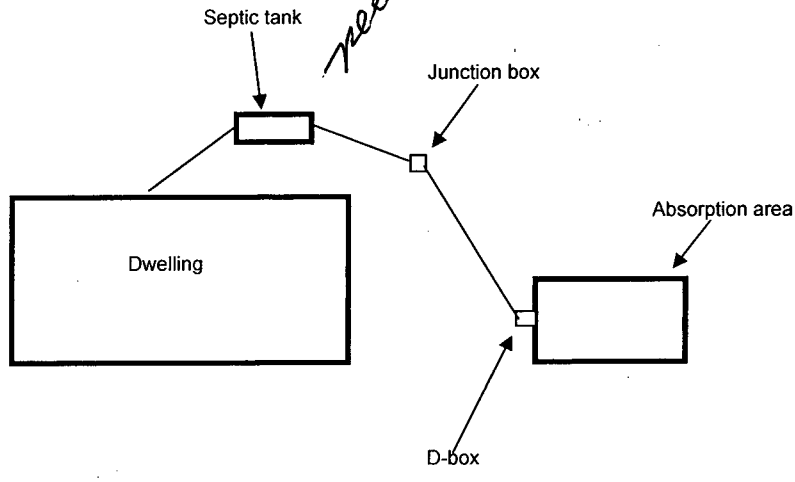
Was a separate probe dug in the absorption area to confirm the observations in the inspection ports? (x) yes () no () N/A

Is the area of the absorption system free of sewage odors? (x) yes () no
Does sewage flow from the treatment tank to the absorption area without flowing back? (x) yes () no () N/A
Is the area above or near any of the system components free from visible signs of effluent or sewage? (x) yes () no
Are the areas at or near the inlet invert of any absorption area component free of visible signs of sewage or effluent? (x) yes () no
Are areas above or near system components free of lush vegetation? (x) yes () no
If exposed, is the distribution box in satisfactory condition? (x) yes () no () N/A
If not exposed, explain why not: _____
Is the area directly over any part of the absorption system free of any evidence of, large objects (cars, pools, etc.)? (x) yes () no

Comments: _____

Pillar To Post Professional Home Inspection

Sketch the approximate system location in this space provided:



Crestview Drive

Dosing or Pump Tank:	Yes	No	N/A
Does the system contain a pump tank?	()	(x)	()
Is the pump operating?	()	()	()
Do the alarm(s) on the pump work?	()	()	()
Is the pump elevated above the tank floor?	()	()	()
Is the lid in satisfactory condition?	()	()	()
Is the tank in satisfactory condition?	()	()	()
Is the tank free of accumulated solids?	()	()	()

Summary:	Satisfactory	Satisfactory with Concerns	Unsatisfactory	Requires Additional Investigation	N/A
Condition of the treatment tank(s)	()	()	(x)	()	()
Condition of the conveyance and pump system(s)	()	()	(x)	()	()
Condition of absorption area	(x)	()	()	()	()
Condition of any accessory components	()	()	()	()	(x)

Comments: The septic system was in unsatisfactory condition at the time of the inspection. Have a qualified septic contractor make the necessary repairs to the system to insure proper operation. Observed the following defects.
1- Tank is being pumped from a 8 inch tube above the inlet baffle not the main tank access. Main tank access is 24 inches below grade. Have a riser installed with a lockable lid on the main tank access to bring the access to grade for ease of pumping.
2- Observed a break in the outlet line from the house to the septic tank and roots in the outlet line from the house to the septic tank. Have the break in the outlet line repaired and roots removed to insure proper operation.

Pillar To post Professional Home Inspection

Health Department Reporting:

Note if any of the following conditions were observed during the inspection:

() 1. Ponding or breakout of sewage or effluent onto the surface of the ground.
() 2. Seepage of sewage or effluent into portions of buildings below ground.
() 3. Backup of sewage into the building served which is not caused by a physical blockage of the internal plumbing.
() 4. Any manner of leakage observed from or into septic tanks, connecting pipes, distribution boxes and other components that are not designed to emit sewage or effluent.

Pursuant to N.J.A.C. 7:9A-3.4 notification of any observation that is consistent with a condition noted above should be reported to the local administrative authority within 24 hours of the observation. Regardless of observations made, a copy of this report should be provided to the local administrative authority within 10 days of the issuance of this report.

If encountered, describe all observed noncompliant conditions during this inspection:

Customer authorization:
I authorize "The Company" to enter the above listed property for the purpose of performing a sub-surface sewage disposal system inspection. I authorize "The Company" to expose parts of the system if required, to determine location and condition. I understand that "The Company" relies on information supplied by the owner(s) of the listed property of their agent and the local administrative authority in the evaluation of the sub-surface disposal system. I authorize "The Company" to provide this form to all parties as required.

Customer signature: On File Printed name: Bridgid Finn

Inspector's signature: Michael Gallagher Printed name: Michael Gallagher

Disclaimer:
Based on today's observations and the information provided by the owner(s) of their agent, "The Company" submits this sub-surface sewage disposal system inspection form. The inspection is based on the current condition of the onsite sewage disposal system. "The Company" makes no representation that the system was designed, installed or meets N.J.A.C. 7:9A1.1 et seq.. "The Company" has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of numerous factors inability of "The Company" to supervise or monitor the use and maintenance of the system, this form shall not be construed as a warranty expressed or implied, arising from the inspection of the septic system.

This from was developed as a cooperative effort of:
Pennsylvania/New Jersey Sewage Management Association;
Rutgers Cooperative Extension New Jersey Agricultural Experiment Station; and
The New Jersey Department of Environmental Protection Septic System Inspection Protocol Subcommittee

Block:	20	Prop Loc:	10 CRESTVIEW DR	Owner:	DOEMLAND MARTHA L	Square Ft:	2248
Lot:	55	District:	06 HOPEWELL TWP 08525	Street:	10 CRESTVIEW DR	Year Built:	1952
Qual:		Class:	2	City State:	HOPEWELL NJ Zip: 08525	Bldg:	5
				Additional Information			
Prior Block:		Acct Num:		Addl Lots:	SALE INC ADD LOT	EPL Code:	00 00 000
Prior Lot:		Mtg Acct:		Land Desc:	.46AC	Statute:	
Prior Qual:		Bank Code:	00000	Bldg Desc:	1.5SF/1AG	Initial:	000000Further: 000000
Updated:	06/15/10	Tax Codes:	F02 1	Class4Cd:		Desc:	
Zone:	R100	Map Page:	5	Acreage:	0.460	Taxes:	(57): 9366.44 (58): 0.00
				Sale Information			
Sale Date:	03/31/00	Book:	03803Page: 00263	Price:	225000 NU#:	Ratio:	0.00

OPEN-history4 2 VIEW-history4 6006 SLFLD-history4 6008

TAX-LIST-HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed
2012	DOEMLAND MARTHA L	203000	0	412800
.	10 CRESTVIEW DR	209800 .	.	
.	HOPEWELL NJ 08525	412800 .	.	
2011	DOEMLAND MARTHA L	203000	0	412800
.	10 CRESTVIEW DR	209800 .	.	
.	HOPEWELL NJ 08525	412800 .	.	
2010	DOEMLAND MARTHA L	203000	0	410400
.	10 CRESTVIEW DR	207400 .	.	
.	HOPEWELL NJ 08525	410400 .	.	

CHANGE-HISTORY

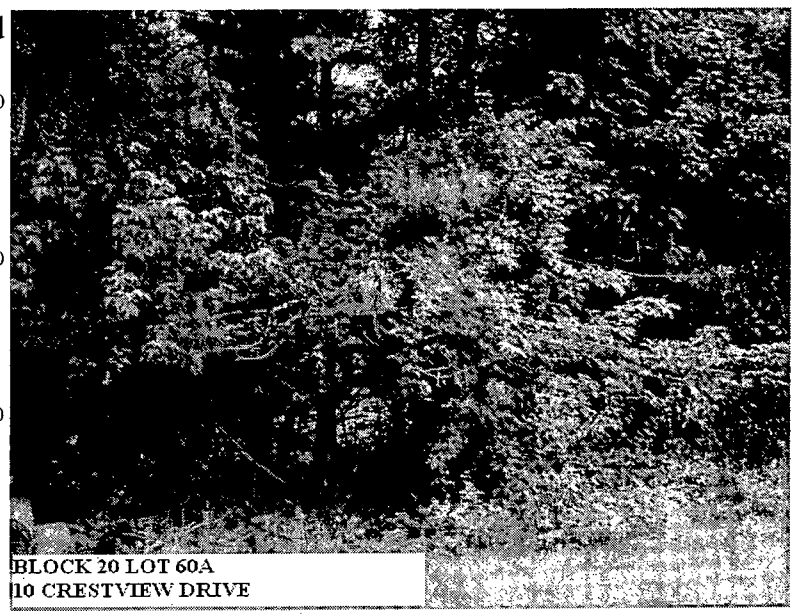
Date	Change Detail
05/23/07	land value=[233000] impr value=[207400] totl value=[440400]
06/07/07	Mod4 additional lots=[-1] Mod4 building desc=[1.5SF/1AG]
10/15/09	land value=[203000] impr value=[207400] totl value=[410400]
06/15/10	Year built=[1952] land value=[203000] impr value=[209800] totl value=[412800]

Block:	20	Prop Loc:	10 CRESTVIEW DR	Owner:	DOEMLAND MARTHA L	Square Ft:	0
Lot:	60	District:	06 HOPEWELL TWP 08525	Street:	10 CRESTVIEW DR	Year Built:	0000
Qual:		Class:	1	City State:	HOPEWELL NJ Zip: 08525	Bldg:	
				Additional Information			
Prior Block:		Acct Num:		Addl Lots:	SALE INCL 20/55	EPL Code:	00 00 000
Prior Lot:		Mtg Acct:		Land Desc:	.46AC	Statute:	
Prior Qual:		Bank Code:	00000	Bldg Desc:		Initial:	000000Further: 000000
Updated:	01/08/07	Tax Codes:	F02	Class4Cd:		Desc:	
Zone:	R100	Map Page:	5	Acreage:	0.460	Taxes:	(57): 521.87 (58): 0.00
				Sale Information			
Sale Date:	03/31/00	Book:	03803Page: 00263	Price:	225000 NU#:	Ratio:	0.00

OPEN-history4 2 VIEW-history4 6006 SLFLD-history4 6008

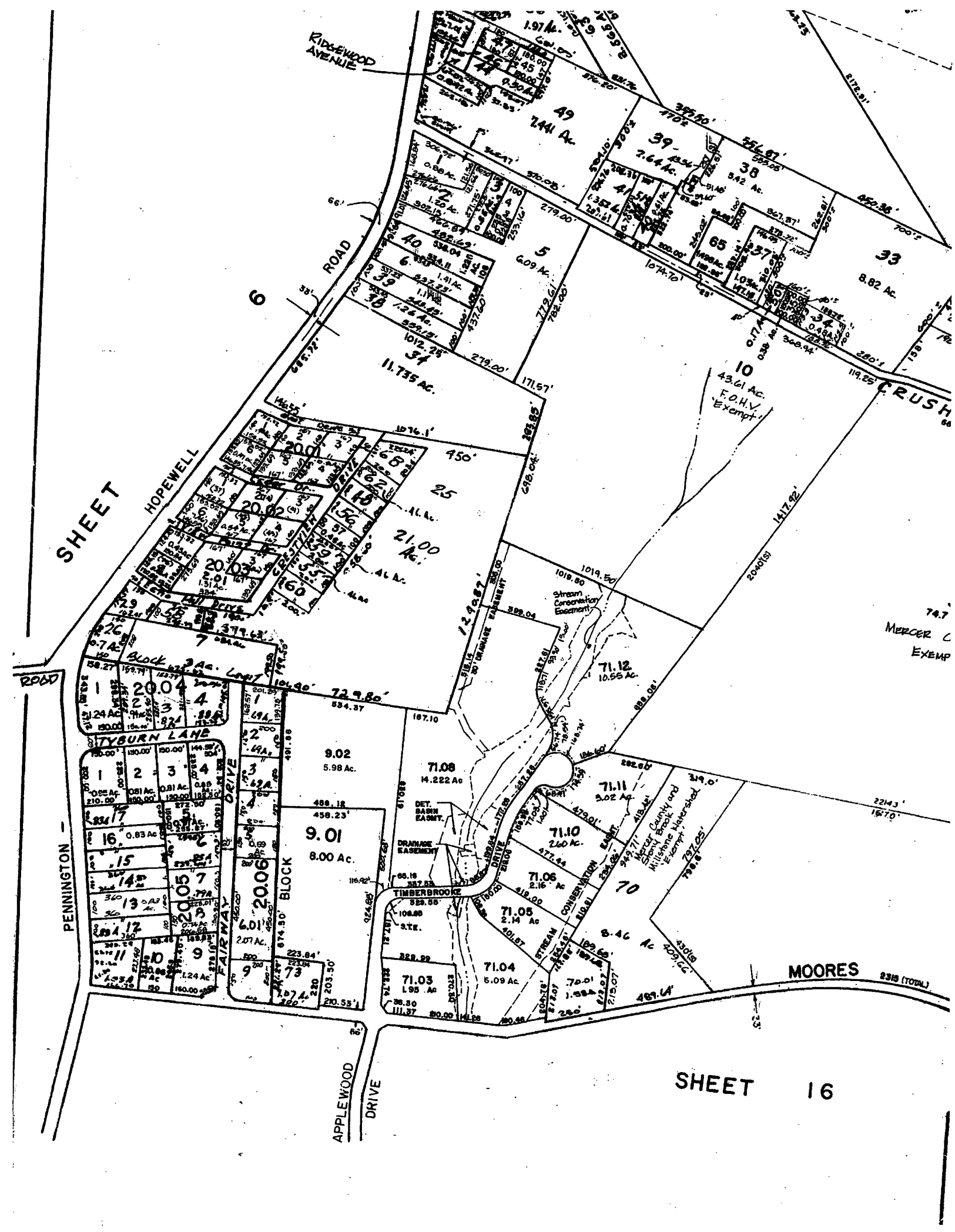
TAX-LIST-HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed
2012	DOEMLAND MARTHA L	23000	0	23000
	10 CRESTVIEW DR	0		
	HOPEWELL NJ 08525	23000		
2011	DOEMLAND MARTHA L	23000	0	23000
	10 CRESTVIEW DR	0		
	HOPEWELL NJ 08525	23000		
2010	DOEMLAND MARTHA L	23000	0	23000
	10 CRESTVIEW DR	0		
	HOPEWELL NJ 08525	23000		



CHANGE-HISTORY

Date	Change Detail
01/08/07	Mod4 additional lots=[-1]


RIDGEWOOD AVENUE
6 ROAD
HOPEWELL
SHEET
PENNINGTON
ROAD
TYBURN LANE
FAIRWAY DRIVE
BLOCK
APPLEWOOD DRIVE
TIMBERBROOKE DRIVE
DRAINAGE EASEMENT
DET. BASIN EASMT.
STREAM CONSERVATION EASEMENT
MOORES
SHEET 16
F.O.H.V. "Exempt"
Mercer County and Stony Brook Millstone Watershed "Exempt"

TOWNSHIP of HOPEWELL

MERCER COUNTY

DEPARTMENT OF HEALTH

201 Washington Crossing Pennington Road Titusville, New Jersey 08560-1410

Phone: 609.737.0120 Fax: 609-737-6836

REQUEST FOR INFORMATION

Date of Request: 4-18-12

Requestor's Information

Name: PRIOR TO POST

Address _____

Telephone No: _____ (optional)

Property Information

Block _____ Lot _____ Location _____

Document/Information Requested: SEPTIC DRAWINGS

_____

_____

_____

Please note there often are charges for the production of information requests. Those who make a request for information must pay the charge for the copies, reproduction, retrieval costs and materials before any copies of information will be released.

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost, which the applicant will pay. The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United and is not seeking government records containing personal information pertaining the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq..

For Office Use

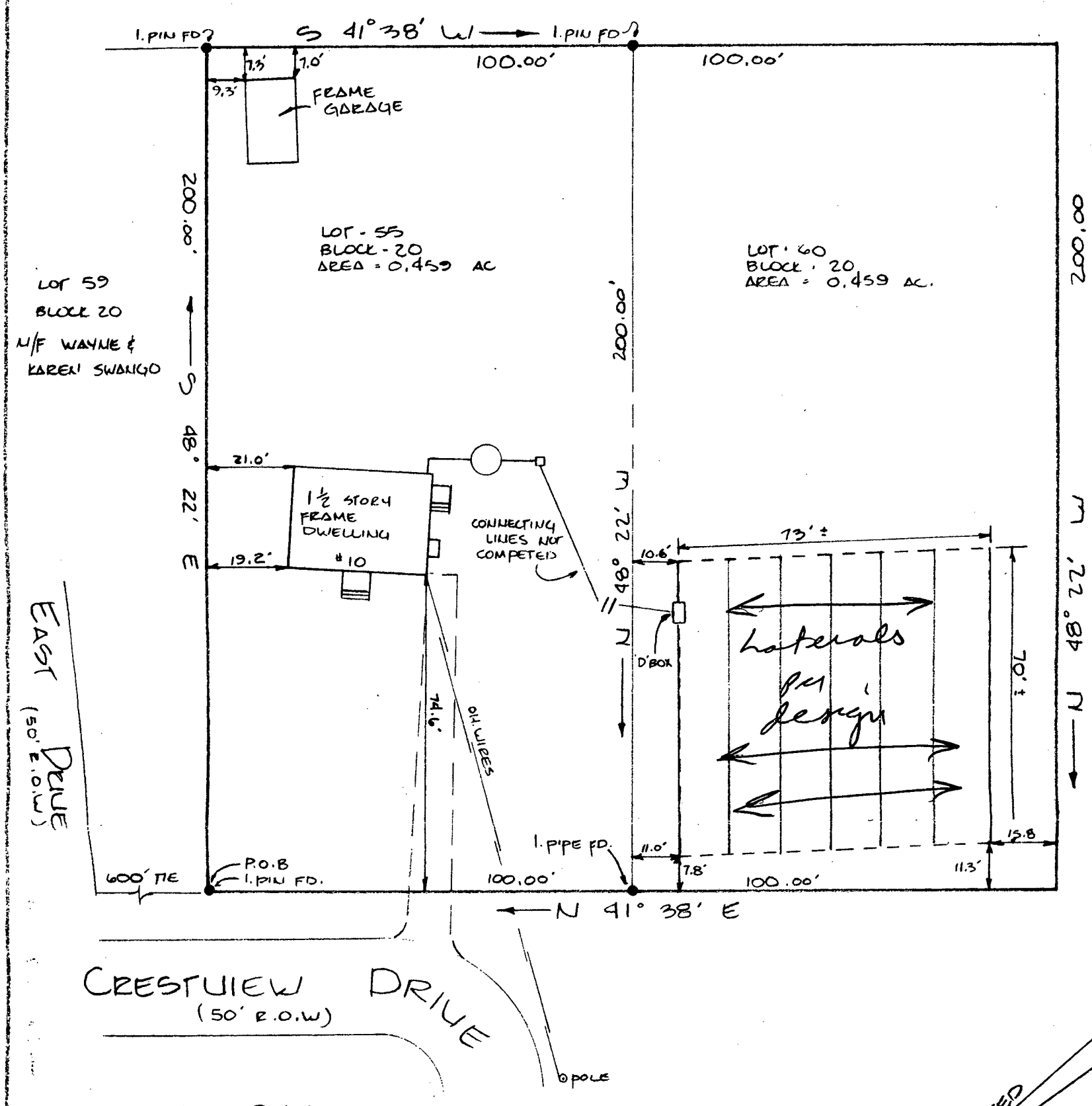
Fee Paid: _____
Rec'd by: _____
Date given: _____
Given by: _____

Notes: _____

_____

_____

LOT 25, BLOCK 20
N/F WM. H. & SANDRA J. SWICK



REFERENCE PLAN.

BEING LOTS 55 & 60 AS SHOWN ON PLANS ENTITLED "PLAN OF SURVEY FOR STUART H ROSSE AND KATHERINE N. KRAUSE, LOT 55 & 60 BLOCK 20, HOPEWELL TOWNSHIP, MERCER COUNTY NEW JERSEY." SCALE 1"=30' DATED 11.13.85 AND 12.5.85 PREPARED BY ARNOLD RYDEN JR PLS# 21223.

DEED

AS BUILT DESIGN

DATE: 7-1-86

HOPEWELL TOWNSHIP HEALTH DEPT.

NOTE. PROPERTY CORNERS NOT SHOWN HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT.

BRUCE M. RITTENHOUSE	PROFESSIONAL ENGINEER / LAND SURVEYOR # 13453	SHEET	BLOCK	LOT
		5	20	55 & 60

PRINCETON JCT. ENGINEERING CO.
PROFESSIONAL ENGINEERS & LAND SURVEYORS
P.O. BOX 223 NORTH POST RD.
PRINCETON JUNCTION, NEW JERSEY 08550
(609) 799 1906 (609) 799 1963

SEPTIC · AS · BUILT

FOR LOTS 55 & 60 · BLOCK 20 FOR

STUART ROSSE

HOPEWELL TOWNSHIP · MERCER COUNTY · N. J.

FRANK L. QUINBY PE & LS NO. 11084
• BRUCE M. RITTENHOUSE PE & LS NO. 13453
ARNOLD RYDEN JR PE & LS NO. 21223
D. GEOFFREY BROWN PE NO. 24027
WESLEY J. LANE PE & LS NO. 30747

Bruce M. Rittenhouse 6/25/86
BRUCE M. RITTENHOUSE PE/LS # 13453 DATE

DRAWN	DATE
TC	6.25.86
CHECK	SCALE
BR	1" = 30'
DEV	

RECEIVED
JUL 2 1986
Hopewell Township Health Dept.

TOWNSHIP of HOPEWELL

DEPARTMENT of HEALTH
Serving Hopewell Borough and Pennington Borough

201 WASHINGTON CROSSING PENNINGTON ROAD, TITUSVILLE, N.J. 08560
TELEPHONE 609-737-0120 / FAX 609-737-2770

STATEMENT OF CONFIRMATION: NUMBER OF BEDROOMS

BLOCK 20 LOT 55+60

The proposed renovations to my home will **not** result in an expansion of the potential number of bedrooms in my home. My house currently has 3 bedrooms; at the completion of the proposed construction, the house will have 3 bedrooms.

8-17-06
Date

Signature of Homeowner

CODE INTERPRETATION

N.J.A.C. 7:9A, Standards for Individual Subsurface Sewage Disposal Systems indicates the volume of sanitary sewage generated from a private residence shall be estimated based on the number of potential bedrooms in the dwelling. The existing septic system was designed and approved based on the number of potential bedrooms constructed in the house. An increase in the number of bedrooms in an existing house, via renovations, requires a review of the existing septic system capacity.
Increasing the number of bedrooms in a house may require the homeowner to increase the capacity of the septic system.

"BEDROOM" is defined in N.J.A.C. 7:9A as, "any room within a dwelling unit, finished or unfinished, which may reasonably be expected to serve as a bedroom or dormitory. The term bedroom shall be considered to include any room or rooms within an expansion attic."

See Renovation

Plans

in Construction

Office

TOWNSHIP of HOPEWELL

MERCER COUNTY

DEPARTMENT OF HEALTH

201 Washington Crossing Pennington Road Titusville, New Jersey 08560-1410

Phone: 609.737.0120 Fax: 609-737-6836

REQUEST FOR INFORMATION

Date of Request: 4/3/2012

Requestor's Information

Name: John Cibolski's

Address 39 Chicory Lane Pennington NJ 08534

Telephone No: 609-737-8928 (optional)

Property Information

Block 55/60 Lot 22 Location 10 Crestview Drive

Document/Information Requested: Septic Plans

Please note there often are charges for the production of information requests. Those who make a request for information must pay the charge for the copies, reproduction, retrieval costs and materials before any copies of information will be released.

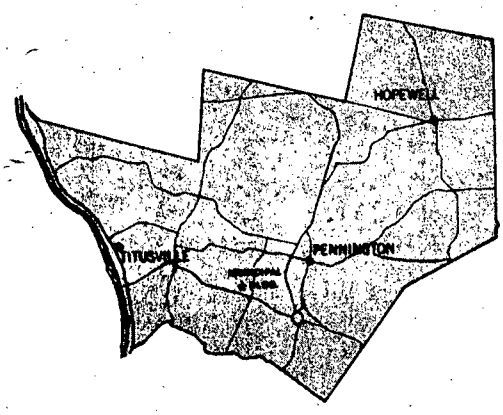
The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost, which the applicant will pay. The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United and is not seeking government records containing personal information pertaining the victim or the victim's family as provided by N.J.S.A. 47:1A-1 et seq..

For Office Use

Fee Paid:_____
Rec'd by:_____
Date given:_____
Given by:_____

Notes:_____

4/30



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

March 25, 1982

Mr. & Mrs. Frank J. Spera
10 Crestview Drive
Hopewell, New Jersey 08525

Re: Block 20 - Lot 55

Dear Mr. & Mrs. Spera:

A recent reinspection of your sewage disposal system revealed that the malfunction cited in November 30, 1981 has not been corrected.

As outlined in my previous letter, a first step in correcting a malfunction would be to pump out the septic tank and have the pumper determine the tank size, and physical condition of the tank. He should also be able to determine if the period between cleanouts had been too long and the solids may have entered the disposal field.

If after a period of thirty days there does not appear to be any improvement a major repair would have to be undertaken in accordance to the Township repair policy.

As I mentioned in our phone conversation of March 25, 1982, I am enclosing a copy of your original septic design from 1960. According to this design, the existing disposal field is approximately 500 sq. feet. Under current design standards for a three bedroom house a minimum of 1290 sq. feet would be required.

I also strongly recommend that water conservation devices be installed (ie. toilet dams, water restricting shower heads and aerators.)

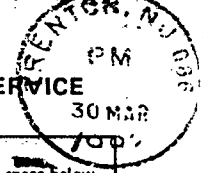
Please submit your bill/receipt for the pumping-out, as evidence that this has been completed, within ten days from receipt of this letter, and a reinspection and dye test will be conducted thirty days from then.

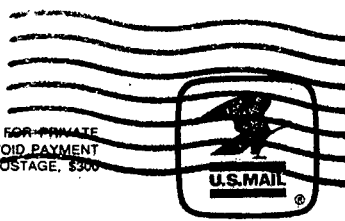
If I can be of any further assistance, please feel free to contact me.

Very truly yours,

Gary A. Guarino
Registered Sanitarian

GAG:hc
Registered #P35 6447577
Enclosure





UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

Hopewell Township Health Dept.
(Name of Sender)

Rt. 546 & Scotch Road
(Street or P.O. Box)

Titusville, New Jersey 08560
(City, State, and ZIP Code)

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
   - ☒ Show to whom and date delivered ____¢
   - ☐ Show to whom, date and address of delivery ____¢
   - ☐ RESTRICTED DELIVERY
     Show to whom and date delivered ____¢
   - ☐ RESTRICTED DELIVERY.
     Show to whom, date, and address of delivery $____

RECEIVED
APR 1 1979
Hopewell Township Health Dept.

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

Mr. & Mrs. Frank J. Spera
10 Crestview Drive
Hopewell, N.J. 08525

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P356447577	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐Addressee ☐Authorized agent

4. Frank Spera

DATE OF DELIVERY

POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

BA

APR 10 1979

☆GPO : 1979-300-459

Health Dept.
P35 6447577

RECEIPT FOR CERTIFIED MAIL

**NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL**
(See Reverse)

SENT TO
Mr. & Mrs. Frank J. Spera

STREET AND NO.
10 Crestview Drive

P.O. STATE AND ZIP CODE
Hopewell, N.J. 08525

POSTAGE	$
CERTIFIED FEE	¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
SHOW TO WHOM AND DATE DELIVERED	¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$1.55
POSTMARK OR DATE	

CONSULT POSTMASTER FOR FEES

OPTIONAL SERVICES

RETURN RECEIPT SERVICE

RECEIVED
MAR 29 19
Hopewell Township Health Dept.

HOPEWELL, NJ
MAR
26
1982

PS Form 3800, Apr. 1976

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ GPO: 1979 302-878

HOPEWELL TOWNSHIP HEALTH DEPARTMENT
Route 546 and Scotch Road, Titusville, New Jersey 08560
(609) 737-0120

APPLICATION FOR SEWAGE DISPOSAL SYSTEMS ADDITION

Applicant STUART ROSSE
Mailing Address 10 CRESTVIEW DR.
HOPEWELL, N.J. 08525
Phone # (Home) [redacted]

Block 20 Lot 55 & 60
Location CRESTVIEW DR.
Size of Lot 40,000 Square Feet
Zoning Designation R-100

Builder if different than above _____ Phone # _____
Mailing Address _____
Signature of Applicant _____ Date 5/29/86
Fee $ 35.00 Date Received 5-30-86
Type of Construction or Usage RESIDENTIAL
Number of Bedrooms 3 Gal/Day if Commercial _____
Water Source ON SITE WELL Square Footage of Bldg. _____

SOIL TEST RESULTS

Perc Test Results			Soil Log	
Hole No.	Depth	Rate Min/In	Depths	Description of Soil Encountered
—			0"-4"	SILTY LOAM
			4"-60"	LOAMY CLAY
			60"-96"	LARGE SHALE W/
				CLAYEY LOAM

Date of Perc Tests _____
Date of Soil Logs 10/30/85
Professional Firm PRINCETON ENGR. CO.
Test Conducted by BRYCE RITTENHOUSE
Witnessed By GARY GUARINO
Design Certified By:
Bryce N. Rittenhouse
(Signature of Professional Engineer)
(Seal) License # 13453
Date 4/24/86

Depth to Bedrock —
Depth to Seasonal High Water Table 90"-3½" 7/86

Determined by (check one):
a) Physical Measurement ✓ Jan 1 - May 15
b) Soil Maps ✓ List Below
c) Soil Detail ____ Describe Below

CdA.

SYSTEM DESIGN SHALL COMPLY WITH N.J.D.E.P. STANDARDS FOR THE CONSTRUCTION OF INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM AND HOPEWELL TOWNSHIP SEWAGE DISPOSAL ORDINANCE.

No. of Bedrooms 3 X — Square Footage/Bedroom = — Square Feet
Tank(s) Size EXISTING Square Footage Designed 1160
Installer Consoli Phone # _____
Address _____

Three copies of Design to be submitted on 8 ½" x 14" sheets.
Minimum Distance to all Water Courses, Flood Plains and Wells, 100 feet unless approved by Administrative Authority.
Distance to other disposal systems on adjacent lots - 50 feet minimum.
Expansion attics require additional design area square footage.
Garbage disposals require 25% over design and an additional tank in series.
Distance to foundations and foundation drains, etc. 25 feet minimum.
Pump design to include pitless adapter, pump size and model, and minimum wet well size.

Application Approved _____ Date 6-2-86
Installation Approved _____ Date 6-12-86
As Built Approved _____ Date _____

SOIL LOG AND PERCOLATION TESTS

OWNER/DEVELOPER S Perc / Tom Ross BLOCK 20

LOCATION LOT 55+60

ENGINEER Bryce Rittenhouse PJE INSPECTOR D Zaik

DATE OF LOG 3/27/86 DATE OF PERC DEPTH OF GROUND WATER

SOIL LOG LOCATION: SOIL LOG & PERC TESTS

0 – 6 Organic Layer Roots Leaves

6 – 22 Lgt Brown silty clay

22 – 45 Orange silty clay w/some shale pieces

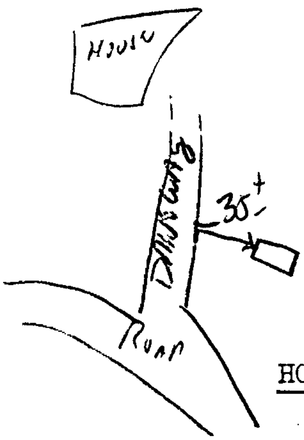
45 – 60 Blackish/Gray small shale + Brown silty clay

60 – 93 Lgt Brown silty clay

Very slight seepage @ 32"

2–3' spots

H2O PTR



HOLE # Orange + Gray mottles 6–32 Fine Medium

HOLE #

STABILIZATION	
DEPTH:	
TIME	INCHES

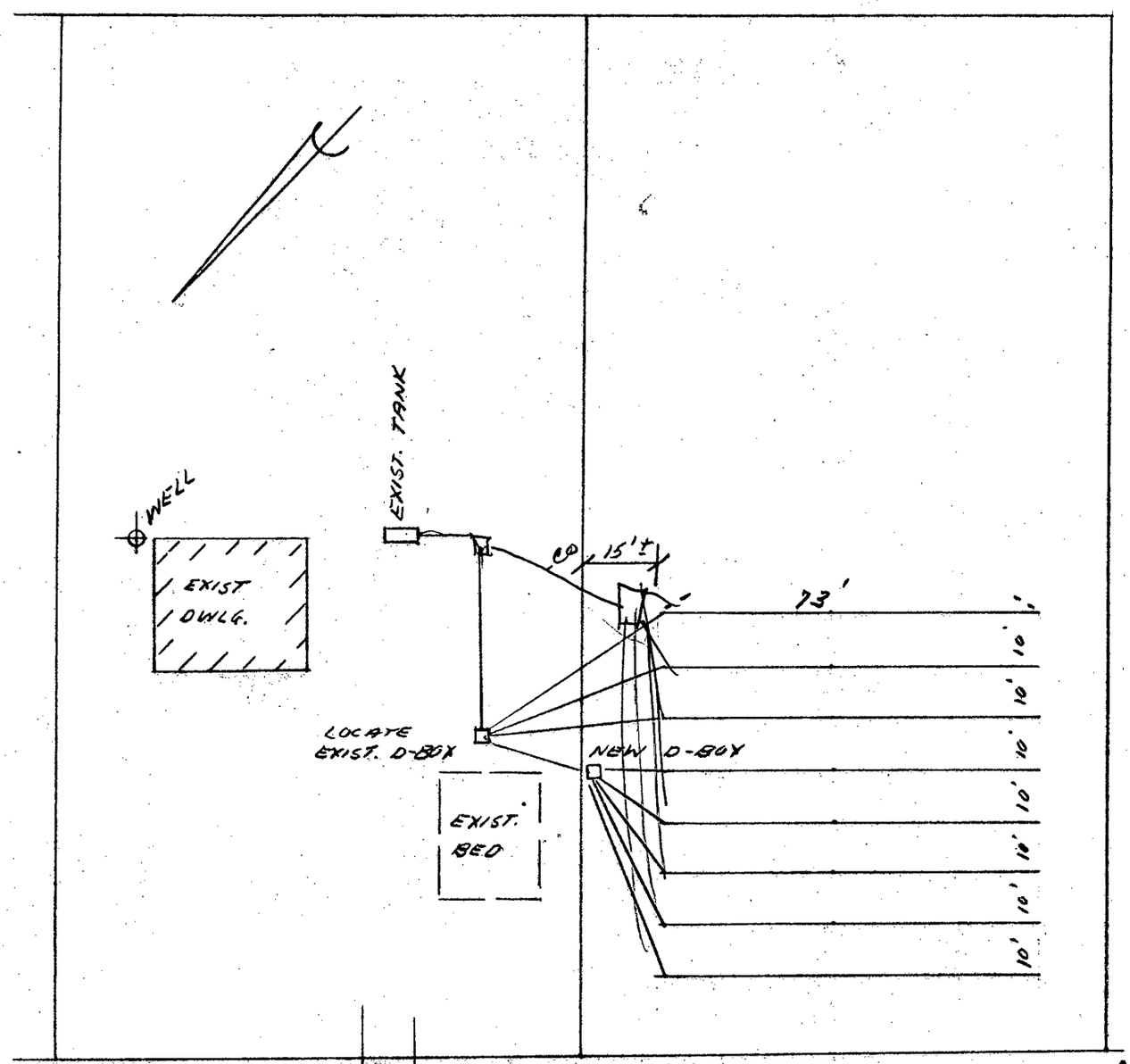
TEST	
DEPTH:	
TIME	INCHES

RATE:

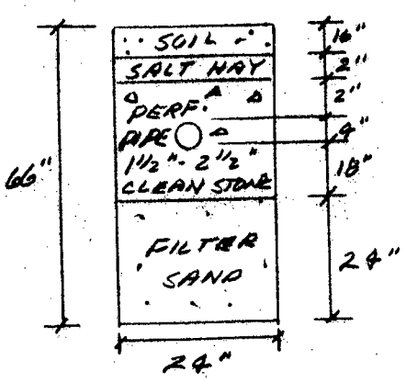
STABILIZATION	
DEPTH:	
TIME	INCHES

TEST	
DEPTH:	
TIME	INCHES

RATE:



Repair Approved
5-31-86
J



TRENCH SECTION
NO SCALE

NOTE
Filter sand shall have a clay content (finer than .002mm) which shall not be less than 5% or more than 12% (by weight) of the portion of soil finer than 2.0mm. Coarse fragments larger than 1/4 inch diam. shall not exceed 15% by volume of the material used for sandy filters.

BRYCE M. RITTENHOUSE — PROFESSIONAL ENGINEER & LAND SURVEYOR N.J.

SHEET	BLOCK	LOTS
5	20	55 & 60

PRINCETON JCT. ENGINEERING CO.
PROFESSIONAL ENGINEERS & LAND SURVEYORS
P.O. BOX 223 NORTH POST RD.
PRINCETON JUNCTION, NEW JERSEY 08550
(609) 799 1906 (609) 799 1963

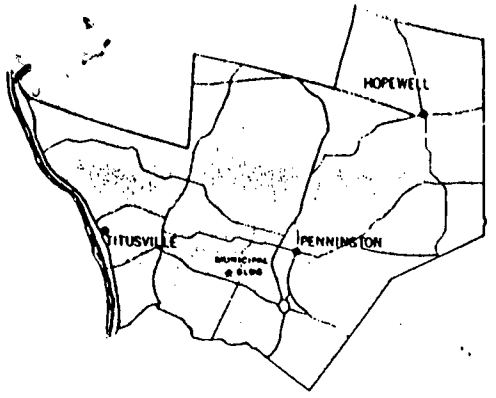
DISPOSAL SYSTEM ADDITION
FOR
STUART ROSSE

HOPEWELL TWP., MERCER CO., N.J.

FRANK L. QUINBY, P.E. & L.S. NO. 11697
BRYCE M. RITTENHOUSE, P.E. & L.S. NO. 12463
ARNOLD RYDEN JR., L.S. NO. 21223
D. GEOFFREY BROWN, P.E. NO. 24387

Bryce M. Rittenhouse 4/24/86
DATE

DRAWN	DATE
BR	4/24/86
CHECK	SCALE
	1"=30'
REV.	



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

May 30, 1986

Stuart Rosse
10 Crestview Dr.
Hopewell, NJ 08525

Re: Block 20, lot 55 & 60
Crestview Drc.

Dear Mr. Rosse:

This office has reviewed the proposed design for the repair/alteration of the onsite sewage disposal system and found it to be within the parameters set by Board of Health Policy as acceptable.

1. It should be understood that the design was not based upon acceptable perc tests but on a very short saturation of one hole for about 30 minutes and on the maximum available space.

2. The location of the existing well is approximately 70 feet from the existing disposal field. Current design standards would require a minimum of 100 feet except in extreme cases when 50 or more feet of casing is provided. Adequate tests of the water supply should be completed prior to construction and annually there after. This design was approved based upon the fact that the alteration did not encroach upon the well any greater than the existing septic system.

3. Elevations of existing system to be verified prior to construction.

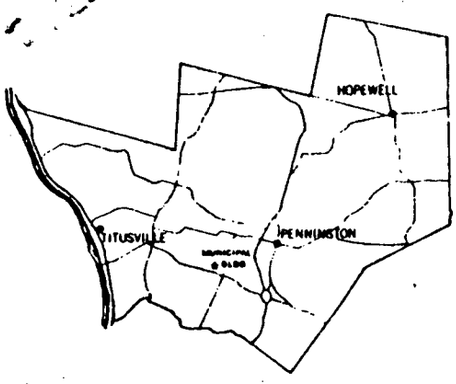
4. Relocation of driveway to be verified and stated prior to construction.

Very truly yours,

Gary A. Guarino
Registered Sanitarian

GAG/sgr

cc: Tom Boyer
Steward Ross



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

May 30, 1986

Stuart Rosse
10 Crestview Dr.
Hopewell, NJ 08525

Re: Block 20, lot 55 & 60

Your application for an onsite subsurface sewage disposal system has been approved with the following conditions:

1. A copy of this letter must be forwarded to your construction contractor and sewage disposal system installer prior to installation of said system.

2. The house location must be staked by a licensed surveyor or professional engineer to assure proper location and elevations as represented on the attached plan.

3. The sewage disposal system must be located and staked prior to installation by a licensed surveyor or professional engineer to guarantee the proper alignment of the system in the area of the soil tests, and to insure it will conform to all site restrictions as represented on the attached design.

4. The required elevation of the sewage disposal system should be verified by the licensed professional engineer or surveyor, the builder and the plumbing contractor as it relates to the foundation height, the point where the sewer line exits the dwelling and the height of the septic tank. If this is a gravity system and the minimum height of the sewer line is not maintained, an ejector system will be required after the septic tank.

5. An onsite conference is required with your installer and a representative from this office prior to installation of any part of this system. This should avoid any problems during the installation which can be costly to all parties concerned.

6. The design engineer must be notified at the beginning of the installation . Field measures must be made for the required as-built design. The as-built will reflect any changes caused by site conditions, construction changes and installation problems, and will provide a detailed location of the installed system so it can be located once it is covered.

7. No excavating machinery shall be permitted in the excavation.

8. All trees within 10 feet of the disposal area must be removed.

9. All phases of construction of the disposal system must be inspected by the Health Department. It is your responsibility (or your contractors) to notify the Health Department by no later than 9 a.m. on every day that construction is underway so inspections can be scheduled.

Very truly yours,

Gary A. Guarino
Registered Sanitarian

GAG/sgr

System Complete 6/13/56 + backfilled

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PASADENA, CA 911 16 4 DEC

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

U.S. MAIL

RETURN TO

Hopewell Township Health Dept.
(Name of Sender)

Rt. 546 & Scotch Road
(Street or P.O. Box)

Titusville, New Jersey 08560
(City, State, and ZIP Code)

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
- [x] Show to whom and date delivered..... ¢
- [ ] Show to whom, date and address of delivery.... ¢
- [ ] RESTRICTED DELIVERY
  Show to whom and date delivered..... ¢
- [ ] RESTRICTED DELIVERY.
  Show to whom, date, and address of delivery.$

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Mr. & Mrs. Frank J. Spera
1 Crestview Drive
Hopewell, N.J. 08525 91106

3.) ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P356447570	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐Addressee ☐Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

PASADENA CA DEC 1980

☆GPO : 1979-300-459

Health Dept.

P35 6447570

RECEIPT FOR CERTIFIED MAIL

**NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL**

(See Reverse)

SENT TO

Mr. & Mrs. Frank J. Spera

STREET AND NO.

1 Crestview Drive

P.O., STATE AND ZIP CODE

Hopewell, N.J. 08525

POSTAGE					$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE				¢
	OPTIONAL SERVICES	SPECIAL DELIVERY			¢
		RESTRICTED DELIVERY			¢
		RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED		¢
			SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		¢
			SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢
			SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢
TOTAL POSTAGE AND FEES					$ 1.55

POSTMARK OR DATE

EWILLE, N.J.
NOV 30 1981
USPO

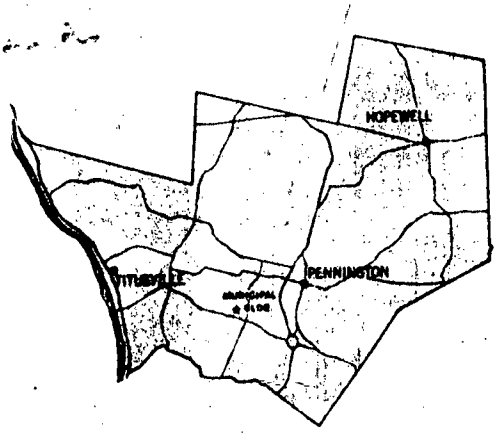
PS Form 3800, Apr. 1976

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ GPO: 1979 302-878

1/4/82



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

November 30, 1981

Mr. & Mrs. Frank J. Spera
10 Crestview Drive
Hopewell, New Jersey 08525

moved in July 79

Re: Septic Malfunction
Block 20 Lot 55
Cedar Drive, Crestview Drive, View Point Drive

Dear Mr. & Mrs. Spera:

During the past two weeks a sanitary survey of existing septic systems in the above referenced area has been conducted.

Using either a tracing dye, visual inspection of the plumbing in the basements, or verbal verification of property owners it was determined that the majority of the households were discharging their laundry waste water either onto their lawns, into ditches along side of or behind their homes, or directly onto the roadway. Several other properties had septic systems, which were failing and overflowing on their properties.

In either case, it is a violation of State Statutes N.J.S.A. 26 3B-2 and Township Ordinances ie. Public Health Nuisance Code Section 2.1 a, b, g, h and when rentals are involved Section 5.1 d. In that you are allowing the discharging of sewage (ie.... discharge of water closets, laundry tubs, washing machines, sinks, dishwashers, or any other source of water-carried waste of human origin or containing putrescrible material, Chapter 199), on the surface of the ground.

As an immediate solution to this violation, we will require an immediate pump out of the septic tank if it has not been done in the past few months. If, the malfuction is more then a mechanical problem (ie. broken pipe or tank, etc.) then a major repair must be initiated within thirty days from receipt of this letter following the procedure set forth in the Board of Health repair policy.

I will be available to work closely with you and your engineer, and or septic installer, to help correct this problem the most effectively and efficiently way possible.

Administrator	737-0638	Assessor	737-0607	Health Department	737-0120	Clerk	737-0605
Treasurer	737-0638	Collector	737-0630	Planning Board	737-0618	Const. & Zon. Offic.	737-0612
				Public Works	737-0799		

Please contact me at 737-0120 between 8:30 and 4:30 Monday thru Friday in order for us to get together to discuss this repair.

Very truly yours,

Gary A. Guarino

Gary A. Guarino
Registered Sanitarian

GAG:hc
Certified #P35 6447570

Plan No. Class A. #920

Application for Erection of Building

Application is hereby made to erect 1 (How Many) BRICK FACED (Brick or Frame) building as per subjoined detailed statement of Specification for erection of Buildings, and I herewith submit plans and drawings of such proposed building, and I do hereby agree that the provisions of the building law will be complied with, whether the same are specified herein or not.

(Sign here) Anthony Stankevich

HOPEWELL TOWNSHIP, MERCER COUNTY, N. J., , 19

Owner ANTHONY + ANICETA STANKEVICH *Address* 2310 Brunswick Ave. Trenton

Architect *Address*

Mason Self *Address*

Carpenter Self. *Address*

1. State how many buildings to be erected 1
2. How occupied; if for dwelling, state the number of families 1
3. What is the street or avenue, and the number thereof? Echo Hill, Cent View Manor

The Following Numbers Must Be Inserted Before Permit Is Issued

☞ No. of lot 55, page of Tax Map 5, Section 20 ☜

4. Size of lot; No. of feet front 100; No. of feet rear 100; No. of feet deep 200
5. Size of main building 26'X46' dwelling attached garage 12'X22'
   Size of kitchen (leanto)
   Size of shed (leanto)
   No. of stories in height 1; No. of feet in height from the top of foundation to highest point of roof beams 16'
6. What will each building cost (exclusive of the lot)? $ 5,000.00
7. Depth of foundation from surface of ground 5'
8. Will foundation be laid on earth, rock, or timber or piles? Earth
9. What will be the base—stone or concrete? Concrete if base stones, give size and how laid . If concrete, give thickness 20" X 10" garage 16"X10"
10. What will be the sizes of the piers? 4"
11. What will be the sizes of the base of the piers? 24" X 24" X 15"
12. What will be thickness of foundation walls? 12" dwelling 8" garage and of what materials constructed? Cinder block
    Chimney construction Brick + Flue Lining
13. Thickness of party walls in cellar inches; 1st story inches; 2d story inches; 3d story inches; roof inches.
14. What will be the thickness of upper walls; basement inches; 1st story inches; 2d story inches; 3d story inches; 4th story inches; 5th story inches; from thence to top inches; and of what materials to be constructed?
15. Size of sills ; size of corner post ; size of inner ties ; size of plates 2" X 8" ; size of outside studding ; size of inside partition studding 2" X 4" ; size of closet studding 2" X 3".
16. What kind of sheathing will be used?
17. What material will be used for enclosing?
18. With what material will walls be coped?
19. What will be the materials of front? BRICK If of stone, what kind?
    Give thickness of front ashlar 4" and thickness of backing in each story 4" CINDER BLOCK
20. Will the roof be flat, peak or mansard? PEAK
21. What will be the materials of roofing? 5/8 PLYWOOD. CEDAR SHINGLES
22. Size of floor beams, 1st floor 2" X 10"; 2d floor ; 3d floor ; 4th floor ; 5th floor ; 6th floor ; ceiling joist inches; main rafters inches; kitchen rafters inches.
    State distance from centers; 1st inches; 2d inches; 3d inches; 4th inches; 5th inches; 6th inches; ceiling 2" X 8" inches; rafters 2" X 6" inches.
23. Size of girder under 1st floor 7" STEEL inches; upper floors inches; size of columns under 1st floor inches; under upper floors inches.
24. If the front, rear or side walls are to be supported, in whole or in part, by iron girders or lintels, give definite particulars 4" X 4" angle iron over openings.
25. If girders are to be supported by brick piers or columns, state the size of piers and columns 4" 9'0" + 9'6" apart
26. Detailed Statement of building 4" + 4"

(OVER)

If the Building is to be Occupied as a Tenement House, Give the Following Particulars:

27. State how many families are to occupy each floor, and the whole number in the house; also, if any part is to be used as a store or for any other business purposes, state the fact .....

.....

28. What will be the heights of ceilings on 1st story? ..... feet; 2d story ..... feet; 3d story ..... feet; 4th story ..... feet; 5th story ..... feet; 6th story ..... feet.

29. How are the hall partitions to be constructed, and of what materials? .....

.....

If a Wall or Part of a Wall Already Built is to be Used, Fill Up the Following:

The undersigned gives notice that ..... intends to use the ..... wall or building

.....

..... as a party wall in the erection of the building hereinbefore described, and respectfully requests that the same be examined and a permit granted therefor. The foundation wall ..... built of ..... inches thick; ..... feet below curb; the upper wall ..... built of ..... inches thick; ..... feet deep; ..... feet in height.

(Sign here) .....

Plans filed

Clause 4

DETAILED STATEMENT

OF

SPECIFICATION

FOR

NEW BUILDINGS

Hopewell Township, Mercer County, N. J.

No. 920 *Submitted* June 31, 1956

LOCATION

Edwin Reid

East Ward Rhine

Owner Anthony & Angelo Stankevich

Architect .....

Builder Self.

Permit 1442 $ 10.00

Granted June 31, 1956

3/12/56
4/18/56
5/23/56
3/27/57
8/19/57
1/27/58

Inspections M. J. O.

B20 Lot 55

Plan No. Class A #2112

Application for Erection of Building

Application is hereby made to erect I (How Many) (Brick or Frame) building as per subjoined detailed statement of Specification for erection of Buildings, and I herewith submit plans and drawings of such proposed building, and do hereby agree that the provisions of the building law will be complied with, whether the same are specified herein or not.

(Sign here) Theodore W Wilcox

HOPEWELL TOWNSHIP, MERCER COUNTY, N. J., , 19

Owner THEODORE W. & JEANE M. WILCOX Address 1124 GENESEE ST. TRENTON, N.J.

Architect CHARLES M. MCAULIFFE Address

Mason DEIGNED FOR LIVING Address ROUTE 1. PRINCETON, N. J.

Carpenter " " Address /

1. State how many buildings to be erected /
2. How occupied; if for dwelling, state the number of families /
3. What is the street or avenue, and the number thereof? CREST VIEW DRIVE. ECHO HILL

The Following Numbers Must Be Inserted Before Permit Is Issued

☞ No. of lot 55, page of Tax Map 5, Section 20 ☜

4. Size of lot; No. of feet front 100; No. of feet rear 100; No. of feet deep 200
5. Size of main building 24 x 32
   Size of kitchen (leanto) *
   Size of shed (leanto)
   No. of stories in height 1½; No. of feet in height from the top of foundation to highest point of roof beams 20'
6. What will each building cost (exclusive of the lot)? $ 1039.00
7. Depth of foundation from surface of ground 6'
8. Will foundation be laid on earth, rock, or timber or piles? earth
9. What will be the base—stone or concrete? concrete if base stones, give size and how laid . If concrete, give thickness 8" x 16"
10. What will be the sizes of the piers? 4" col
11. What will be the sizes of the base of the piers? 24 x 24 x 12
12. What will be thickness of foundation walls? 8" and of what materials constructed? Block
    Chimney construction Block
13. Thickness of party walls in cellar inches; 1st story inches; 2d story inches; 3d story inches; roof inches.
14. What will be the thickness of upper walls; basement inches; 1st story inches; 2d story inches; 3d story inches; 4th story inches; 5th story inches; from thence to top inches; and of what materials to be constructed?
15. Size of sills 2 x 2 x 8; size of corner post 3-2 x 4; size of inner ties ; size of plates 2-2 x 4; size of outside studding 2 x 4; size of inside partition studding 2 x 4; size of closet studding 2 x 4
16. What kind of sheathing will be used? ½" plywood.
17. What material will be used for enclosing? cedar siding
18. With what material will walls be coped? 4" Block
19. What will be the materials of front? If of stone, what kind?
    Give thickness of front ashlar and thickness of backing in each story
20. Will the roof be flat, peak or mansard? peak
21. What will be the materials of roofing? Asphalt. 2 x 10 ½ plywood
22. Size of floor beams, 1st floor 2 x 10; 2d floor 2 x 8; 3d floor ; 4th floor ; 5th floor ; 6th floor ; ceiling joist 2" x 16" inches; main rafters 2 x 6 inches; kitchen rafters inches.
    State distance from centers; 1st 16 inches; 2d inches; 3d inches; 4th inches; 5th inches; 6th inches; ceiling inches; rafters inches.
23. Size of girder under 1st floor 3-2 x 10 inches; upper floors inches; size of columns under 1st floor 4" inches; under upper floors inches.
24. If the front, rear or side walls are to be supported, in whole or in part, by iron girders or lintels, give definite particulars
25. If girders are to be supported by brick piers or columns, state the size of piers and columns
26. Detailed Statement of building

(OVER)

If the Building is to be Occupied as a Tenement House, Give the Following Particulars:

27. State how many families are to occupy each floor, and the whole number in the house; also, if any part is to be used as a store or for any other business purposes, state the fact ....

28. What will be the heights of ceilings on 1st story? .... feet; 2d story .... feet; 3d story .... feet; 4th story .... feet; 5th story .... feet; 6th story .... feet.

29. How are the hall partitions to be constructed, and of what materials? ....

If a Wall or Part of a Wall Already Built is to be Used, Fill Up the Following:

The undersigned gives notice that .... intends to use the .... wall or building .... as a party wall in the erection of the building hereinbefore described, and respectfully requests that the same be examined and a permit granted therefor. The foundation wall .... built of .... inches thick; .... feet below curb; the upper wall .... built of .... inches thick; .... feet deep; .... feet in height.

(Sign here) ....

Plans filed. Registered Architect

Percolation Test 1" = 38 MIN.

Class A

Inspections M.J.O

6/22/60

6/29/60

7/1/60

7/7/60

7/20/60

~~10/2/60 occupancy permit #~~

DETAILED STATEMENT

OF

SPECIFICATION

FOR

NEW BUILDINGS

Hopewell Township, Mercer County, N. J.

No. 2112 *Submitted* June 7, 19 60

LOCATION

Crest View Drive

Echo Hill

Owner Theodore W. & Jeanne M. Wilcox

Architect Charles M. McAuliffe

Builder Designed for Living

Permit 2536 $ 12.00

Granted June 7, 19 60

#1054

APPLICATION FOR SEWAGE DISPOSAL PERMIT

No. 1200

To the Board of Health,

I hereby make application for a permit for the (Construction) (Reconstruction) of the sewage or waste collection and disposal system described below:

Type of Receptacle	Size (Length, width, depth, height)	Complete list of materials to be used in construction
Privy vault		
Cesspool		
Septic tank	10'-5" 5'-7½"	Reinforced Concrete - 800 gal
Chemical toilet		

Type of Disposal

Leaching basin		
Tile drain	25'± X 20'±	1½" Gravel agri. tile
Rock drain		
Other type		

The following plumbing fixtures will drain into the system: 1 Bath 1 Kitchen

The following portions of the system will be water-tight: Inlet tank & Dist Box

The following portions of the system will be built so as to exclude flies continuously: all

On said portions the following means of excluding flies will be used: _____

A Fee of $ _____ Must Be Paid with This Application

On the other side, draw a sketch showing the location of the proposed privy vault, cesspool, septic tank or other receptacle and all pipes and drains to be connected therewith in relation to:

(1) the outer boundary lines of the property, and distances thereto.
(2) the line of the front foundation wall of the dwelling.
(3) any proposed or existing well on the property.
(4) any well existing on an adjacent property which will be within fifty (50) feet of any part of the proposed receptacle, pipe or drain.

List on the drawing all immediately adjoining property owners, if known to applicant.

Owner of property Wm. Wilcox

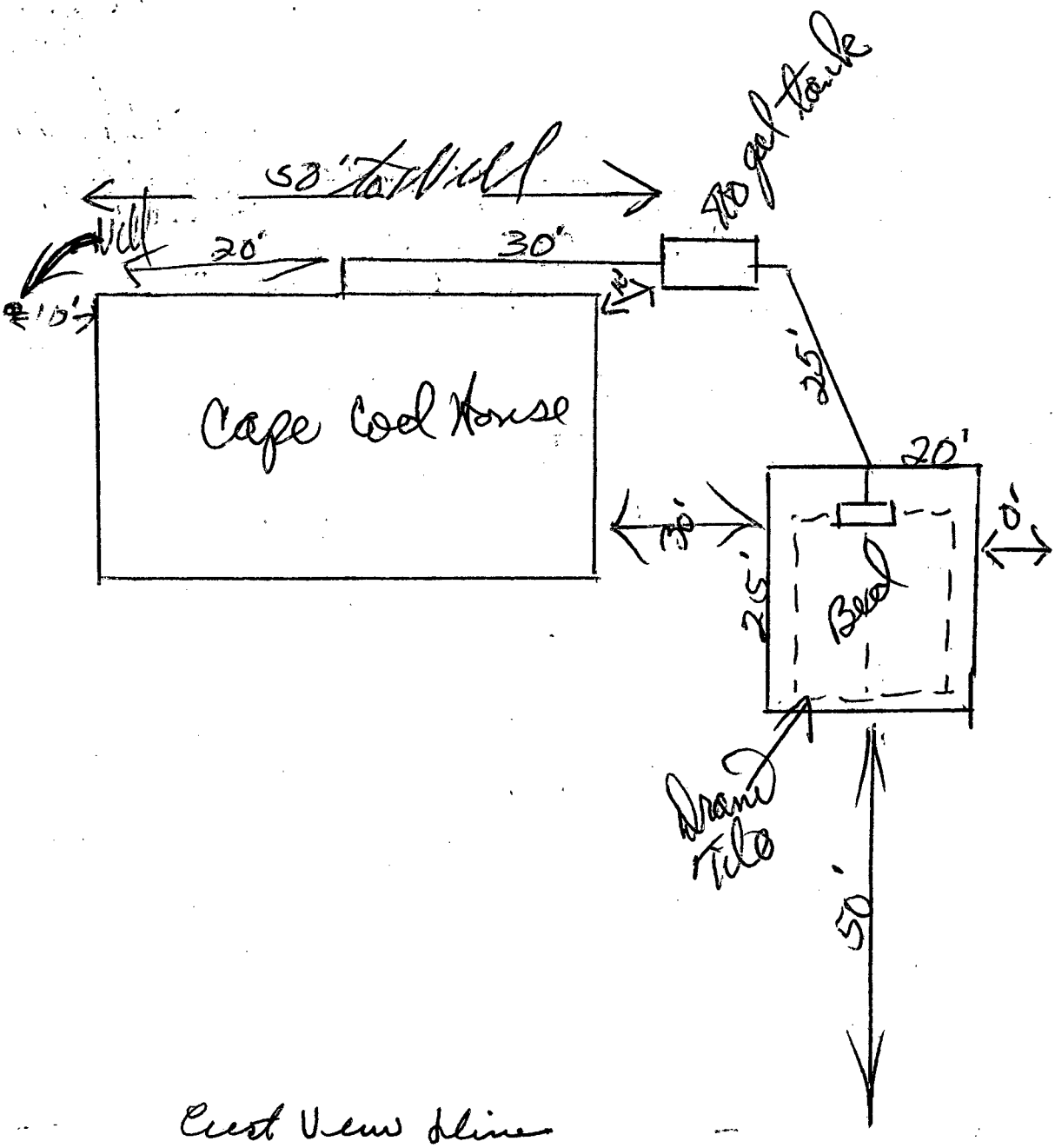
Address Trenton N.J. Lot 55, Pcls 5, 21, 22

Location at which construction is to take place Crest View Dr. Hopewell Township

Signature of applicant E. Fischer
(to be signed by owner or contractor, it being understood that the owner is bound by the statements of his contractor.)

Date 7/9/60

Owner or contractor must notify the Board of Health when work is completed except for the covering of the system. Under no circumstances must the work be covered with dirt or other material before final inspection is made.



Crest View Drive

CALL BEFORE YOU DIG
(800) 272-1000
FOR UTILITY LOCATIONS.

№ 10394

October 22 19 85

HOPEWELL TOWNSHIP HEALTH DEPARTMENT

PERMIT

PERMISSION IS HEREBY GRANTED TO Frank J. Spera

TO Add to existing septic system

AT Block 20, lot 55, Crestview Dr.

NATURE OF PROPOSED WORK addition, Septic system

FEE $35.00

HOPEWELL TOWNSHIP HEALTH DEPARTMENT

BY Joseph Brown

HOPEWELL TOWNSHIP HEALTH DEPARTMENT
Route 546 and Scotch Road, Titusville, New Jersey 08560
(609) 737-0120

APPLICATION FOR SEWAGE DISPOSAL SYSTEMS ADDITION

Applicant FRANK J. SPERA
Mailing Address 10 CRESTVIEW DR.
HOPEWELL, N.J. 08525
Phone # (Home) _____ (Work) _____

Block 20 Lot 55
Location CRESTVIEW DR.
Size of Lot 20,000 Square Fee
Zoning Designation R-100

Builder if different than above _____ Phone # _____
Mailing Address _____
Signature of Applicant _____ Date _____
Fee $ _____ Date Received _____
Type of Construction or Usage RESIDENTIAL
Number of Bedrooms 3 Gal/Day if Commercial _____
Water Source ON SITE WELL Square Footage of Bldg. _____

SOIL TEST RESULTS

Perc Test Results

Hole No.	Depth	Rate Min/In
—		

Date of Perc Tests _____
Date of Soil Logs 10/30/05
Professional Firm PRIN. VET. ENGR. CO.
Test Conducted by BRYCE RITTENHOUSE
Witnessed By GARY GUARINO
Design Certified By:
Bryce M. Rittenhouse
(Signature of Professional Engineer)
(Seal) License # 13453
Date 10/12/05

Soil Log

Depths	Description of Soil Encountered
0"-4"	SILTY LOAM
4"-60"	LOAMY CLAY
60"-96"	LARGE SHALE W/ CLAYEY LOAM
	—
	—

Depth to Bedrock _____
Depth to Seasonal High Water Table 1'-1½'
Determined by (check one):
a) Physical Measurement ___ Jan 1 - May 15
b) Soil Maps ✓ List Below
c) Soil Detail ___ Describe Below

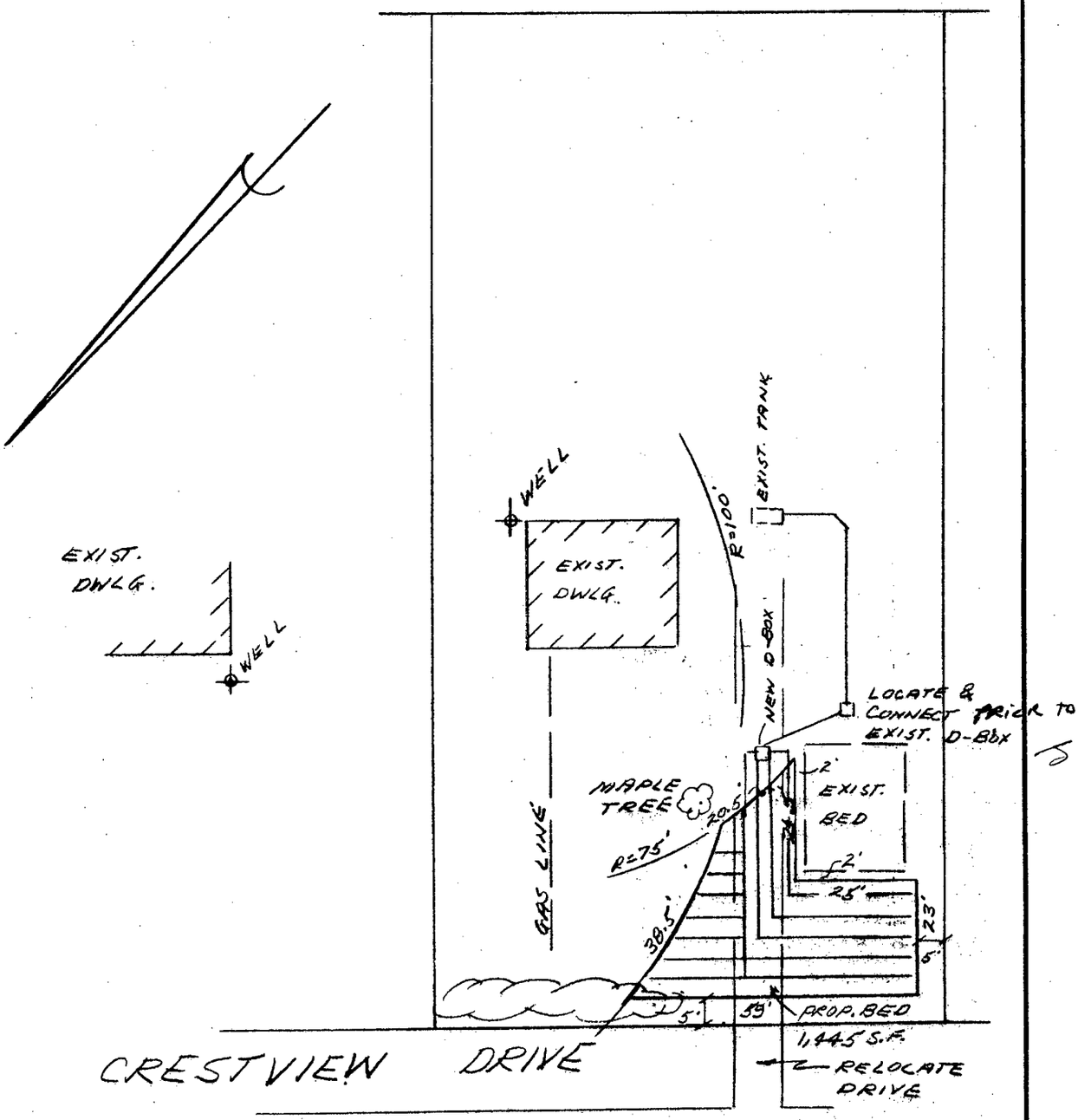
CdA

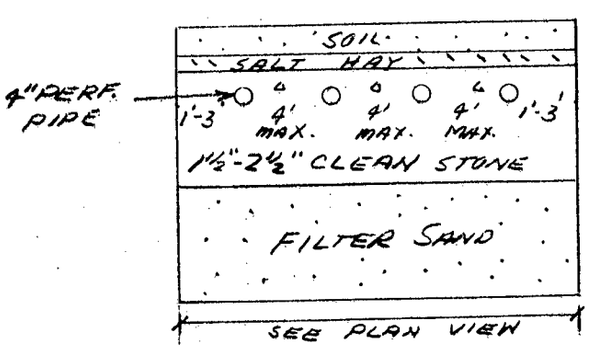
SYSTEM DESIGN SHALL COMPLY WITH N.J.D.E.P. STANDARDS FOR THE CONSTRUCTION OF INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM AND HOPEWELL TOWNSHIP SEWAGE DISPOSAL ORDINANCE

No. of Bedrooms 3 X — Square Footage/Bedroom = — Square Fee
Tank(s) Size EXISTING Square Footage Designed 6445
Installer _____ Phone # _____
Address _____

Three copies of Design to be submitted on 8 ½" x 14" sheets.
Minimum Distance to all Water Courses, Flood Plains and Wells, 100 feet unless approved by Administrative Authority
Distance to other disposal systems on adjacent lots - 50 feet minimum.
Expansion attics require additional design area square footage.
Garbage disposals require 25% over design and an additional tank in series.
Distance to foundations and foundation drains, etc. 25 feet minimum.
Pump design to include pitless adapter, pump size and model, and minimum wet well size.

Application Approved alteration approved Date 10-31-05
Installation Approved based upon limits Date _____
As Built Approved engineering and pitless Date _____
not area.





BED SECTION

NO SCALE

NOTE

Filter sand shall have a clay content (finer than .002mm) which shall not be less than 5% or more than 12% (by weight) of the portion of soil finer than 2.0mm. Coarse fragments larger than 1/4 inch diam. shall not exceed 15% by volume of the material used for sandy filters.

BRYCE M. RITTENHOUSE PROFESSIONAL ENGINEER & LAND SURVEYOR 13453

SHEET	BLOCK	LOT
5	20	55

PRINCETON JCT. ENGINEERING CO.
PROFESSIONAL ENGINEERS & LAND SURVEYORS
P.O. BOX 223 NORTH POST RD.
PRINCETON JUNCTION, NEW JERSEY 08550
(609) 799 1906 (609) 799 1963

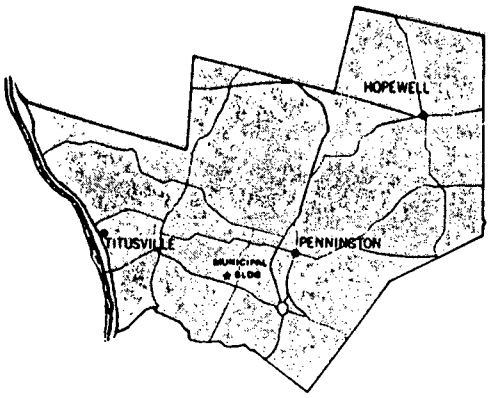
DISPOSAL SYSTEM ADDITION
FOR
FRANK J. SPERA

HOPEWELL TWP., MERCER CO., N.J.

FRANK L. QUINBY, P.E. & L.S. NO. 11087
BRYCE M. RITTENHOUSE, P.E. & L.S. NO. 13453
ARNOLD RYDEN JR., L.S. NO. 21223
D. GEOFFREY BROWN, P.E. NO. 24327

Bryce M. Rittenhouse 10/30/85
DATE

DRAWN	DATE
BR	10/12/85
CHECK	SCALE
	1"=30'
REV.	
11/3/85	



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

November 1, 1985

Mr. Frank J. Spera
10 Crestview Dr.
Hopewell, NJ 08525

Re: Block 20, lot 55
10 Crest View Dr.

Dear Mr. Spera:

This office has reviewed the proposed design for the repair/alteration of the onsite sewage disposal system and found it to be within the parameters set by Board of Health Policy as acceptable.

1. It should be understood that the design was not based upon acceptable perc tests but on a very short saturation of one hole for about 30 minutes and on the maximum available space.

2. The location of the existing well is approximately 70 feet from the existing disposal field. Current design standards would require a minimum of 100 feet except in extreme cases when 50 or more feet of casing is provided. Adequate tests of the water supply should be completed prior to construction and annually there after. This design was approved based upon the fact that the alteration did not encroach upon the well any greater than the existing septic system.

3. Elevations of existing system to be verified prior to construction.

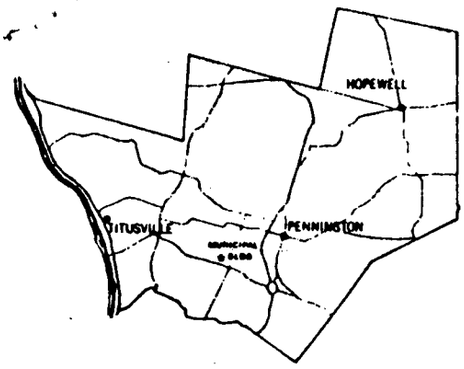
4. Relocation of driveway to be verified and stated prior to construction.

Very truly yours,

Gary A. Guarino
Registered Sanitarian

GAG/sgr

cc: Tom Boyer
Steward Ross



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

November 1, 1985

Mr. Frank J. Spera
10 Crestview Dr.
Hopewell, NJ 08525

Re: Block 20, lot 55

Your application for an onsite subsurface sewage disposal system has been approved with the following conditions:

1. A copy of this letter must be forwarded to your construction contractor and sewage disposal system installer prior to installation of said system.

2. The house location must be staked by a licensed surveyor or professional engineer to assure proper location and elevations as represented on the attached plan.

3. The sewage disposal system must be located and staked prior to installation by a licensed surveyor or professional engineer to guarantee the proper alignment of the system in the area of the soil tests, and to insure it will conform to all site restrictions as represented on the attached design.

4. The required elevation of the sewage disposal system should be verified by the licensed professional engineer or surveyor, the builder and the plumbing contractor as it relates to the foundation height, the point where the sewer line exits the dwelling and the height of the septic tank. If this is a gravity system and the minimum height of the sewer line is not maintained, an ejector system will be required after the septic tank.

5. An onsite conference is required with your installer and a representative from this office prior to installation of any part of this system. This should avoid any problems during the installation which can be costly to all parties concerned.

6. The design engineer must be notified at the beginning of the installation . Field measures must be made for the required as-built design. The as-built will reflect any changes caused by site conditions, construction changes and installation problems, and will provide a detailed location of the installed system so it can be located once it is covered.

7. No excavating machinery shall be permitted in the excavation.

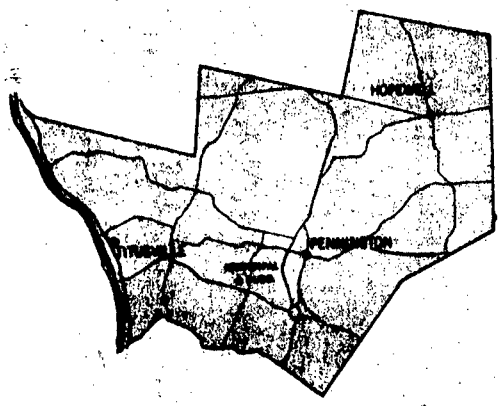
8. All trees within 10 feet of the disposal area must be removed.

9. All phases of construction of the disposal system must be inspected by the Health Department. It is your responsibility (or your contractors) to notify the Health Department by no later than 9 a.m. on every day that construction is underway so inspections can be scheduled.

Very truly yours,

Gary A. Guarino
Registered Sanitarian

GAG/sgr



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

March 25, 1982

Mr. & Mrs. Frank J. Spera
10 Crestview Drive
Hopewell, New Jersey 08525

Re: Block 20 - Lot 55

Dear Mr. & Mrs. Spera:

A recent reinspection of your sewage disposal system revealed that the malfunction cited in November 30, 1981 has not been corrected.

As outlined in my previous letter, a first step in correcting a malfunction would be to pump out the septic tank and have the pumper determine the tank size, and physical condition of the tank. He should also be able to determine if the period between cleanouts had been too long and the solids may have entered the disposal field.

If after a period of thirty days there does not appear to be any improvement a major repair would have to be undertaken in accordance to the Township repair policy.

As I mentioned in our phone conversation of March 25, 1982, I am enclosing a copy of your original septic design from 1960. According to this design, the existing disposal field is approximately 500 sq. feet. Under current design standards for a three bedroom house a minimum of 1290 sq. feet would be required.

I also strongly recommend that water conservation devices be installed (ie. toilet dams, water restricting shower heads and aerators.)

Please submit your bill/receipt for the pumping-out, as evidence that this has been completed, within ten days from receipt of this letter, and a reinspection and dye test will be conducted thirty days from then.

If I can be of any further assistance, please feel free to contact me.

Very truly yours,

Gary A. Guarino
Registered Sanitarian

GAG:hc
Registered #P35 644757?
Enclosure

PERCOLATION TEST
for

NAME OF PROJECT Lot No. 23 Echo Hill Hopewell Township

LOCATION OF PROJECT Hopewell Township N. J.

DATE June 6, 1960

WEATHER CONDITIONS Clear

RECENT WEATHER REMARKS Rain 24 hours prior to test

LOCATION OF TEST Rear center of ~~Lot~~ # 23

DEPTH OF TEST 39"

CONDITION OF SOIL & TYPE 0 to 24" heavy clay loam
24" to 39" sandston

RESULTS IN MINUTES PER INCH 38

REMARKS This area is definitely a seepage pit area due to the very wet clay condition for the first 24". This seepage pit should be a minimum of 48" deep.
Recommended pit 20' x 20' x 5'

FIELD MAN Philip J. Vecere L. S. #9884

CERTIFICATION BY Ralph D. Palazzo P.E.
P.E. & L.S. N.J Lic # 7363
1832 N. OLDEN AVE
TRENTON, N.J.