GLOUCESTER COUNTY DEPARTMENT OF HEALTH

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Twp

MUNICIPALITY SOUTH ~~HARRISON~~ TWP. #16335

RECEIVED
MAY 19 2008
By:

Form 1-General Information
(Revised 15 June 1990)

1. Type of Permit Needed (Check applicable categories):
   ___ New Construction ___ Alteration/No Expansion or Change of Use
   _X_ Alteration/Expansion or Change in Use
   ___ Alteration/Malfunctioning System
   ___ Deviation from Standards ___ Repairs to Existing System

2. Location of Project:
   Municipality S. ~~HARRISON~~ Block No. 14 Lot No. 23
   Street Address CEDAR GROVE ROAD Zip _____

3. Name of Applicant (print): THOMAS KEIFRIDER
   Present Address: 167 CEDAR GROVE RD. MULLICA HILL, NJ. 08062
   Applicant's Phone Number: 1-856-430-8401

4. Type of Facility:
   _X_ Residential
   ___ Commercial/Institutional, Specify below
   Specify Type of Establishment: _____

Gloucester County Department of Health
Received
MAY 8 2008

APPROVED ONLY FOR A SINGLE FAMILY DWELLING CONTAINING 6 BEDROOMS

5. Type of Wastes to be Discharged:
   _X_ Sanitary Sewage
   ___ Industrial Waste
   Other-Specify Type: _____

NO GARBAGE DISPOSAL
SEE ATTACHED PERMIT CONDITIONS

6. Water Supply: _X_ Individual _____ Municipal

7. Other Approvals/Certification/Waivers/Exemptions(Attach to application)
   ___ Pinelands Commission
   ___ U.S. Army Corps of Engineers
   ___ NJDEP-Bureau of Flood Plain Management
   ___ Other-Specify: _____

8. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ Date 5/16/08

FOR AGENCY USE ONLY

___ Application Denied-Reason for Denial: _____

_____

_____

_X_ Application Approved ___ Application Approved Subject to Approval by NJDEP

Date of Action 5/15/08 Signature _____

Name and Title _____

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY S. HARRISON TWP.

Form 2a-General Site Evaluation Data Block 14 Lot 23

1. Name of Site Evaluator (print): ENGINEERING SURVEYS INC
2. Business Address: 247 MAIN ST. MANTUA, N.J. 08051
3. Business Phone: 856-468-2000
4. Special Site Limitations Identified (Check appropriate categories):
   ____ Flood Plains ____ Bedrock Outcrop ____ Wetlands
   ____ Excessively Stony ____ Disturbed Ground ____ Sink Holes
   ____ Sand Dunes ____ Steep Slopes
   ____ Other-Specify _____
5. Soil Logs-Enter on Form 2b-Use one sheet for each soil log.
6. Considerations Relating to Disturbed Ground:
   a) Type of Disturbance (Check appropriate categories)
      ____ Filled Area ____ Excavated Area ____ Re-graded Area
      ____ Subsurface Drains ____ Other-Specify _____
   b) Pre-existing Natural Ground Surface
      Elevation Relative to Existing Ground Surface _____
      Method of Identification _____
   c) Suitability of Disturbed Ground
      ____ Unsuitable: Objects Subject to Disintegration or Change in Volume
      ____ Excessively Coarse
      ____ Proctor Test performed-% Standard Proctor Density = _____
7. Hydraulic Head Test:
   a) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
   b) Piezometer A: Depth to Bottom ____ Depth of Water Level(24 hrs) ____
   c) Piezometer B: Depth to Bottom ____ Depth of Water Level(24 hrs) ____
   d) Witnessed by _____ Signature _____ Date _____
8. Attachments (Check items included):
   X Site Plan
   X Key Map Showing Location of Site on U.S.G.S. Quadrangle or Other Accurate Map
   ____ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
   X Other-Specify SYSTEM COMPONENTS DETAILS
9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is in violation of the Water Pollution Control Act (N.J.A.C. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator _____ Date 2-05-08

Signature of Professional Engineer _____ License # 8508

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY S. HARRISON TWP.

Form 2b - Soil Log and Interpretation Lot 23 Block 14

1. Log Number 1 Method (Check One): X Profile Pit ____ Boring

2. Soil Log SAB= Subangular blocky

Depth (inches) Top-Bottom | Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure: Moist or Dry Consistence; Mottling--Abundance, Size and Contrast, If Present

0-6" 10YR4/3 loamy sand, SAB, friable
6"-26" 10YR6/6 sandy loam, SAB, friable with 30% gravel
26"-44" 10YR6/8 medium sand, SAB, friable
44"-86" 10YR6/8 sandy clay, SAB, friable with 20% gravel
86"-132" 10YR7/6 sand, SAB, friable

3. Ground Water Observations:
____ Seepage-Indicate Depth none encountered
____ Pit /Boring Flooded--Depth after ____ Hours ____

4. Soil Limiting Zones (Check Appropriate Categories):
____ Fractured Rock Substratum - Depth to Top ____
____ Massive Rock Substratum - Depth to Top ____
____ Excessively Coarse Horizon - Depth Top to Bottom ____
____ Excessively Coarse Substratum - Depth to Top ____
____ Hydraulically Restrictive Horizon - Depth Top to Bottom ____
____ Hydraulically Restrictive Substratum - Depth to Top ____
____ Perched Zone of Saturation - Depth Top to Bottom ____
X Regional Zone of Saturation - Depth to Top > 132"

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2b of this application 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.

Signature of Site Evaluator Robert D. Mentz Date 2-05-08

Signature of Professional Engineer Jack D. Mashet License # 8508

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY S. HARRISON TWP.

Form 2b - Soil Log and Interpretation Lot 23 Block 14

1. Log Number 2 Method (Check One): X Profile Pit ____ Boring

2. Soil Log SAB = subangular blocky

Depth (inches) Top-Bottom — Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure: Moist or Dry Consistence; Mottling--Abundance, Size and Contrast, If Present

0-10" 10YR4/3 loamy sand, SAB, friable
10"-30" 10YR6/6 sandy loam, SAB, friable with 20% gravel
30"-45" 10YR6/8 medium sand, SAB, friable
45'-78" 10YR6/8 sandy clay, SAB, friable with 20% gravel
78"-132" 10YR7/6 sand, SAB, friable

3. Ground Water Observations:
____ Seepage-Indicate Depth none encountered
____ Pit /Boring Flooded--Depth after ____ Hours ____

4. Soil Limiting Zones (Check Appropriate Categories):
____ Fractured Rock Substratum - Depth to Top ____
____ Massive Rock Substratum - Depth to Top ____
____ Excessively Coarse Horizon - Depth Top to Bottom ____
____ Excessively Coarse Substratum - Depth to Top ____
____ Hydraulically Restrictive Horizon - Depth Top to Bottom ____
____ Hydraulically Restrictive Substratum - Depth to Top ____
____ Perched Zone of Saturation - Depth Top to Bottom ____
X Regional Zone of Saturation - Depth to Top 132"

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2b of this application 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.

Signature of Site Evaluator Herbert Mentz Date 2-05-08

Signature of Professional Engineer Jack R. Padcet License # 8508

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY SOUTH HARRISON TWP.

Form 3a. Soil Permeability Data Lot 23 Block 14

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

1. Summary of Date - Enter date for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Results*

*For tube permeameter, pit-bailing and piezometer tests report results in inches per hour. For Soil permeability class rating give soil permeability class number. For percolation test report in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/~~Percolation Rate~~: K-4 soil replacement Specify Test Number _____
   _____ Average of Test Replicates _____ Single Replicate
   _____ Slowest of Replicates

3. Type of Limiting Zone Identified Test Number
   _____
   _____
   _____

4. Attachments (Check items included):
   _____ Form 3b - Tube Permeameter Test Data - Number of Sheets _____
   _____ Form 3c - Soil Permeability Class Rating Test Data - Number of Sheets _____
   _____ Form 3d - Percolation Test Data - Number of Sheets _____
   _____ Form 3e - Pit-Bailing Test Data - Number of Sheets _____
   _____ Form 3f - Piezometer Test Data - Number of Sheets _____
   _____ Form 3g - Basin Flooding Test Data - Number of Sheets _____

5. I hereby certify that the information furnished on Form 3a of this application (and the 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.

Signature of Soil Evaluator Herbert Neher Date 2-05-08

Signature of Professional Engineer Jack R. Rockhold License # 8502

GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND INSTITUTIONS
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY SOUTH HARRISON TWP

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. 950
   X Residential: No. of Dwelling Units 1 Total No. of Bedrooms 6
   ___ Commercial/Industrial - Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading ___

2. Alterations or Repairs
   a) Reason for Alteration or Repair (Check appropriate categories):
      ___ Expansion or Change in Use X Upgrade Existing Facilities
      ___ Correct Malfunctioning System ___ Other -- Specify ___
   b) ___ Describe Nature of Alteration or Repairs: ___

3. System Components:
   a) Grease Trap Capacity, gals ___
      Show Calculation Used: ___
   b) Septic Tank Capacities, gals: 2000 First (~~Single~~) Compartment 1385 gal
      615 Second Compartment ___ gal ___ Third Compartment ___ gal
   c) Effluent Distribution
      Method: X Gravity Flow ___ Gravity Dosing ___ Pressure Dosing
      Dosing Device: ___ Pump ___ Siphon
   d) Dosing Tank Capacities, gals: Total Capacity ___ Dose Volume ___
      Reserve Capacity ___
   e) Laterals: Number 9 Total Length 506 Pipe Size 12"X34" ARCH
   f) Connecting Pipe: Size 4" Length 60 L.F. Spacing 3"
   g) Manifold: Size ___ Length ___
   h) Disposal Field: Type of Installation Soil replacement - fill enclose
      Design Permeability (~~Percolation Rate~~) K-4
      Trenches: Width ___ Total Length ___
      Bed: Area 1547S.F.
   i) Seepage Pits: Design Percolation Rate ___
      Number of Pits ___ Total Percolating Area Provided ___

4. Attachments (Check items included):
   X General Plan of System Showing Location of All System Components
   X Cross-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
   ___ Pump Performance Curve
   X Other -- Specify LOCATION MAP

5. I hereby certify that the information furnished on Form 4 of 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.

Signature of Professional Engineer [signature] Date 19 Feb. 2008

Revised: 11 May 2008

GBR: 1@200 + 5@150 = 950 g.p.d.
K-4 soil replacement = 1.61 x 950 = 1529.5SF
PROVIDE 27'-6" x 56'-3" = 1547S.F. disposal bed

Gloucester County Department of Health

ADDITIONAL SEPTIC SYSTEM PERMIT REQUIREMENTS

South Harrison Township Block 14 Lot 23

1. GCHD to inspect the excavation of the disposal bed to 110 inches.
2. Excavation must be 25 feet from all portions of the dwelling on a crawlspace or basement foundation.
3. Excavation must be 27.5 x 56.25 feet. Disposal bed must be 27.5 x 56.25 feet.
4. GCHD to inspect suitable fill prior to placing chambers or stone in the disposal bed.
5. Engineer must inspect and certify compaction and elevation of suitable fill material.
6. Engineer must certify suitability of fill material by appropriate testing.
7. No parking or driving with-in the disposal area.
8. Trees within 10 feet of the disposal area to be removed prior to the system installation.
9. Existing septic tank must be pumped by a licensed hauler prior to abandonment. GCHD to inspect abandonment of existing sewage disposal systems.
10. Disposal system components located in the area of the new system must be taken to an appropriate disposal facility. Receipt for disposal must be provided.
11. An effluent filter must be provided on the septic tank outlet. Septic tank manhole must be to grade and an access manhole or port to grade must be provided over the effluent filter.
12. New septic tank and disposal bed must be maintained free of sewage effluent until inspected and approved by this department.
13. All pipes must be SDR 35 or stronger.
14. GCHD to inspect final grade.

PLEASE NOTE: THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL OTHER REQUIRED FEDERAL, STATE OR LOCAL APPROVALS PRIOR TO THE COMMENCEMENT OF WORK UNDER THIS APPROVAL, INCLUDING BUT NOT LIMITED TO, NJDEP PERMITS TO CONDUCT ACTIVITIES IN FRESHWATER WETLANDS, FRESHWATER WETLAND TRANSITION AREAS, OR FLOOD PLAIN JURISDICTIONS. FAILURE TO OBTAIN THESE PERMITS PRIOR TO CONDUCTING REGULATED ACTIVITIES WITHIN THESE AREAS MAY RESULT IN REMOVAL OF THE SYSTEM AND OR THE ASSESSMENT OF SIGNIFICANT CIVIL PENALTIES.

CLOSE TO EVERYTHING
Gloucester County
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RECEIVED
NOV 24 2009
By:

(856) 218-4180

LICENSE TO OPERATE

Issue Date: November 18, 2008 **License # 6729**

Owner's Name:	**Thomas Keifrider**
Number of Bedrooms:	**6**
Location:	**Cedar Grove Road**
Block#:	**14**
Lot#:	**23**
Municipality:	**S. Harrison Twp.**

The owner of this property is hereby, granted a license to operate their septic system in accordance with N.J.A.C. 7:9A, et seq. This license certifies that the septic system was installed in accordance with the approved permit issued by this department.

Please be advised that this license is transferable upon sale of the property.

It is your obligation to maintain your septic system in good working order. We have included a copy of "A Homeowner's Manual for Septic Systems" prepared by the New Jersey Department of Environmental Protection as a reference guide. Please refer to this manual for the proper use of your system.

Please maintain all records involving maintenance of the septic system. This department must be contacted prior to any repairs and/or alterations to the septic system.

Please be advised that you must obtain a Certificate of Occupancy from your local Construction Code Official.

ISSUED BY:

Donald C. Schneider

DONALD C. SCHNEIDER
Environmental Health Coordinator

DCS:gb
cc: Township Construction Code Official

DEPARTMENT OF HEALTH
& SENIOR SERVICES
DIVISION OF HEALTH

DIRECTOR
Tamarisk L. Jones

Gloucester County
Offices at East Holly
204 East Holly Avenue
Sewell, NJ 08080

Phone: 856.218.4101
Fax: 856.218.4109

www.gloucestercountynj.gov

2008-0067

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(856) 218-4180

RECEIVED
OCT 27 2008
By:

REPORT OF ACTION

Date:	October 21, 2008
Municipality:	S. Harrison Twp.
Applicant:	Keifrider
Location:	Cedar Grove Road
Block:	14
Lot:	23
Reviewed by:	Donald C. Schneider

An individual sewage disposal system installation inspection was conducted at the above property on 10/20/08. The installation was DISAPPROVED based on the following deficiencies:

1. Provide engineer's certification of the backfill elevation, compaction and suitability along with the required analyses.
2. Please provide copy of the existing septic tank pumping receipt.

DEPARTMENT OF HEALTH
& SENIOR SERVICES

DIVISION OF HEALTH

DIRECTOR
Tamarisk L. Jones

Gloucester County
Offices at East Holly
204 East Holly Avenue
Sewell, NJ 08080

Phone: 856.218.4101
Fax: 856.218.4109

www.gloucestercountynj.gov

Please contact this Department for a reinspection when corrections are completed.

cc: Municipal Construction Code Official
Engineer

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APR 21 2008
By:

(856) 218-4180

DEPARTMENT OF HEALTH
& SENIOR SERVICES

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www.co.gloucester.nj.us

REPORT OF ACTION

INDIVIDUAL SEWAGE DISPOSAL SYSTEM/INDIVIDUAL WATER SUPPLY SYSTEM PLANS

DATE: April 14, 2008
MUNICIPALITY: South Harrison
APPLICANT: Thomas Keifrider
LOCATION: Cedar Grove Rd.
BLOCK: 14
LOT: 23
REVIEWED BY: Barbara Halpern

This department has reviewed the application for individual sewage disposal system/individual water supply system approval. Approval is withheld pending receipt of the following information:

1. Test pit 1 is located greater than 15 feet from the end of the proposed field bed.
2. Test pit 1 has only a 46 inch zone of disposal. A 48 inch zone is required unless the material is tested to determine it is a k-3 or faster. Fill material in the zone of disposal cannot be counted as it is based on the native soil moving the liquid away.
3. Septic field bed will be 75 feet long if the product indicated is used as an overlap is created when the product is connected together. The overlap makes each chamber 6.25 feet long.

Our review will continue within 7 working days after receipt of the above requested information. On occasion depending on work load it may take more or less time. Please be patient we make every effort to get to every project as quickly as possible.

cc: Construction Official
cc: Engineer

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RECEIVED
MAR 19 2009
By:

(856) 218-4180

DEPARTMENT OF HEALTH
& SENIOR SERVICES

DIVISION OF HEALTH

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Tamarisk L. Jones

Gloucester County
Offices at East Holly
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www.co.gloucester.nj.us

REPORT OF ACTION

INDIVIDUAL SEWAGE DISPOSAL SYSTEM/INDIVIDUAL WATER SUPPLY SYSTEM PLANS

DATE: March 6, 2008
MUNICIPALITY: South Harrison
APPLICANT: Thomas Keifrider
LOCATION: Cedar Grove Rd.
BLOCK: 14
LOT: 23
REVIEWED BY: Barbara Halpern

This department has reviewed the application for individual sewage disposal system/individual water supply system approval. Approval is withheld pending receipt of the following information:

1. Site plan sheet 2 of 2 shows a septic tank detail for a 1000 gallon tank.
2. Provide the location of the neighboring wells on the septic system site plan if greater than 150 feet from the proposed sewage disposal system please indicate this on the site plans.
3. Show the location of the proposed septic field bed on the overall site plan. It only appears on the blow up grading plan.
4. Test pit 1 is located greater than 15 feet from the proposed field bed long end.
5. Test pit 1 has only a 46 inch zone of disposal. A 48 inch zone is required unless the material is tested to determine it is a k-3 or faster.
6. Septic field bed will be 75 feet long if the product indicated is used as an overlap is created when the product is connected together.

Our review will continue within 7 working days after receipt of the above requested information. On occasion depending on work load it may take more or less time. Please be patient we make every effort to get to every project as quickly as possible.

cc: Construction Official
cc: Engineer

CLOSE TO EVERYTHING
Gloucester County
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(856) 218-4180

November 26, 2007

Thomas and Theresa Keifrider
167 Cedar Grove Rd.
Mullica Hill, NJ 08062

SUBJECT: Block 14, Lot 23
South Harrison Township

Dear Mr. and Ms. Keifrider,

This department has reviewed your request to continue the use of your existing sewage disposal system with the construction of an addition. The proposed changes to your dwelling will result in a six bedroom dwelling.

The proposed changes to your dwelling will result in an increase in flow as per Chapter 9A standards; therefore continued use of the existing individual sewage disposal system is not permitted.

If you wish to construct the proposed alteration to your dwelling as submitted, you must contact a licensed professional engineer to design a new individual sewage disposal system to meet your needs. If you wish to change the nature of your proposed addition/remodeling project please submit revised floor plans to this department.

Sincerely yours,

Barbara Halpern
Principal Sanitary Inspector

cc: Township Code Official

DEPARTMENT OF HEALTH
& SENIOR SERVICES

DIVISION OF HEALTH

DIRECTOR
Tamarisk L. Jones

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(856) 218-4180

November 26, 2007

Thomas and Theresa Keifrider
167 Cedar Grove Rd.
Mullica Hill, NJ 08062

SUBJECT: Block 14, Lot 23
South Harrison Township

Dear Mr. and Ms. Keifrider,

This department has reviewed your request to continue the use of your existing sewage disposal system with the construction of an addition. The proposed changes to your dwelling will result in a six bedroom dwelling.

The proposed changes to your dwelling will result in an increase in flow as per Chapter 9A standards; therefore continued use of the existing individual sewage disposal system is not permitted.

If you wish to construct the proposed alteration to your dwelling as submitted, you must contact a licensed professional engineer to design a new individual sewage disposal system to meet your needs. If you wish to change the nature of your proposed addition/remodeling project please submit revised floor plans to this department.

Sincerely yours,

Barbara Halpern
Principal Sanitary Inspector

cc: Township Code Official

DEPARTMENT OF HEALTH
& SEN OR SERVICES
DIV SION OF HEALTH

DIRECTOR
Tamarisk L. Jones

Gloucester County
Offices at East Holly
204 East Holly Avenue
Sewell, NJ 08080

Phone: 856.218.4101
Fax: 856.218.4109

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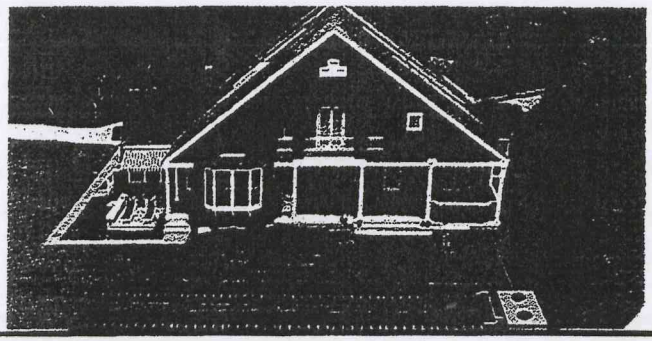
GLOUCESTER COUNTY HEALTH & SENIOR SERVICES

Septic Systems
Addition or Change of Use Requirements



Septic system plan review and installation approval encompasses a whole spectrum of activities designed to assure the proper disposal of sewage, protection of ground water and avoidance of nuisance conditions. Investigation of malfunctioning systems and associated nuisances, and oversight of alterations and repairs to existing systems are part of the work of this office. Below is a list of requirements for septic system additions or changes of use.

1. Sketch of Property

2. Dimensions and Configuration including:

   Distance of well from existing dwelling and new dwelling/addition.
   Septic System components location.
   Labeling of components of sewage disposal system.
   Distance of septic system components to existing dwelling and new dwelling/ addition.

3. Explain in writing what your alteration will be including:

   Number of bedrooms before and after addition/new dwelling.
   A floor plan of the existing dwelling, with all rooms and doorways labeled.
   A floor plan of the dwelling after the construction of the proposed addition/new dwelling with all rooms and show doorways labeled.

4. Provide a written statement as to whether or not your existing sewage disposal system is malfunctioning. In this statement , please include:

   Owners Name
   Mailing Address
   Telephone Number
   Block and Lot Numbers
   Township

5. Please note that additional information may be required as determined on a case-by-case basis.

CLOSE TO EVERYTHING
Gloucester County
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Division of Health
160 Fries Mill Road
Turnersville, New Jersey 08012
Phone: 856-262-4220
Fax: 856-262-4191
TTY/TDD: 856-232-9543
www.co.gloucester.nj.us

Called Left Message.
- Permit HOLD -
Need Health Dept approval for Septics before Anything
Joe

Joe,
Theresa Keifeder picked up this info today.
Z.
10/31/07