Board of County Commissioners
County of Burlington
New Jersey

Department of: HEALTH

Phone: (609) 265-5548
Fax: (609) 265-3152
Email: bchd@co.burlington.nj.us
http://www.co.burlington.nj.us

Physical Address:
15 Pioneer Boulevard
Westampton, NJ 08060

Mailing Address:
49 Rancocas Road
P.O. Box 6000
Mount Holly, NJ 08060-6000

10/02/2023

DANIEL SCOLA
28 ANNE DRIVE
TABERNACLE, NJ 08088

Re: Septic Application 4250-23
Block 312 **Lot** 22
Tabernacle

Your application for the installation of a proposed individual subsurface sewage disposal system is certified to be in compliance with the provisions of N.J.A.C. 7:9A and regulations as otherwise provided by N.J.S.A. 58:11-25.

Based on Engineering Data Only

THIS CERTIFICATION BECOMES NULL AND VOID 10/02/2025
Should this system not be installed by this date, contact this office for recertification instructions.

This certification and approved design is not a permit to install the system.

Such permit must be obtained from the municipal agent responsible for insuring compliance with other applicable state & local laws.

NO CHANGE IN THE PLAN SHALL TAKE PLACE WITHOUT PRIOR APPROVAL OF THIS DEPARTMENT.

At the time of installation, the system shall not be covered from view until it has been inspected by a representative of this Department and permission to cover same has been given by that representative. Request for such inspection shall be made to this Department no later than 72 hours prior to the date of installation.

FINAL CERTIFICATION WILL NOT BE GIVEN BY THIS DEPARTMENT UNTIL THE DESIGN ENGINEER HAS CERTIFIED IN WRITING, BY SIGNATURE & SEAL TO THE FOLLOWING:

☑ Excavation to a depth of **111"** inches and back-filled to the bottom of the disposal field with material placed and compacted in conformance with NJAC 7:9A-10.4(f)3; and shall meet the requirements of NJAC 7:9A-10.1(f). Results of permeability tests shall be indicated on this Department's standardized form.

☐ inches of fill extending beyond the limits of the disposal field with material placed and compacted in conformance with NJAC 7:9A-10.4(f)3; and shall meet the requirements of NJAC 7:9A-10.1(f). Results of permeability tests shall be indicated on this Department's standardized form.

☐ Pumping Equipment ☐ Alarm System ☑ Final Grading & Stabilization ☐ None of the above

☑ Other: **1.PROPER ABANDONMENT OF EXISTING SEPTIC SYSTEM**

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 plan. Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

Sara Zuccarello

Sara Zuccarello
Pr. Registered Environmental Health Specialist
609-265-5568

cc: Board of Health, Design Engineer
Construction Code Official
Design Engineer
File

form BCHD90/1

BCHD Application Number 4230-23 Date _____

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD, WESTAMPTON
PO BOX 6000 MOUNT HOLLY, NEW JERSEY 08060

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

GENERAL INFORMATION – Form 1

1. Type of Permit needed (check applicable categories):
   - ☐ New Construction
   - ☐ Deviation from Standards
   - ☐ Alteration/Expansion or Change in Use
   - ☒ Alteration/Malfunctioning System
   - ☐ Alteration/No Expansion or Change of Use

2. Location of Project:
   Municipality TABERNACLE TOWNSHIP Block 312 Lot 22
   Street Address 28 ANNE DRIVE, TABERNACLE, NJ Zip 08088

3. Name of Applicant (print): DANIEL SCOLA

4. Applicant's Present Address: 28 ANNE DRIVE, TABERNACLE, NJ 08088 5. Phone Number: [redacted]

6. Type of Facility:
   - ☒ Residential
   - ☐ Commercial/Institutional
   - ☐ Specify Type of Establishment: _____

7. Type of Wastes to be discharged:
   - ☒ Sanitary Sewage
   - ☐ Industrial Wastes
   - ☐ Other – Specify: _____

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

MUST BE COMPLETED BEFORE COVER-UP AND FINAL APPROVAL BY THIS DEPARTMENT.
BURLINGTON COUNTY HEALTH DEPARTMENT

9. I hereby certify that the information furnished above 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 _____ FOR APPLICANT Date 9-27-23

FOR AGENCY USE ONLY

☐ Application Denied – Reason for Denial/Citation of Rules Violated: _____

☑ Application Approved ☐ Application Approved Subject To Approval By NJDEP

Date of Action 10/2/23 Signature of Authorized Agent Sara Zuccarello

Name & Title Sara Zuccarello PE-REHS

GENERAL SITE EVALUATION DATA – Form 2A

1. Name of Site Evaluator (print) SOUTH JERSEY ENGINEERS, L.L.C.
2. Business Address of Site Evaluator P.O. BOX 1406, VOORHEES, N.J. 08043 3. Business Phone 856-651-9050
4. Special Site Limitations Identified (Check Appropriate Categories):
   - ☐ Flood Plains
   - ☐ Sink Holes
   - ☐ Bedrock Outcrop
   - ☐ Sand Dunes
   - ☐ Wetlands
   - ☐ Steep Slopes
   - ☐ Excessively Stony
   - ☒ Other – Specify EXISTING IMPROVEMENTS/SITE CONSTRAINTS
   - ☐ Disturbed Ground
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 = _____

THIS PLAN FOR A SEWERAGE FACILITY IS CERTIFIED AS BEING IN COMPLIANCE WITH THE PROVISIONS OF P.L. 1954 AND THE STANDARDS FOR CONSTRUCTION AS PROMULGATED BY THE NJDEP AND THOSE PROMULGATED BY LOCAL ORDINANCE
BY SZuccarello DATE 10/2/23
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER 4230-23

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):
   - ☒ Site Plan
   - ☒ 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
   - ☐ Other – Specify _____
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 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 _____ Date 9-27-23

Signature of Professional Engineer _____ License # GE28106
(please seal this form)

BURLINGTON COUNTY DEPARTMENT OF HEALTH

MUNICIPALITY: Tabernacle Township
BLOCK: 312
LOT: 22

WITNESSED BY: Waived

Form 2b – Soil Log and Interpretation

1. Log Number TP# 1 Method (Check One): __X__ Profile Pit _____ Boring
2. Soil Log

Depth (Inches)	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.
Top--Bottom:	

0" – 7" 10YR4/3 Sandy loam, Sub-angular blocky, Friable

7" – 38" 10YR6/4 Sandy loam, Sub-angular blocky, Friable

38" – 101" 10YR6/6 Sandy loam, Angular blocky, Very Firm

101" – 132" 7.5YR6/8 Loamy sand, Sub-angular blocky, Friable
with Common, Medium, Distinct 7.5YR7/0 mottles @ 119"

3. Groundwater Observations:
___X___ Seepage-Indicate Depth_____Not 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 to Bottom _____
_____ Excessively Course 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_____119"_____

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 _____ Date: _____8/31/23_____

Signature of Professional Engineer:_____ NJ License#_GE28106_____

* LOGS ARE FOR SEPTIC SYSTEM APPLICATIONS ONLY NOT TO BE USED FOR ANY OTHER PURPOSE

BURLINGTON COUNTY DEPARTMENT OF HEALTH

MUNICIPALITY: Tabernacle Township
BLOCK: 312
LOT: 22

WITNESSED BY: Waived

Form 2b – Soil Log and Interpretation

1. Log Number TP# 2 Method (Check One): __X__ Profile Pit _____ Boring
2. Soil Log

Depth (Inches) — 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.

Top--Bottom:

0" – 9" 10YR4/3 Sandy loam, Sub-angular blocky, Friable

9" – 37" 10YR6/4 Sandy loam, Sub-angular blocky, Friable

37" – 102" 10YR6/6 Sandy loam, Angular blocky, Very Firm

102" – 132" 7.5YR6/8 Loamy sand, Sub-angular blocky, Friable
with Common, Medium, Distinct 7.5YR7/0 mottles @ 121"

3. Groundwater Observations:

___X___ Seepage-Indicate Depth_____Not 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 to Bottom	_____
_____	Excessively Course 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	121"

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 _____ Date: 8/31/23

Signature of Professional Engineer: _____ NJ License# GE28106

* LOGS ARE FOR SEPTIC SYSTEM APPLICATIONS ONLY NOT TO BE USED FOR ANY OTHER PURPOSE

form BCHD90/1

BCHD Application Number_____ Date_____

SOIL PERMEABILITY DATA – Form 3A

Municipality TABERNACLE TOWNSHIP Block 312 Lot 22

Assign a number for each test and a letter for each test replica . 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. Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
* SELECT FILL TO BE TESTED FOR PERME		BILITY = 6–20 IN/HR WHEN PROPERLY COMPACTED IN PLACE *		

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

2. Design Permeability/Percolation Rate: Specify Test Number 6–20 IN/HR (SELECT FILL)

- ☐ Average of Test Replicates
- ☐ Single Replicate
- ☐ Slowest of Replicates

3. Identification and Classification

Type of Limiting Zone Identified	Test Number

4. Attachments (Check items included):

- ☐ Form 3B – Tube Permeameter Test Data – Number f Sheets _____
- ☐ Form 3C – Soil Permeability Class Rating Test Data – Number of Sheets _____
- ☐ Form 3D – Percolation Test Data – Number of Sheet _____
- ☐ Form 3E – Pit-Bailing Test Data – Number of Sheets _____
- ☐ Form 3F – Piezometer Test Data – Number of Sheet _____
- ☐ Form 3G – Basin Flooding Test Data – Number of Sh ets _____

5. I hereby certify that the information furnished on Form 3A of th s 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. 5 3:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date 9-27-23

Signature of Professional Engineer _____ License # GE28106
(please seal this form)

form BCHD90/1

BCHD Application Number_____ Date_____

GENERAL DESIGN DATA – Form 4

1. Volume of Sanitary Sewage, gal 500 GPD

☒ Residential: No. of Dwelling Units 1 total No. of Bedrooms 3 ☐ Garbage Disposal ☐ Ejector Pump ☐ Expansion Attic

☐ Commercial / Institutional – 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

a.) Reason for Alteration (Check appropriate categories):

☐ Expansion or Change in Use ☐ Upgrade Existing Facilities

☒ Correct Malfunctioning System ☐ Other – Specify _____

b.) Describe Nature of Alteration NEW ISDS PER NJAC 7:9A REQUIREMENTS

3. System Components:

a.) Grease Trap Capacity, gals _____

Show Calculation Used _____

b.) Septic Tank Capacities, gals: ☒ first (single) compartment 1000 GAL

☐ second compartment

☐ third compartment

c.) Advanced Treatment Unit: Type _____

d.) Effluent Distribution

Method: ☒ Gravity Flow ☐ Gravity Dosing ☐ Pressure Dosing

Dosing Device: ☐ Pump ☐ Siphon

e.) Dosing Tank Capacities, gals: Total Capacity _____ Dose Volume _____ Reserve Capacity _____

f.) Laterals: Number 5 Total Length 225' Pipe Size 4" Spacing 36"

g.) Chambers: Number _____ Total Length _____

h.) Connecting Pipe: Size 4" Length ±15'

i.) ~~Manifold:~~ ~~Size~~ D-BOX Length –

j.) Disposal Field: Type of Installation SRB

Design Permeability (Percolation rate) 6-20 IN/HR (SELECT FILL)

☐ Trenches: Width _____ Total Length _____

☒ Bed: Area 810 SF

k.) Seepage Pits: Design Percolation Rate _____

Number of Pits _____ Total Percolating Area Provided _____

4. Attachments (Check items included):

☒ General Plan Showing Location of All System Components

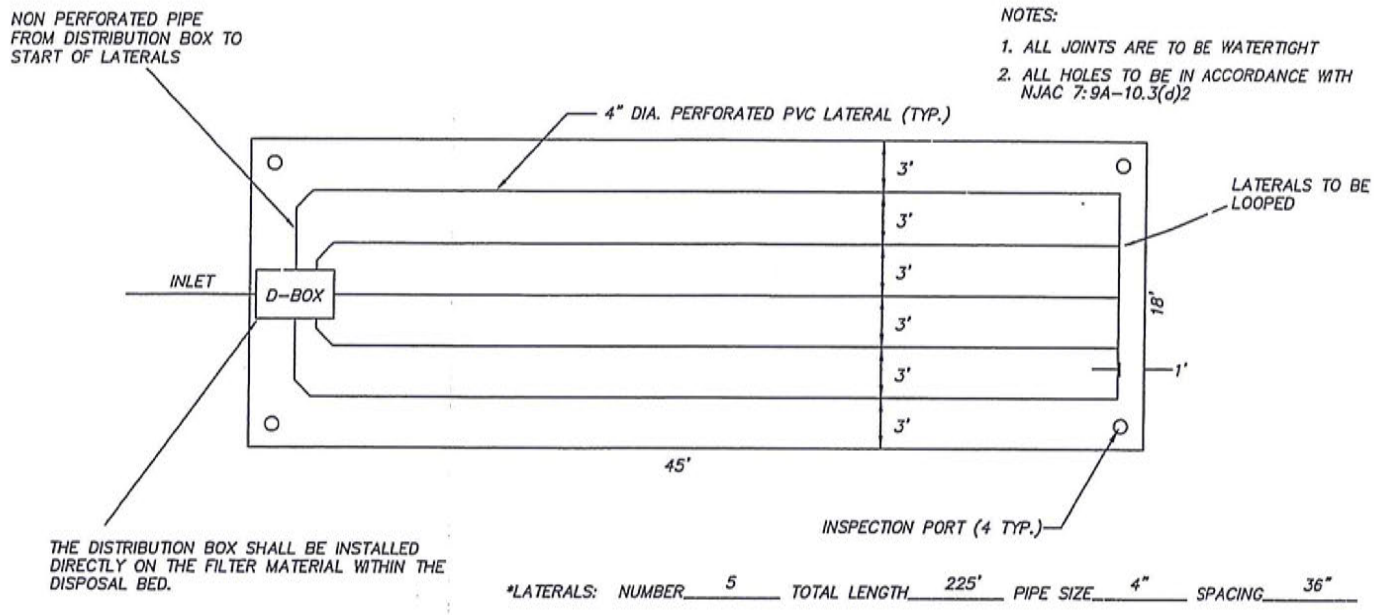
☒ X – Sections of Each system Component Including Grease Traps, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

☐ Pump Performance Curve

☐ Other – Specify _____

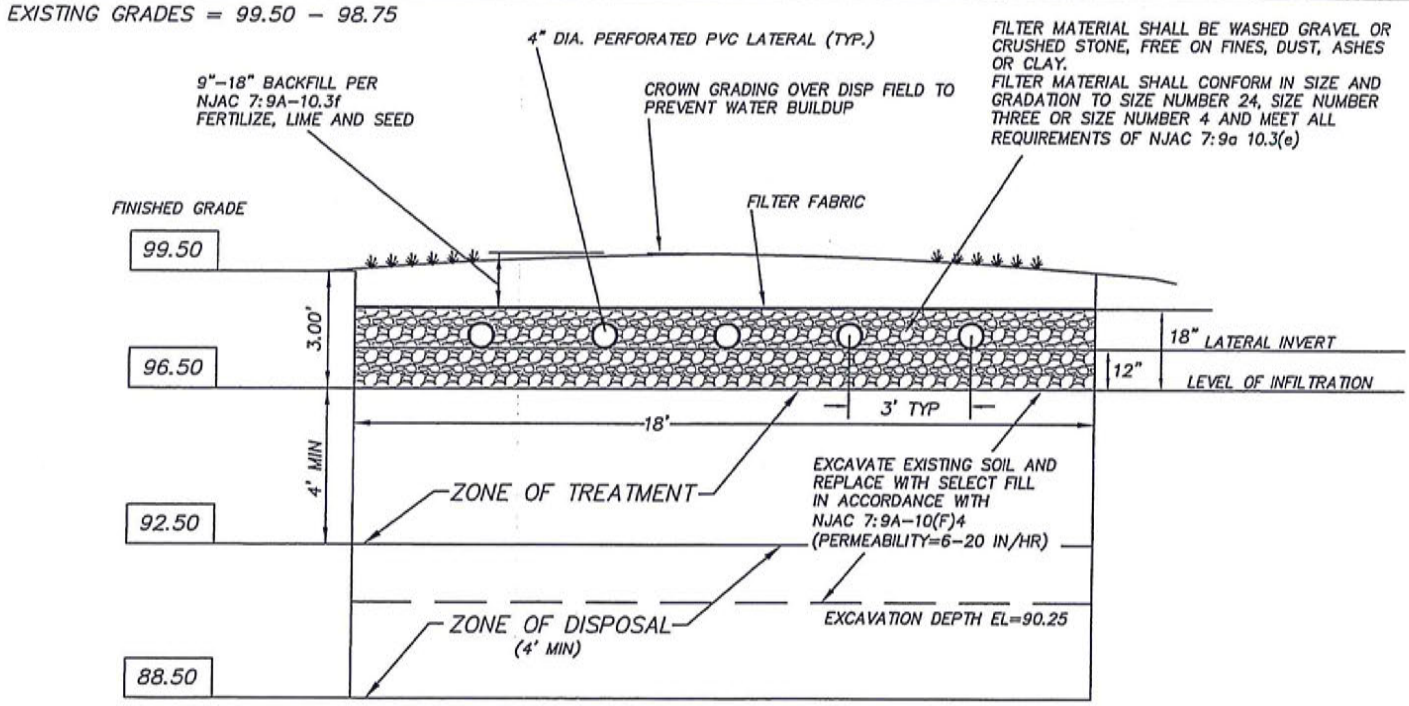
5. I hereby certify that the information furnished on Form 4 of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer (please seal this form) _____ License # GE28106



DISPOSAL FIELD LATERAL SPACING DETAIL

NOT TO SCALE



DISPOSAL FIELD CROSS SECTION DETAIL

NOT TO SCALE

** NOTE: THE USE OR MIXING OF NATIVE SOIL AS SELECT FILL IS NOT ACCEPTABLE UNLESS APPROVED IN ADVANCE BY DESIGN ENGINEER **

TP1 :
EL=98.75, ESHWT EL=88.83
TP2 :
EL=99.50, ESHWT EL=89.42

NO.	REVISIONS	DRAWN	APPR	DATE

SJE
SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
ph (856) 651-9050 fax (856) 651-9051
N.J. CERTIFICATE OF AUTHORIZATION NO. 24GA28095400

CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM

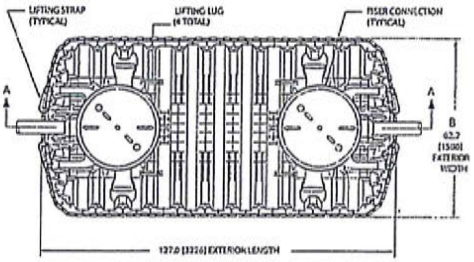
LOT 22 BLOCK 312
TABERNACLE TOWNSHIP

SANDFORD S. MERSKY, P.E.
PROFESSIONAL ENGINEER'S LIC. # GE28106

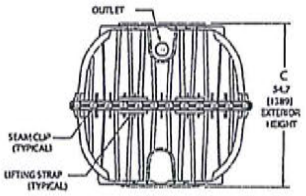
9-21-23
DATE

IM-1060 General Specifications and Illustrations

The IM-1060 is an injection molded two piece mid-seam plastic tank. The IM-1060 injection molded plastic design allows for a mid-seam joint that has precise dimensions for accepting an engineered EPDM gasket. Infiltrator's gasket design utilizes technology from the water industry to deliver proven means of maintaining a watertight seal. The two-piece design is permanently fastened using a series of non-corrosive plastic alignment dowels and locking seam clips. The IM-1060 is assembled and sold through a network of certified Infiltrator distributors.

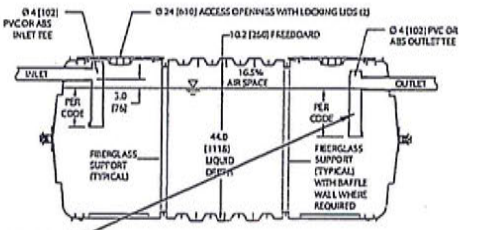


TOP VIEW



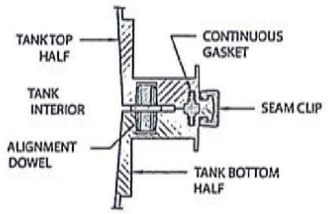
END VIEW

IM-1060	
Working Capacity	1094 gal (4141 L)
Total Capacity	1287 gal (4872 L)
Airspace	16.5%
Length	127" (3226 mm)
Width	62.2" (1580 mm)
Length-to-Width Ratio	2.3 to 1
Height	54.7" (1389 mm)
Liquid Level	44" (1118 mm)
Invert Drop	3" (76 mm)
Fiberglass Supports	2
Compartments	1 or 2
Maximum Burial Depth	48" (1219 mm)
Minimum Burial Depth	6" (152 mm)
Maximum Pipe Diameter	6" (152 mm)
Weight	320 lbs (145 kg)



SIDE VIEW

POLYLOCK PL-122 Effluent Filter to be installed and maintained per latest applicable manufacturers instructions and be accessable through manhole cover. Effluent filter utilized must meet requirements of N.J.A.C. 7:9A-8.2(j)3 and have NSF 46 certification.



MID-HEIGHT SEAM SECTION

INFILTRATOR water technologies

4 Business Park Road
P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • Fax 860-577-7001
1-800-221-4436
www.infiltratorswater.com

IM02 1213

Contact Infiltrator Water Technologies' Technical Services Department for assistance at 1-800-221-4436

INFILTRATOR IM-1060 SEPTIC TANK

NOT TO SCALE

1. *EFFLUENT FILTER TO BE EQUIPPED WITH HANDLE AND ADEQAUTE EXTENSION TO ALLOW ACCESS FOR CLEANING THROUGH MANHOLE*
2. *MARKER TO BE SUPPLIED DENOTING LOCATION OF EFFLUENT FILTER AND NEED FOR PERIODIC CLEANING*
3. *SIX (6) INCHES MINIMUM COVER TO BE MAINTAINED ABOVE SEPTIC TANK.*
4. *ALL ACCESS OPENING TO BE EXTENDED TO GRADE UTILIZING A BOLTING ORLOCKING LID*

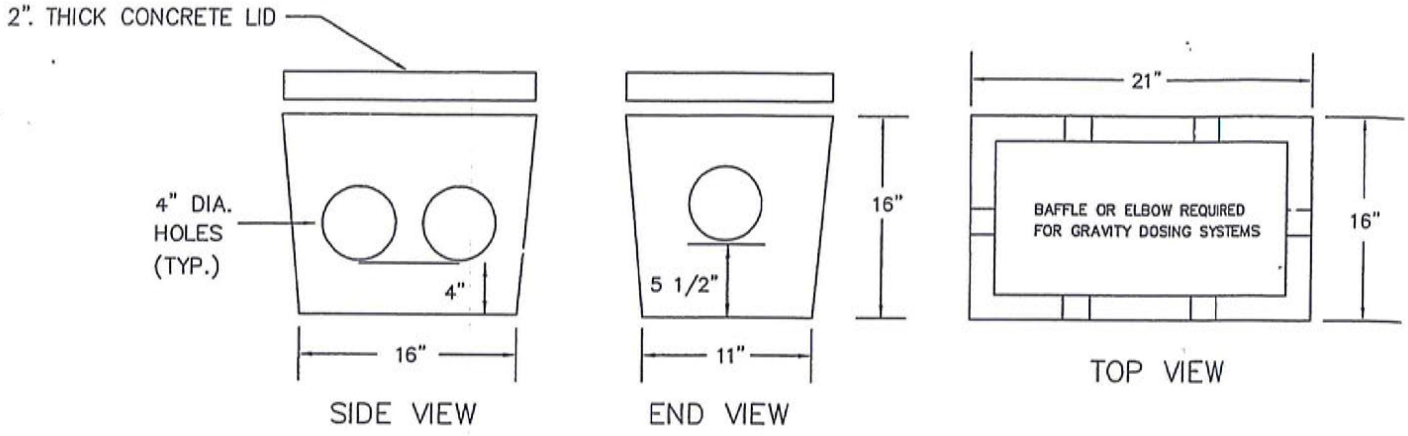
NO.	REVISIONS	DRAWN	APPR	DATE

SJE
SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
ph (856) 651-9050 fax (856) 651-9051
N.J. CERTIFICATE OF AUTHORIZATION NO. 24GA28095400

CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM
LOT 22 BLOCK 312
TABERNACLE TOWNSHIP

SANDFORD S. MERSKY, P.E.
PROFESSIONAL ENGINEER'S LIC. # GE28106

9-27-23
DATE



THE DISTRIBUTION BOX SHA'L BE SET ON A LAYER OF GRAVEL OR A CONCRETE FOOTING EXTENDING DOWNWARD BELOW THE MAXIMUM EXPECTED DEPTH OF FROST PENETRATION. WHERE GRAVEL IS USED, THE GRAVEL SHALL EXTEND A MINIMUM OF SIX INCES BEYOND THE SIDES OF THE DISTRIBUTION BOX.

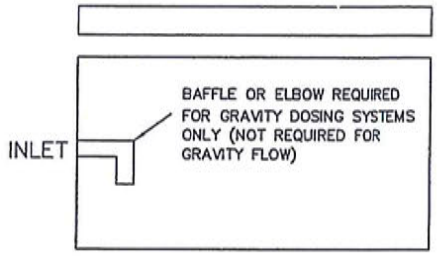
1. DISTRIBUTION BOX TO BE CONSTRUCTED IN ACCORDANCE WITH N.J.A.C. 7:9A–9.4(a).

2. ACCESS OPENINGS MUST BE ADEQUATE IN SIZE AND LOCATED TO FACILITATE REMOVAL OF ACCUMULATED SOLIDS AND INSPECTION OF THE INLET AND ALL OUTLETS.

3. ALL ACCESS OPENINGS SHALL BE EXTENDED TO WITHIN 12 TO 18 INCHES OF THE FINISHED GRADE SURFACE.

4. ACCESS OPENINGS SHALL BE CONSTRUCTED IN SUCH A MANNER AS TO PREVENT THE ENTRANCE OF SURFACE WATER.

NOTE: INSTALLER TO INSURE DISTRIBUTION BOX IS LEVEL AND THAT ALL OUTLET PIPES ARE SET AT THE SAME ELEVATION. SPEED LEVELERS OR ALTERNATE METHOD TO BE USED TO INSURE THAT ALL OUTLET PIPES ARE LEVEL.



1 INLET, 5 OUTLET W/GASKETS

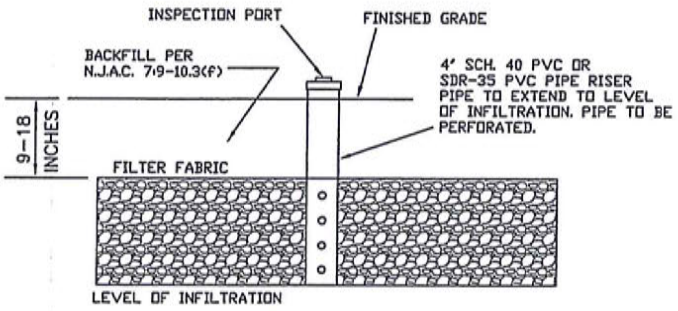
Notes:
1. All dimensions are approximated.
2. 4000 PSI Concrete
3. Reinforcing – 1.6 x 1.6 WWF.

Dimensions
Length – 21"
Width – 16"
Height – 16"

As Manufactured by Mershon Concrete – Bordentown, NJ or approved equal (1–800–MERSHON)

5 HOLE DISTRIBUTION BOX

NOT TO SCALE



STONE & PIPE INSPECTION PORT DETAIL

NOT TO SCALE

NO.	REVISIONS	DRAWN	APPR	DATE

SJE
SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
ph (856) 651-9050 fax (856) 651-9051
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CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM

LOT 22 BLOCK 312
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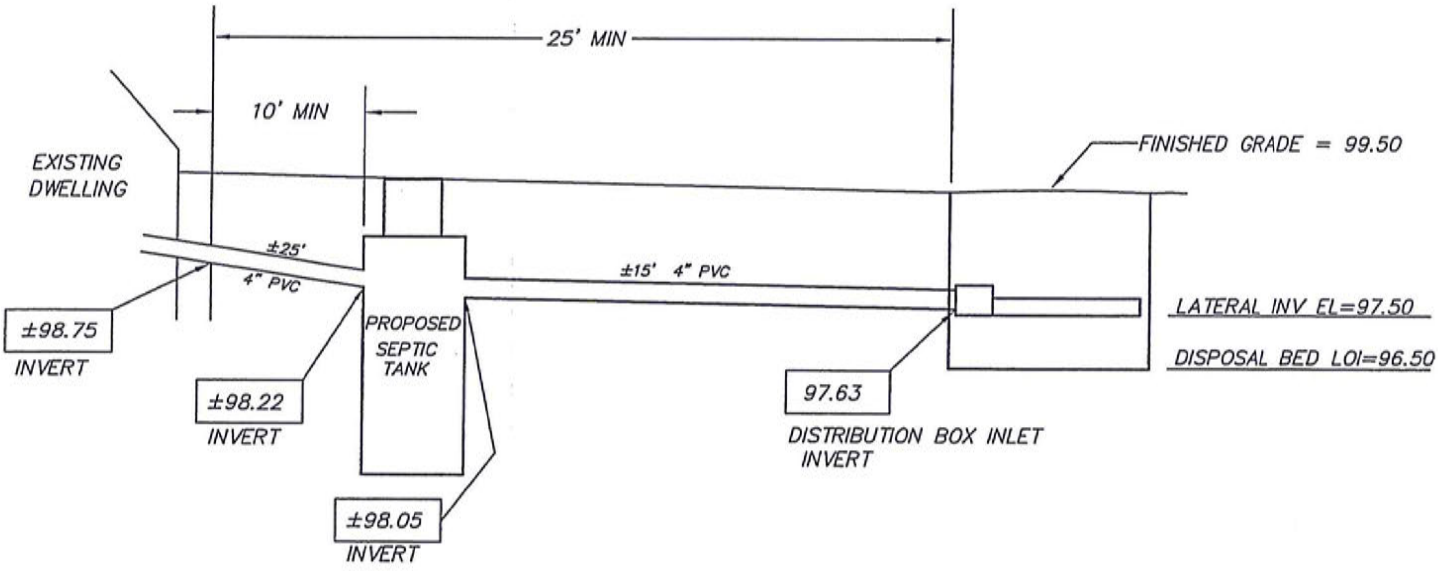
SANDFORD S. MERSKY, P.E.
PROFESSIONAL ENGINEER'S LIC. # GE28106

9-27-23
DATE

ALL CONNECTING AND DELIVERY LINES SHALL BE SCHEDULE 40 OR IN ACCORDANCE WITH NJAC 7:9A – 9.3.



DISPOSAL SYSTEM PROFILE

NOT TO SCALE

NO.	REVISIONS	DRAWN	APPR	DATE

SJE

SOUTH JERSEY ENGINEERS

P.O. BOX 1406, VOORHEES, N.J. 08043

ph (856) 651-9050 fax (856) 651-9051

N.J. CERTIFICATE OF AUTHORIZATION NO. 24GA28095400

CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM

LOT 22 BLOCK 312

TABERNACLE TOWNSHIP

SANDFORD S. MERSKY, P.E.

PROFESSIONAL ENGINEER'S LIC. # GE28106

9-27-23

DATE

POLYLOK™ Inc.
Innovations in Precast, Drainage & Wastewater Products
Zabel® A Division of Polylok Inc.

PL-122 Effluent Filter

PL-122 Filter

The PL-122 was the original Polylok filter. It was the first filter on the market with an automatic shut-off ball installed with every filter. When the filter is removed for regular servicing, the ball will float up and prevent any solids from leaving the tank. Our patented design cannot be duplicated.

Features:

- Offers 122 linear feet of 1/16" filter slots, which significantly extends time between cleaning.
- Has a flow control ball that shuts off the flow of effluent when the filter is removed for cleaning.
- Has its own gas deflector ball which deflects solids away.
- Installs easily in new tanks, or retrofits in existing systems.
- Comes complete with its own housing. No gluing of tees or pipe, no extra parts to buy.
- Has a modular design, allowing for increased filtration.

PL-122 Installation:

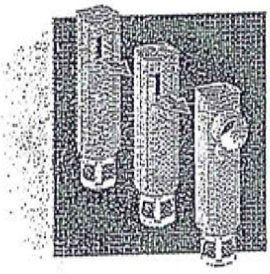
Ideal for residential waste flows up to 3,000 gallons per day (GPD). Easily installs in any new or existing 4" outlet tee.

1. Locate the outlet of the septic tank.
2. Remove the tank cover and pump tank if necessary.
3. Glue the filter housing to the outlet pipe, or use a Polylok Extend & Lok if not enough pipe exists.
4. Insert the PL-122 filter into tee.
5. Replace and secure the septic tank cover.

PL-122 Maintenance:

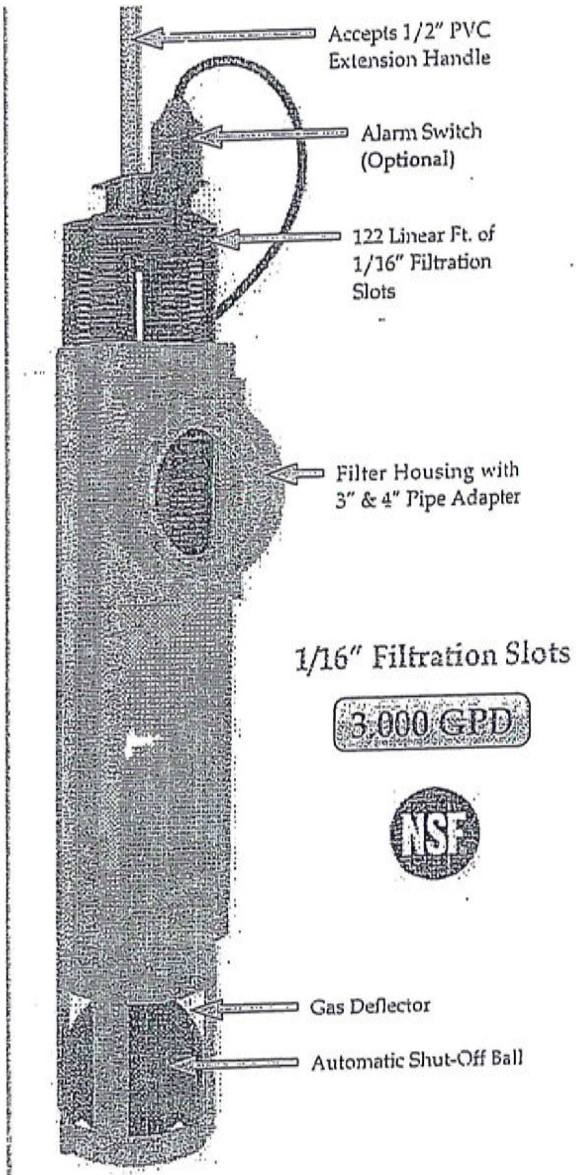
The PL-122 Effluent Filter will operate efficiently for several years under normal conditions before requiring cleaning. It is recommended that the filter be cleaned every time the tank is pumped, or at least every three years.

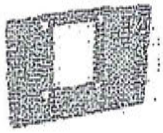
1. Do not use plumbing when filter is removed.
2. Pull PL-122 cartridge out of the tee.
3. Hose off filter over the septic tank. Make sure all solids fall back into septic tank.
4. Insert filter back into tee/housing.



Polylok offers the only filter on the market where you can get more GPD by simply snapping our filters together!

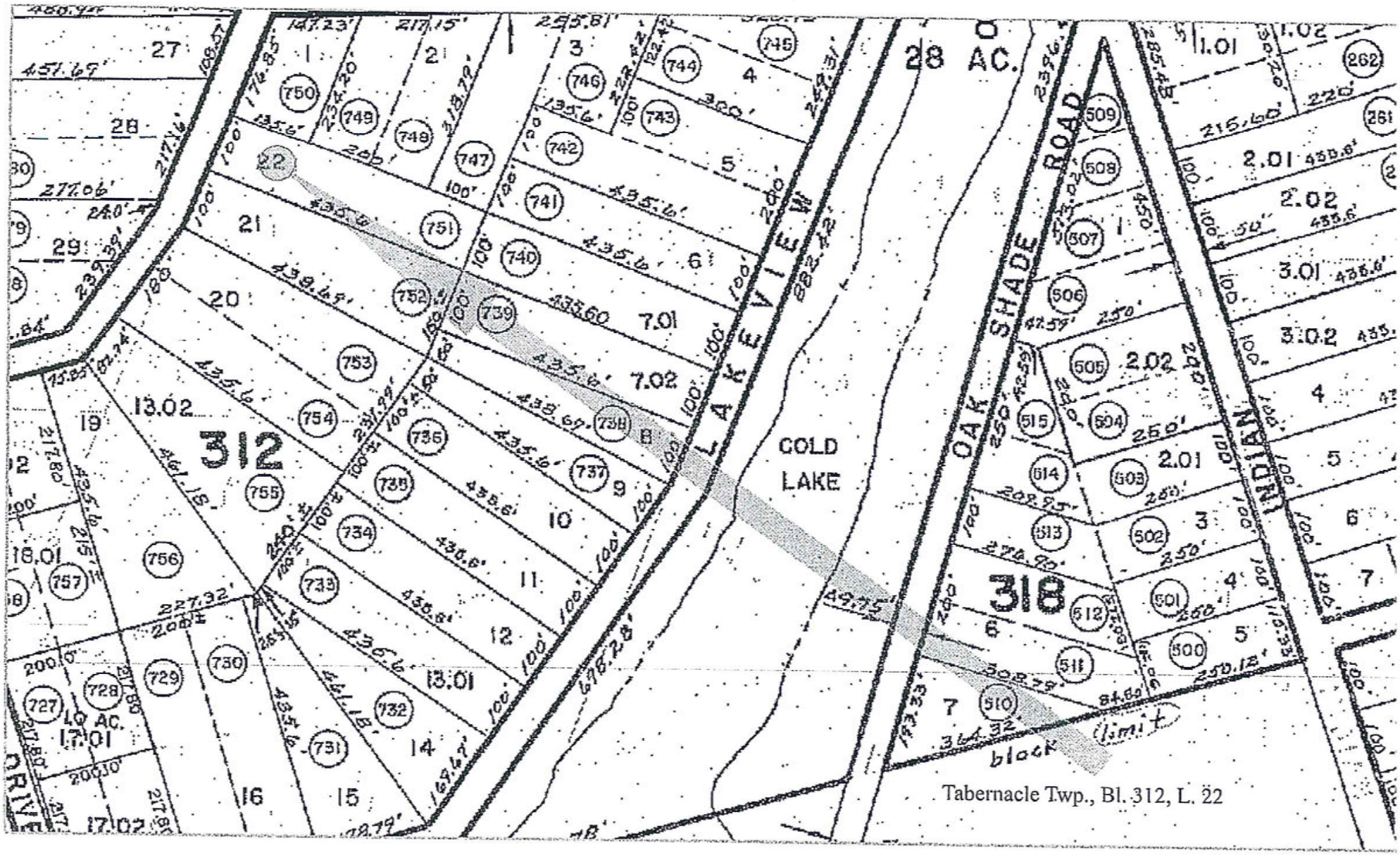
Patent Numbers
6,015,488 & 5,871,640



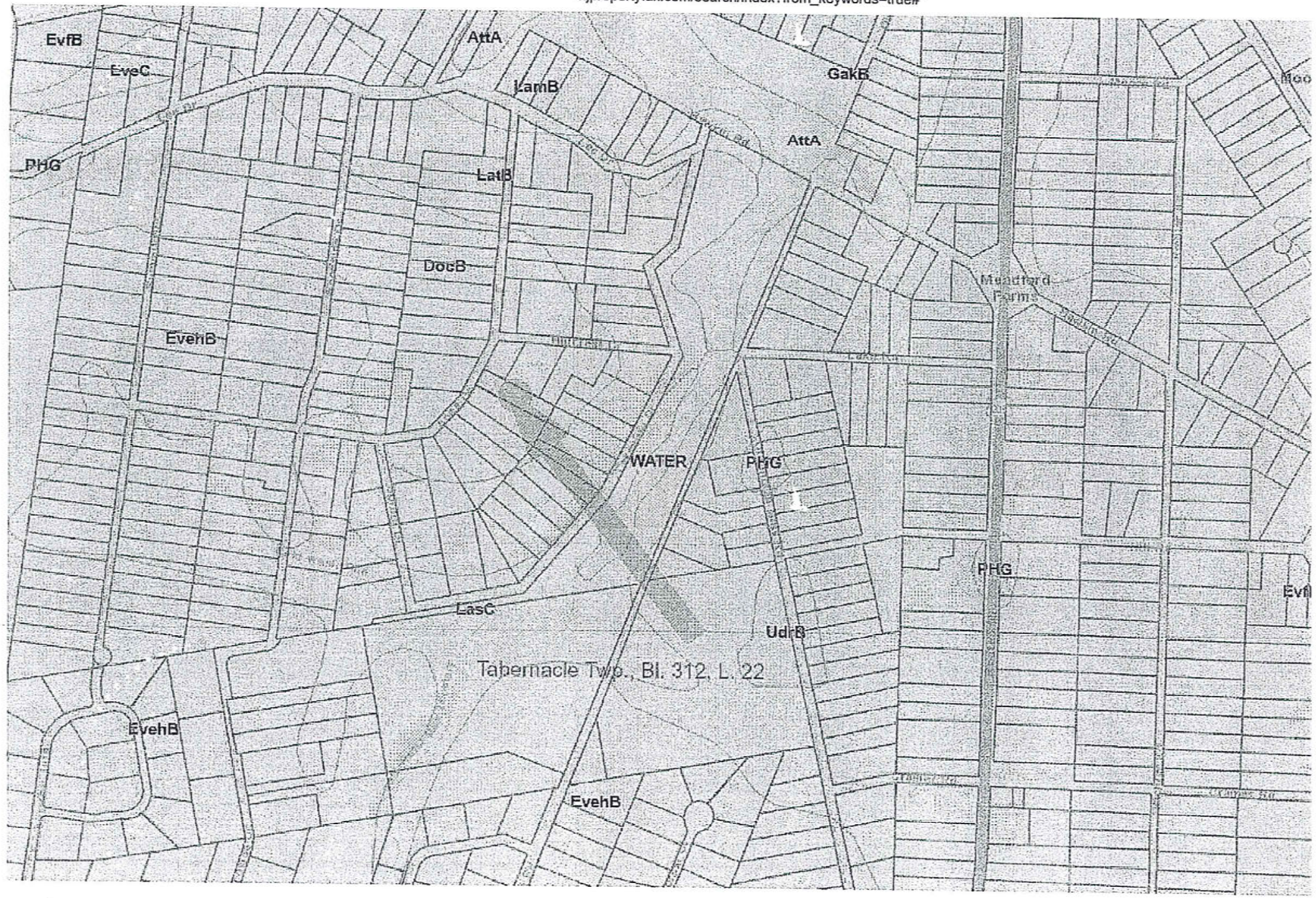


Filter Ready Adapter
Connects to Septic Tank Wall

Outdoor SmartFilter® Alarm
Polylok, Zabel & Best filters accept the SmartFilter® switch and alarm.



Tabernacle Twp., Bl. 312, L. 22


EvfB
EveC
AttA
LamB
GakB
AttA
PHG
LatB
DocB
Meadford Farms
EvehB
WATER
PHG
PHG
LasC
UdrB
Tabernacle Twp., Bl. 312, L. 22
EvehB
EvehB

IMPORTANT INFORMATION FOR THE SEPTIC SYSTEM END-USER

Your septic system has been designed to provide you with many years of trouble free service. Please take the time to review the following facts and information relative to the use and operation of the system:

1. Your system has been designed to accommodate a specific number of bedrooms and occupants. Be sure to contact your county board of health or the design engineer prior to expanding the living area of your home to insure that your system continues to comply with regulations.

2. Your county board of health has issued you an operational permit For all purposes, your individual system is now treated under the law in a similar manner to a municipal sewer system. Fines and penalties may be imposed upon users who have malfunctioning systems.

3. Pumping of the system every three (3) years is highly recommended in order to prevent system failure. System inspections should be performed on an as-needed basis.

4. The use of acid-based cleaning solutions and/or biological additives are not recommended. The system will function properly without the use of additives as long as scheduled pumping is maintained.

5. Water conditioners and other similar devices should not be introduced into the system. The system has not been designed for use with garbage disposal systems, and the use of such can lead to premature pumping requirements or system failure.

6. Trees or other rooted plants should not be placed in the vicinity of the disposal field, as the roots will eventually destroy the piping network. A grass covering is recommended. Exposure to the sun and wind, while not necessary, will enhance the operation of the system.

7. The use of water conservation devices is highly recommended. Excess water flow, faucet drips, leaking toilet components, etc. are cause for system failure.

8. Disposal of any toxic wastes into the system is prohibited and can cause ground water pollution. The end effect can be contamination of your well and those of your neighbors. Severe fines can imposed in these cases. Paints, thinners, chemicals, photo developers, etc. are examples of items that can cause ground water pollution.

9. All modifications to the system must be approved by your county board of health (and the Pinelands Commission, when applicable). Emergency repairs shall be reported immediately.

10. A HOMEOWNER'S GUIDE TO SEPTIC SYSTEMS is available from the State of New Jersey, Division of Water Resources. CN031, Trenton, NJ 08625. A similar publication (EB-10) is available from Rutgers University, Cook College, New Brunswick, NJ. Please contact the design engineer should you have any difficulty in obtaining these publications.

DESIGN CRITERIA AND LIMITS OF LIABILITY

The ISDS design is primarily based upon soil profile pits and testing performed in accordance with N.J.A.C. 7:9a, improvements readily identifiable at the surface, inputs and surveys from the applicant and adjacent property owners, and public records (if provided by the applicant). The location of subsurface improvements which are not readily visible from the surface, such as existing wells, ISDS, and underground utilities may be estimated if written records are not available to support an exact location.

Prior to installation, it is the applicant's, installer's and well driller's responsibility to verify that all proposed and existing improvements, wells and ISDS, subsurface or otherwise, are as shown on this plan. If this plan is in error, South Jersey Engineers, L.L.C.'s sole liability shall be to correct or revise the plan as required to the extent allowable by N.J.A.C. 7:9a. South Jersey Engineers, L.L.C. shall not be liable in any way for installations which proceed without this required verification, or systems which cannot be installed due to unknown or undiscovered subsurface improvements.

Soil conditions may vary from those observed in profile pits and used as a basis for design. In the event that soil conditions observed during installation are not as predicted, South Jersey Engineers, L.L.C.'s sole liability shall be to correct or revise the ISDS plan as required. South Jersey Engineers, L.L.C. shall not be liable for any additional ISDS cost or expense incurred by the applicant as a result of revisions, or any other determinations relative to overall site suitability as a result of varying soil conditions.

Elevations of existing building sewer lines, if applicable, are estimated. Accordingly, it may be determined during installation that pumping is required when not originally specified on ISDS plans, or that pumping can be eliminated when originally specified. In either case, South Jersey Engineers, L.L.C. will revise ISDS plans without additional charge (excepting new construction). However, the cost of county fees and any additional equipment required during installation shall be borne by the applicant.

Soil testing performed for the ISDS design are for ISDS applications only, and shall not be utilized for any other purpose, including but not limited to determination of dwelling elevations. Upon request by the client, additional soil testing will be performed at the proposed dwelling location for an additional fee. The "regional zone of saturation", also known as the "estimated seasonal high water table (ESHWT)", is an estimate of the high ground water level at the test location. However, this is an estimated value and other factors, such as lack of soil mottling, may preclude an accurate reading. Accordingly, South Jersey Engineers, L.L.C. shall not be held liable in the event that the ESHWT is later determined to be at an elevation higher than that originally estimated.

Soil testing for the ISDS must be performed by backhoe per N.J.A.C. 7:9a. The backhoe is a large machine and can possibly cause damage to the property, above and beyond that caused by the test pit excavations. While South Jersey Engineers, L.L.C. and/or their backhoe subcontractors will call for an underground utility markout, it is possible that the markout may not be accurate or that private subsurface utilities may not be located. Also, the applicant is aware that excavations performed by the backhoe may settle over a period of time. Accordingly, South Jersey Engineers, L.L.C. shall not be held liable for damage to the property or any subsurface utilities. The applicant represents that they have the legal right to authorize soil testing performed by backhoe on the property.

South Jersey Engineers, L.L.C. shall not be liable in any way for the performance, schedule or quality of the applicant's installer. It shall be the applicant and/or installer's responsibility to contact South Jersey Engineers, L.L.C. prior to installation to discuss specifics of the installation. Unless agreed to otherwise, installation support, inspections and certifications by South Jersey Engineers, L.L.C. are not part of this design and shall be billed to the applicant.

South Jersey Engineers, L.L.C. has designed this ISDS to either be (1) in conformance with N.J.A.C. 7:9a, or (2) to be in as close conformance as conditions will allow. ISDS life and performance is primarily dependent upon proper usage and maintenance by the applicant, which cannot be controlled by South Jersey Engineers, L.L.C. Also, soil conditions may vary from those tested or observed, and may even be inadequate in the case of existing buildings. Accordingly, South Jersey Engineers, L.L.C. shall not be liable in any way for future system operation or performance.

Additional Notes - General

All construction practices and procedures are to be in compliance with N.J.A.C. 7:9a

The installer shall contact the design engineer as prescribed in N.J.A.C. 7:9a or whenever consultation, clarification or inspections are required.

The installer shall contact the engineer prior to excavation to discuss specific requirements relative to excavation, placement and certification of fill, etc.

The installer shall immediately notify the design engineer should conditions other than those noted be encountered during installation.

Drainage from basement floors, footings, roofs, gutters, sumps and water conditioners shall not enter the disposal system.

Garbage disposal units shall not be used or installed in the premises.

The installer shall verify that finished elevations of the premises and sewerage lines leaving the premises will provide proper flow to the system.

The installer shall verify that the proposed or existing dwelling will not exceed the design capacity of the system. When possible, the installer shall recommend the use of water saving fixtures to the homeowner.

The installer shall verify the location of all dwellings, septic systems and wells within a 150 foot radius of the installation. Any discrepancies from the plans shall be reported to the design engineer and the administrative authority immediately. Special attention shall be paid to new construction which may have occurred subsequent to the design.

The installer shall insure that the homeowner is aware of the location of all system components.

The installer shall instruct the end-user on the operation, maintenance, inspection and permit renewal requirements of the sewage disposal system. Most system failures are due to improper maintenance by the user.

Disposal Fields

The installer shall verify that soil conditions are as described on the soil logs. The installer shall perform a percolation test at the bottom of any excavated area to insure proper drainage.

The flow of surface water over the disposal field shall be minimized.

Select fill utilized in the zone of treatment shall meet the requirements of N.J.A.C. 7:9a-10.1(f)4 and Pinelands Commission standards when applicable. Fill utilized in the zone of disposal shall meet the requirements of N.J.A.C. 7:9a-10.1(f)5. All fill, and the compaction thereof, must be tested and certified by an engineer. Fill shall be installed and compacted per N.J.A.C. 7:9a-10.4(f)3, except that fill shall be compacted by hand only and not by the use of heavy vehicles.
Excavations and fill material shall not be exposed to rain, heavy winds or other extreme conditions. Excavations that have been exposed to rain may have smeared surfaces which must be raked and/or roughened by hand prior to installation of fill which has been exposed to rain or wind may lose uniformity of silt and clay content, and must be thoroughly mixed and retested prior to installation.

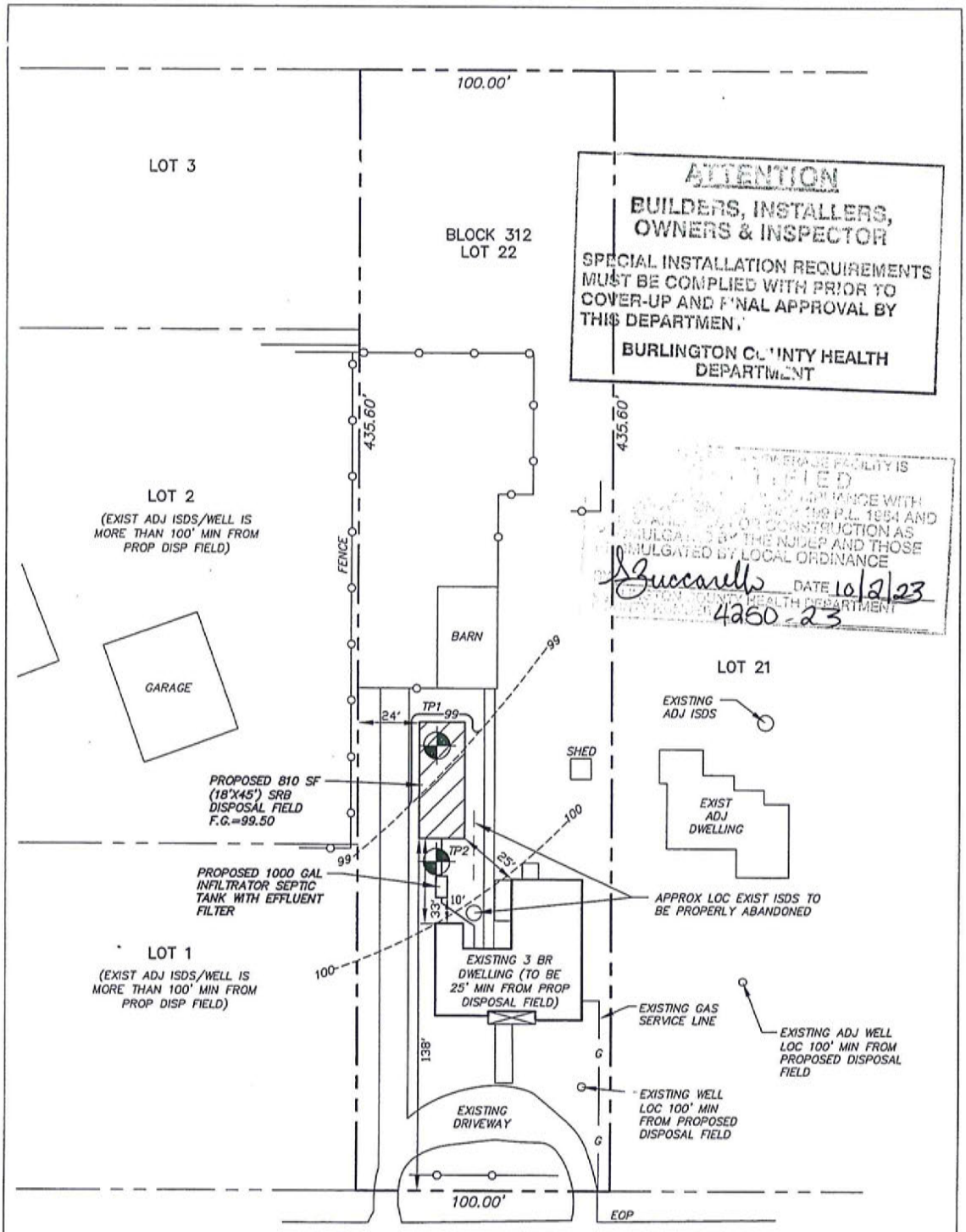
Inspection ports shall be provided near the end of each lateral per N.J.A.C. 7:9a-9.5(a)6 in disposal field corners. Check with local authority for specific requirements.

BUILDING SEWER

Building Sewer to be in compliance with uniform construction code NJAC 5:23.

CONNECTING LINES

All connecting lines to have one quarter inch per foot pitch unless otherwise authorized by the administrative authority.



NOTES:

1. REFERENCE DATA FROM PLAN OF SURVEY PREPARED BY SIPPLE, MASTELLER & SICKELS, INC, DATED 8-15-1987.
2. THIS PLAN FOR SEPTIC PURPOSES ONLY; NOT FOR ANY OTHER PURPOSE
3. NO TREES PERMITTED WITHIN 10' OF PROPOSED DISPOSAL FIELD.
4. ALL PROPOSED SEPTIC TANKS TO BE 10' MIN FROM DWELLING, 50' MIN FROM WELLS, AND 25' MIN FROM A WATER COURSE.
5. BENCHMARK ASSUMED ELEVATION = 98.75 AT TP1, SEE PLAN FOR LOCATION.
6. PLANS ARE VALID FOR A MAXIMUM OF 2 YEARS FROM THE DATE OF THIS PLAN & MUST BE RE-CERTIFIED BY THE DESIGN ENGINEER IN ADVANCE IF UTILIZED AFTER THAT DATE.
7. THIS SYSTEM HAS BEEN DESIGNED TO OPERATE BY GRAVITY FLOW BASED UPON ESTIMATED EXISTING SUBSURFACE COMPONENT ELEVATIONS AND/OR THE ABILITY OF THE INSTALLER TO RAISE PLUMBING ELEVATIONS AS REQUIRED. THE INSTALLER SHALL CONFIRM IN ADVANCE OF CONSTRUCTION THAT GRAVITY FLOW CAN BE OBTAINED. IN THE EVENT THAT GRAVITY FLOW AND/OR PROPOSED ELEVATIONS SHOWN ON THIS PLAN CANNOT BE OBTAINED, THE INSTALLER SHALL CONTACT THE DESIGN ENGINEER TO REVISE THIS PLAN TO ACCOMMODATE GRAVITY DOSING.

INSTALLER TO RE-VERIFY ALL SURROUNDING IMPROVEMENTS AND REPORT DISCREPANCIES TO THE ENGINEER PRIOR TO INSTALLATION.

THERE ARE NO KNOWN WELLS OR SEPTIC SYSTEMS WITHIN 150' OTHER THAN SHOWN. ENGINEER SHALL NOT BE LIABLE FOR LOCATING ANY ON OR OFF SITE IMPROVEMENTS THAT ARE NOT SHOWN ON A SURVEY OR ARE NOT VISIBLE FROM THE SURFACE.

NO.	REVISIONS	DRAWN	APPR	DATE

SJE
SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
ph (856) 651-9050 fax (856) 651-9051
N.J. CERTIFICATE OF AUTHORIZATION NO. 24GA28095400

SCALE: 1"=50'

DATE: 9-27-2023

SITE PLAN FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

LOT 22 BLOCK 312
TABERNACLE TOWNSHIP

SANDFORD S. MERSKY, P.E.
PROFESSIONAL ENGINEER'S LIC. # GE28106

9-27-23
DATE

BLOCK 816 LOT 22 QUALIFICATION CODE 16255 ADDRESS (SITE) 28 Anne Drive PERMIT NO. 20210462

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 28 Anne Drive
2. Name of Owner in Fee: Dan Scola
   Tel. [redacted] e-mail [redacted]
   Address 28 Anne Drive (street) Tabernacle (municipality) 08088 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Ronaldson Electrical Construction LLC Tel. 609-220-5335
   Address 11 Stony Creek Court e-mail ronaldsonelectrical@comcast.net
   Shamong NJ 08088
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 30-0544779 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun John Ronaldson
   Tel. 609-220-5335 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

NOV 1 0 2021

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name John Ronaldson

Address 11 Stony Creek Court
Shamong NJ 08088

Telephone [redacted]

Signature John Ronaldson

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Township Of Tabernacle
163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX *(609)268-7158*

Permit No. **20210462**
Control No. **16255**
Parcel(Block/Lot) **312/22**
Date **12/23/2021**

Construction Permit

Work Site Location 28 ANNE DR

Owner in Fee..... SCOLA, DANIEL F & CANDICE
Address..... 28 ANNE DRIVE
TABERNACLE, NJ 08088
Phone.....

Contractor..... RONALDSON ELECTRICAL CONSTRUCT
Address..... 11 STONY CREEK COURT
SHAMONG, NJ 08083
Phone.....(609)220-5335
Lic No..... EL016522-
Fed Emp No. 300544779

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

22KW NATURAL GAS GENERATOR INSTALL

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $10,800

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	150
Plumbing	70
Fire Protection	0
Elevator Devices	0
Mechanical.....	0
State Training Fee	21
Certificate of Occupancy	0
Other	0
Total	$241
Check#/Cash	417
Paid	$241
Collected By	LC

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Township Of Tabernacle
163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX *(609)268-7158*

Permit No. **20210462**
Control No. **16255**
Block/Lot 312/22
Date 10/17/22

Certificate of Approval

IDENTIFICATION

Block/Lot 312/22
Work Site Location 28 ANNE DR

Owner in Fee/Occupant SCOLA, DANIEL F & CANDICE
Address 28 ANNE DRIVE
TABERNACLE, NJ 08088

Telephone
Contractor RONALDSON ELECTRICAL CONSTRUCT.
Address 11 STONY CREEK COURT
SHAMONG, NJ 08088

Telephone (609)220-5335 FAX
Lic. No. or Bldrs. Reg. No. EL016522- / /
Federal Emp. No. 300544779

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

22KW NATURAL GAS GENERATOR INSTALL

CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas K.Boyd, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee $ 241
Paid [ ] Check No. 417
Collected by: LC

BLOCK 312 LOT 22 QUALIFICATION CODE 15174 ADDRESS (SITE) 28 Anne Drive PERMIT NO. 20200050

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 28 Anne Drive
2. Name of Owner in Fee: Dan Scola
   Tel. [redacted] e-mail
   Address 28 Anne Drive (street) Tabernacle (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Foley Mechanical Inc. Tel. (609) 654-7327
   Address 11 Broad Street, PO Box 115 e-mail
   Medford, NJ 08055
   License No. OR, if new home, Builder Reg. No. 3731 Exp. Date 06/30/2020
   Home Improvement Contractor Registration No. or Exemption Reason 13VH00185900
   Federal Emp. ID No. 223399021 FAX: (609) 654-4125
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. ____ FAX: ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load ____	
7. Max. Occupancy Load ____	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone ____	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing					1/16/20	✓			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	2300.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____
Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

JAN - 7 2020

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Foley Mechanical Inc.

Address 11 Broad Street, PO Box 115
Medford, NJ 08055

Telephone (609) 654-7327

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Township Of Tabernacle
163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX *(609)268-7158*

Permit No. **20200050**
Control No. **15174**
Parcel(Block/Lot) **312/22**
Date **2/13/2020**

Construction Permit

Work Site Location 28 ANNE DR

Owner in Fee..... SCOLA, DANIEL F & CANDICE
Address..... 28 ANNE DRIVE
TABERNACLE, NJ 08088
Phone..... [redacted]

Contractor..... FOLEY MECHANICAL, INC.
Address..... 11 BROAD STREET
MEDFORD, NJ 08055-
Phone.....(609)654-7327
Lic No..... 9548-
Fed Emp No. 22-3399021

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

GAS WATER HEATER REPLACEMENT

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $2,300

Construction Official 2-13-20 Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	65
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	4
Certificate of Occupancy	0
Other	0
Total	$69
Check#/Cash	127
Paid	$69
Collected By	LC

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Township Of Tabernacle
163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX *(609)268-7158*

Permit No. **20200050**
Control No. **15174**
Block/Lot 312/22
Date 3/17/20

Certificate of Approval

IDENTIFICATION

Block/Lot 312/22
Work Site Location 28 ANNE DR

Owner in Fee/Occupant SCOLA, DANIEL F & CANDICE
Address 28 ANNE DRIVE
TABERNACLE, NJ 08088

Telephone
Contractor FOLEY MECHANICAL, INC.
Address 11 BROAD STREET
MEDFORD, NJ 08055-

Telephone (609)654-7327 FAX
Lic. No. or Bldrs. Reg. No. 9548- / /
Federal Emp. No. 22-3399021

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

GAS WATER HEATER REPLACEMENT

CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas K. Boyd, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee $ 69
Paid [ ] Check No. 127
Collected by: LC

BLOCK 312 LOT 22 QUALIFICATION CODE 14329 ADDRESS (SITE) 28 ANNE DR PERMIT NO. 2180373

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 28 ANNE DR
2. Name of Owner in Fee: DANIEL SCOLA
   Tel. ([redacted] e-mail [redacted]
   Address 28 ANNE DR (street) TABERNACLE (municipality) NJ (state) 08088 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: E WERTH MECHANICAL INC Tel. (609) 654-7722
   Address 2 CARRANZA ROAD e-mail _____
   SOUTHAMPTON NJ 08088
   License No. OR, If new home, Builder Reg. No, 8628 Exp. Date 6/30/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-2845211 FAX: (609) 654-7733
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Daniel Scola
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- [x] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building									
[ ] Electrical									
[x] Plumbing	1,250				11/19/18				
[ ] Fire Protection									
[ ] Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases
2. [ ] Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. [ ] Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
3. [ ] Pressure Vessels
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinkler/Standpipe Systems
8. [ ] Smoke Control Systems in Open Walls
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
12. [ ] Fire Alarm

No. 4411 P. 1

rev. 07/17

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. (X) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

RECEIVED
NOV 15 2018

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 11/12/18

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name EDWARD J. WIRTH

Address 2 CARANZA ROAD

SOUTHAMPTON NJ 08088

Telephone 609-654-7122

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Township Of Tabernacle
163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX (609)268-7158

Permit No. **20180373**
Control No. **14329**
Parcel(Block/Lot) **312/22**
Date **11/21/2018**

Construction Permit

Work Site Location 28 ANNE DR

Owner in Fee..... SCOLA, DANIEL F & CANDICE
Address..... 28 ANNE DRIVE
TABERNACLE, NJ 08088
Phone..... [redacted]

Contractor..... E.WIRTH MECHANICAL INC.
Address..... 2 CARRANZA ROAD
SOUTHAMPTON, NJ 08088
Phone..... (609)654-7722
Lic No..... 8628-
Fed Emp No. 222845524

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

GAS STOVE & FIREPLACE INSTALL

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $1,215

11-21-18
Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	160
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	2
Certificate of Occupancy	0
Other	0
Total	$162
Check#/Cash	104
Paid	$162
Collected By	LL

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Township Of Tabernacle
163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX *(609)268-7158*

Permit No. **20180373**
Control No. **14329**
Block/Lot 312/22
Date 4/02/19

Certificate of Approval

IDENTIFICATION

Block/Lot 312/22
Work Site Location 28 ANNE DR

Owner in Fee/Occupant SCOLA, DANIEL F & CANDICE
Address 28 ANNE DRIVE
TABERNACLE, NJ 08088

Telephone
Contractor E.WIRTH MECHANICAL INC.
Address 2 CARRANZA ROAD
SOUTHAMPTON, NJ 08088

Telephone (609)654-7722 FAX
Lic. No. or Bldrs. Reg. No. 8628- / /
Federal Emp. No. 222845524

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

GAS STOVE & FIREPLACE INSTALL

CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas K.Boyd, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee $ 162
Paid [ ] Check No. 104
Collected by: LL