3093-05RW

WELL COVER-UP

DATE 6/10/05

TOWNSHIP PEMBERTON TWP.

WELL NUMBER 3093-05

Bl. 633 Lt. 19

INSTALLER JENKINS

OWNER GRADEN

PHONE # _____

	APPROVED	DISAPPROVED
Well Seal	6/13/05	
Internal		
Conditioner		
Water Analysis		
Well Record		

Date _____ Time _____

Inspector _____

Reason for Disapproval

_____

_____

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard, Westampton
P.O. Box 6000
Mount Holly, N.J. 08060

Tele: (609) 265-5515
Fax: (609) 265-5541

MAY 20, 2005

JEANETTE GRADEN
236 CHIPPEWA TRAIL
BROWNS MILLS NJ 08015

Re: Well Application 3093-05RW
Block 633 **Lot** 19
PEMBERTON TWP.

Your application for the installation of a proposed individual water supply system is approved to be in compliance with provisions of applicable state and local laws.

THIS APPROVAL BECOMES NULL AND VOID 5-12-07.

This approval is not a permit to install the system. If a local permit is required, said permit must be obtained from your municipal agent.

Our office shall be notified three (3) working days in advance of starting installation. The installation must be inspected by a representative of this Department. The well inspection shall include but not be limited to the following:

WELL LOCATION; WELL SEAL; PROPER VENTING; WATER SUPPLY LINE; STORAGE TANK; INSTALLATION OF TREATMENT SYSTEM & METHOD OF BACKWASH DISPOSAL when

Final certification for use of the well will not be given until this Department has received the analytical results for bacteriological, physical and chemical quality of the raw water from a New Jersey Certified Laboratory. The analytical report shall identify the property by the block, lot and county application number. Also, the responsible laboratory official shall certify that the laboratory has drawn the raw sample. Further, a WELL RECORD accurately completed and prepared by the well driller is required and shall be submitted on NJDEP FORM DWR-138, which shall serve as certification of construction.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to ensure that your building contractor, plumber, and the installer of the system are made aware of the approved application prior to the beginning of any construction. It is also your responsibility to ensure that the system is installed in strict accordance with this approved application. Any discrepancy between the water system's installation and the certified well application shall be submitted as a **as-built** in accordance with NJAC 7:10-12.40(b). Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

bk

ROBERT LAWRENCE
SENIOR SANITARY INSPECTOR
609-265-5568

cc: Board of Health
Construction Code Official

BURLINGTON COUNTY HEALTH DEPARTMENT

15 Pioneer Blvd., P.O. Box 6000, Westampton, NJ 08060

APPLICATION FOR CERTIFICATION OF A PROPOSED INDIVIDUAL WATER SUPPLY SYSTEM

☐ NEW CONSTRUCTION
☐ ALTERATION*
☒ REPLACEMENT **
☐ EMERGENCY (no water) **

If property will also be served by a septic system, no action will take place until both applications have been received

FOR COUNTY USE ONLY
County No. 3093-05RW
Date Received 5/18/05

INSTRUCTIONS TO THE APPLICANT:

Four (4) copies of the application must be submitted. Only clear, legible copies will be accepted. The white copy must be original. Only one copy will be returned to the owner after approval. Each copy of the application must be accompanied by a surveyor's plot plan or sketch (preferably drawn to scale) showing all pertinent distances and locations of the following:

(SKETCH MAY BE OMITTED IF SUBMITTED IN CONJUNCTION WITH SEWAGE DISPOSAL DESIGN)

☐ Dimensions of lot with property lines labeled
☐ Location of all buildings within 150 feet of water source
☐ Location of proposed water supply system
☐ Location of all existing water and sewerage facilities within 150 ft. radius of well & proximity to storm drains or other sources of pollution (200 ft. radius for public noncommunity wells)
☐ Location of fuel storage tank, if any
☐ Any other data which may affect the system should be included

5/19/05

...TON COUNTY ... DEPARTMENT

COUNTY NUMBER 3093-05RW

NOTE: The Health Department shall issue or deny certification of this application within fifteen (15) days after receipt. The certification will not be issued until the property has been physically inspected by a representative of this department.

OWNER of PROPERTY Jeanette Graden PHONE [redacted]

MAILING ADDRESS 236 Chippewa Trail Browns Mills NJ 08015

MUNICIPALITY Pemberton BLOCK 633 LOT 19

STREET ADDRESS 236 Chippewa Trail Browns Mills NJ 08015

LOCATION: Give directions to property from Mt. Holly, to include landmarks & distances in order that the inspector may locate the site.

WELL HEAD: ☒ Pitless Well Cap ☐ Sanitary Well Seal

TYPE OF BUILDING TO BE SERVED: ☒ Individual Dwelling (non-public) ☐ Other-Specify

IS MUNICIPAL WATER LOCATED WITHIN 200 FEET OF PROPERTY LINE? YES ☐ NO ☒

NJDEP PERMIT NO 3200028459 Distance from Supply Line to Building Sewer +10'

Depth of Well 100' Diameter of Well 4" Type of Casing PVC

Pressure Line 125psi 1" plastic Suction Line 125 psi 1" plastic Type of Screen slotted PVC

Size of Annular Space 8" Grouting Material Bentonite slury Grouting Method Pressure w/ tremie

Type of Pump & Capacity ½hp submersble 12gpm Type of Storage Facility & Capacity xtrol 202

Method and Substance Used for Disinfection Chlorination at pump installation

Method of Venting Well - Describe vent in pitless cap

Type of Water Treatment System (if required)

Method of Backwash Disposal *(Sodium content of finished water should not exceed 50 mg/l)*

*DESCRIPTION OF WORK TO BE PERFORMED:

** Existing well shall either be properly sealed or a permit for change of well use must be obtained from NJDEP. Evidence of either must be submitted to this department prior to final certification.

The undersigned agrees to construct the described water supply system in accordance with the provisions of the New Jersey Safe Drinking Water Act Regulations (NJAC 7:10-12) and those established by local ordinance, where said local ordinance prescribes higher standards than those promulgated by NJDEP.

Certified by:

NAME OF WELL DRILLER Duane Jenkins LICENSE NO. 1552

MAILING ADDRESS 15 Brown Road Browns Mills NJ 08015 PHONE NO. 893-2657

NAME OF PUMP INSTALLER (if other than driller) LICENSE NO.

SIGNATURE OF DRILLER

SIGNATURE OF OWNER or AUTHORIZED AGENT

SIGNATURE OF PUMP INSTALLER

2_97

DWR-133
6/04

3093-05RW

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

Permit No. 3200018459

MAIL TO:
NJDEP
BUREAU OF WATER ALLOCATION
PO BOX 426
TRENTON, NJ 08625-0426

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P.

COORD #: 32 . 13.4 91

Property Owner: Jeanette GraDEN
Address: 236 Chippewa Trail
Browns Mills, NJ 08015

Name of Facility: Private Residence
Address: 236 Chippewa Trail

Driller: J.W. Jenkins & Sons
Well Drilling, Inc.
Address: 15 Brown Road
Browns Mills, NJ 08015-6809

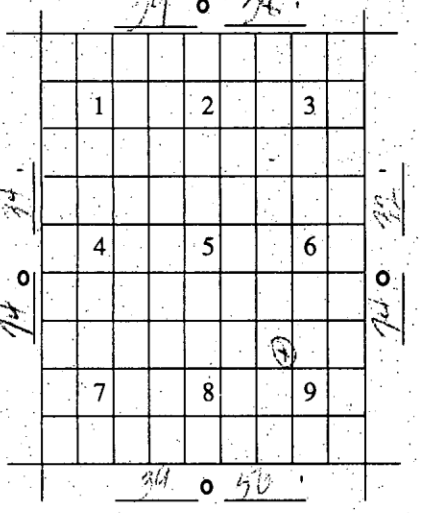
Diameter of Well: 4 Inches		Proposed Depth of Well: 100 Feet	
Proposed Capacity of Pump: 10 GPM		Method of Drilling (Cable-tool, Rotary, etc!): Rotary	
Use of Well (See Reverse): Domestic-Replacement			
Drinking Water Supply? X yes (see #7 on reverse)		no	

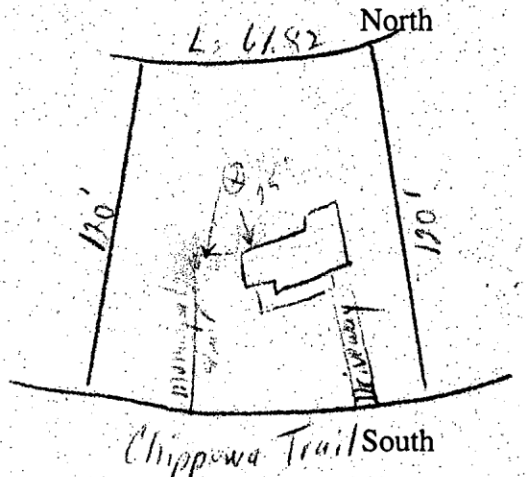
LOCATION OF WELL

Lot #	Block #	Municipality	County
19	633	Pemberton Twp	Burl

State Atlas Map No. 32

Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, etc.





PROPOSED WELL LOCATION (NAD 83 HORIZONTAL DATUM)
NJ STATE PLANE COORDINATE IN US SURVEY FEET

NORTHING: _____ EASTING: _____
OR
LATITUDE: ___ ° ___ ' ___ . ___ " LONGITUDE: ___ ° ___ ' ___ . ___ "

SEE REVERSE SIDE FOR IMPORTANT PROVISIONS AND REGULATIONS PERTAINING TO THIS PERMIT. APPROVAL OF THIS PERMIT IS MADE SUBJECT TO ACCEPTANCE OF AND COMPLIANCE WITH THE FOLLOWING ADDITIONAL CONDITIONS.

- ☐ **PUBLIC COMMUNITY Water Supply** Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1 et seq.
- ☐ **INDUSTRIAL SUPPLY** - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- ☐ **IRRIGATION SUPPLY** - A physical connection control permit may be required pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- ☒ **REPLACEMENT WELL** - Existing well must be sealed by a New Jersey licensed well driller of the proper class upon abandonment.
- ☒ PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84 (a)4.v. are met.
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:9D-2.7 have not been met - see attached condition(s).
- ☐ The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:19-2 et seq.
- ☐ _____

This Space for Approval

WELL PERMIT APPROVED
N.J. D.E.P.
MAY 12 2005
BUREAU OF WATER ALLOCATION

In compliance with N.J.S.A.58:4A-14, application is made for a permit to drill a well as described above.

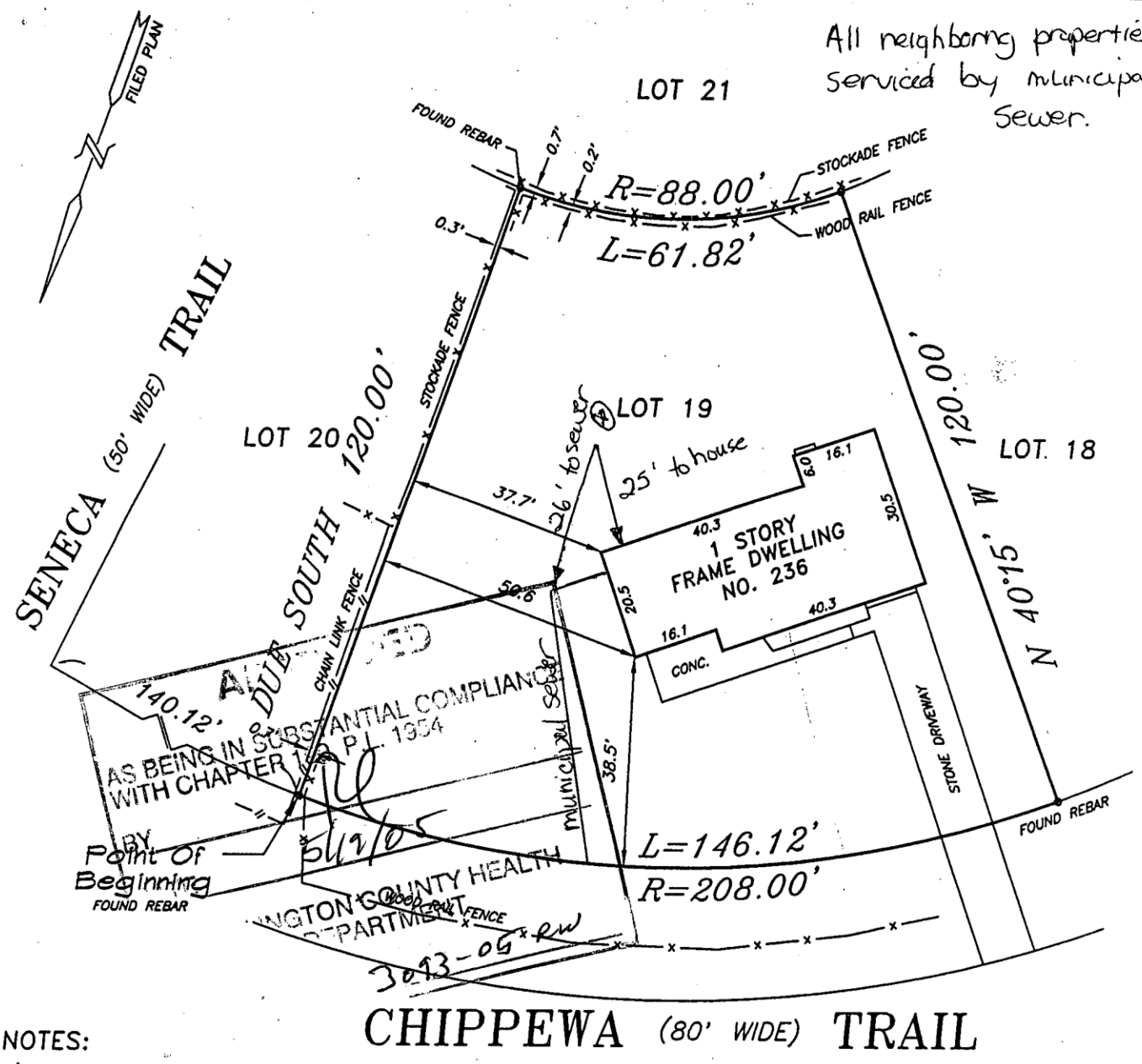
Date 4/12/05 Signature of Driller _____ Registration No. J1552

Signature of Property Owner _____

COPIES: Water Allocation - White Health Dept. - Yellow Owner - Blue Driller - White

236 Chippewa trail Browns Mills

All neighboring properties serviced by municipal sewer.



NOTES:

1) LOT NUMBERS REFER TO PEMBERTON TAX MAP. i.e. LOT 19, BLOCK 633, PLATE 48
2) BEING LOT 19 BLOCK 102 SECTION 1A PLAN OF LOTS COUNTRY LAKES FILED 05-24-1954 AS MAP NO. 2536
3) LOT AREA: 0.286 ACRES± 12,476 SQ. FT.±
4) THIS PROPERTY AS SHOWN IS NOT IN THE FLOOD PLAIN (ZONE C) PER (FIRM) FLOOD INSURANCE RATE MAP No. 340112 0035A DATED MARCH 4, 1980

AURORA FINANCIAL GROUP, INC.,
its successors and/or assigns
as their interest may appear.
JEANETTE GRADEN
SECURITY FIRST TITLE PARTNERS OF
TO: *BURLINGTON, L.P.,*

any insuror or Title relying hereon and any other party in interest. "In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easements, if any, that may be located below the surface of the lands or on the surface of the lands and not visible) as an inducement for any insuror of Title to insure the title to the lands and premises shown hereon.

WAIVER OF SETTING CORNER MARKERS OBTAINED FROM ULTIMATE USER PURSUANT TO THE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS REGULATION, N.J.A.C. 13:40-5.1(d).

10-13-2003	UPDATE SURVEY
REVISED	DESCRIPTION

ROBINS ASSOCIATES
LAND SURVEYING
9 SCOTT ST., RIVERSIDE NJ 08075
PHONE: 461-9494

WILLIAM J. ROBINS
LAND SURVEYOR NJ LIC. No. 31663

SURVEY FOR:	JEANETTE GRADEN		
LOCATION:	TOWNSHIP OF PEMBERTON		
	BURLINGTON COUNTY, NEW JERSEY		
DATE	SCALE: 1"=30'		DRAWING NUMBER
04-21-00	DRWN WR	CK'D PC	A00-0337

DWR-133
6/04

3093-05RW

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

Permit No. 3200028459

MAIL TO:
NJDEP
BUREAU OF WATER ALLOCATION
PO BOX 426
TRENTON, NJ 08625-0426

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VALID ONLY AFTER APPROVAL BY THE D.E.P.

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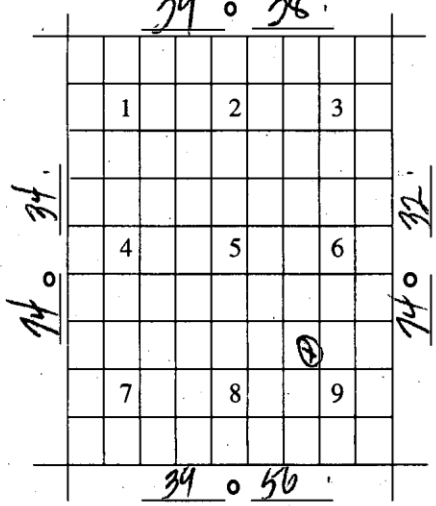

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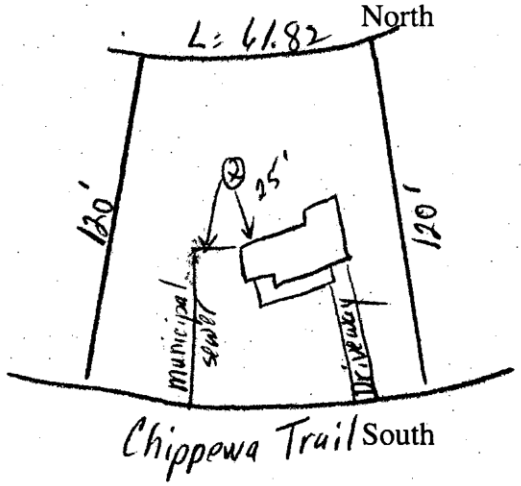

80' to road

PROPOSED WELL LOCATION (NAD 83 HORIZONTAL DATUM)
NJ STATE PLANE COORDINATE IN US SURVEY FEET

NORTHING: _____ OR EASTING: _____

LATITUDE: ___ o ___ ' ___.__ " LONGITUDE: ___ o ___ ' ___.__ "

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MAY 12 2005
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Date 4/12/05 Signature of Driller _____ Registration No. J1552

Signature of Property Owner _____

COPIES: Water Allocation - White Health Dept. - Yellow Owner - Blue Driller - White

USE OF WELL:

Agricultural/Horticultural	Irrigation
Dewatering	Livestock
Domestic	Non-Public
Elevator Shaft	Public Community Water Supply
Fire Protection	Public Non-Community Water System
Geothermal Closed Loop	Test
Geothermal Open Loop	Replacement Type of Well (Specify)
Industrial	

Make Checks Payable to: **"TREASURER - STATE OF NEW JERSEY"**

In accepting this permit the Owner and Driller agree to abide by the following terms and conditions:

1. All well drilling/pump installation activities shall comply with N.J.A.C. 7:9D-1 et seq.

2. This permit conveys no rights, either expressed or implied, to divert water.

3. Well permits, submitted incomplete and/or illegible will be returned without approval for modification.

4. **If the pump capacity applied for is less than 70 gpm, no subsequent increase to 70 gpm or more shall be made without prior approval of the Bureau of Water Allocation.**

5. In the event this well is abandoned, the Owner or Well Driller shall assume full responsibility for having the well decommissioned in a manner satisfactory to the Department in accordance with the provisions of N.J.A.C. 7:9D-1 et seq.

6. Well permits are valid for one (1) year from date of approval except for permits issued for domestic use which are valid for a period of two years. Department must be notified in writing of permit cancellation.

7. Drinking Water Supplies must be classified as either:

   a. **Domestic** (private household)

   b. **Non-Public Water Supply** (Other Than Domestic Supply)

   c. **Public Community Water Supply** - at least 15 service connections or serves at least 25 individuals daily (municipal supply, community well, mobile home parks, etc.)

   d. **Public Non-Community Water Supply** (campgrounds, restaurants, hospitals, etc.)

8. A well record must be submitted by the well driller to the Bureau of Water Allocation within ninety (90) days after the well is completed.

9. This permit is *NONTRANSFERABLE*.

10. All wells to be used as a drinking water supply should be tested in accordance with the requirements of the appropriate county/municipality Health Department.

11. If the use of the well is to be changed, a well permit for the proposed use of the well must be submitted for review and approval. The existing well permit number must be referenced on the application form.

✓

New Jersey Department of Environmental Protection
Bureau of Water Allocation

Co#3093-05RW

WELL RECORD

3093-05RW
Well Permit Number
3200028459

Atlas Sheet Coordinates
3203491

OWNER JEANETTE GRADEN

Address 236 CHIPPEWA TRAIL

City Browns Mills State New Jersey Zip Code 08015

WELL LOCATION ADDRESS 236 CHIPPEWA TRAIL **Owner's Well No.** _____

County Burlington Municipality Pemberton Twp Lot No. 19 Block No. 633

WELL USE Domestic Replacement **DATE WELL STARTED** 06-10-05

DATE WELL COMPLETED 06-10-05

WELL CONSTRUCTION

Total Depth Drilled 60 ft.

Finished Well Depth 60 ft.

Borehole Diameter:

Top 8 in.

Bottom 8 in.

Well Casing Begins:

+1 ft. above grade or

_____ ft. below grade

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	+1	50	4	PVC	40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used 8wc)	50	60	4	PVC	40
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	50	60		#2 gravel	
Grout	3	50		Neat Cement Bentonite	_____ lbs 400 lbs

RECORD OF TEST

Test Date 06 / 10 / 05

Static Water Level 8 ft. below land surface

Water Level Measured Using weighted tape

Pumping Water Level 15 ft. below land surface

Well Was Pumped Using air compressor

Well Yield 25-30 gpm

If Pump Tested Discharge Rate _____ gpm

Duration of Test _____ hours

Grouting Method Pressure grout w/tremie pipe

Drilling Method mud rotary

PERMANENT PUMPING EQUIPMENT

Installed by Todd Jenkins Reg. No. 1553

Pump Type submersible

Depth of Pump below land surface 40 ft.

Capacity 12 gpm Horsepower ½

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company J W JENKINS & SONS

Well Driller (Print) Duane Jenkins

Driller's Signature _____

Registration No. 1552 Date 06 /13 / 05

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations

0-10 F-C yellow/tan sands
10-20 F-C tan/white sands & gravel
20-40 F-C tan/white sands
40-50 F-C tan sand & small gravel
50-60 Fine-c grey/brown sands & wood

AS-BUILT WELL LOCATION
(NAD 83 HORIZONTAL DATUM)

NJ STATE PLANE COORDINATE IN US SURVEY FEET

NORTHING:_____ EASTING:_____

OR

LATITUDE:__°__'__.__" LONGITUDE:__°__'__.__"

ORIGINAL: DEP *COPIES: DRILLER* *OWNER* *HEALTH DEPARTMENT*