TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

4900 | 10

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: Margret Ward
Owner's Name
32 Robert St
Street Address

Pumping Contractor: Earth Core *Name of Firm* 1-800-798-6166 *Telephone*

Date Of Pumping: 10-14-19

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided NO

Location Of Tanks:
___ Front Yard
✓ Rear Yard
___ Side Yard

Liquid Level in tank is above ___ **outlet invert**
below ___ **outlet invert**
at ✓ **outlet invert**

Type of Tank:
___ Metal
✓ Precast Concrete
___ Cinder Block
___ Other

Condition of Tank(s): Acceptable ✓
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
___ Seepage Pits
___ Bed
___ Trenches
✓ Unknown
___ Other

Condition of Disposal Area: Satisfactory ✓
Unsatisfactory ___

Comments:

Reason for Pumpout:
✓ Routine Maintenance
___ Surfacing on Ground
___ Plumbing Backup
___ Other (explain)

Disposal Site of Pumped Material: Earth Core 99 Maple Grange Rd. Lurgan NH
Company's Name/Address

Chris Bey
Signature of Pumper

Chris Bey
Name(Print)

Original-Health Dept. **Duplicate-Homeowner** **Triplicate-Pumper**

4900/10

TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: MARGRET Wood
Owner's Name
32 ROBERT ST.
Street Address

Pumping Contractor: EARTHCARE — 800 428 6166
Name of Firm — *Telephone*

Date Of Pumping: 6/24/15

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided Yes (BIO-FORCE)

Location Of Tanks:
- ___ Front Yard
- ✓ Rear Yard
- ___ Side Yard

Liquid Level in tank is above ___ outlet invert
below ___ outlet invert
at ✓ outlet invert

Type of Tank:
- ___ Metal
- ✓ Precast Concrete
- ___ Cinder Block
- ___ Other

Condition of Tank(s): Acceptable ✓
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
- ___ Seepage Pits
- ✓ Bed
- ___ Trenches
- ___ Unknown
- ___ Other

Condition of Disposal Area: Satisfactory ✓
Unsatisfactory ___

Comments:

Reason for Pumpout:
- ✓ Routine Maintenance
- ___ Surfacing on Ground
- ___ Plumbing Backup
- ___ Other (explain)

Disposal Site of Pumped Material: ___
Company's Name/Address

Signature of Pumper

Mike Lavesa
Name(Print)

Original-Health Dept. Duplicate-Homeowner Triplicate-Pumper

TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

4900 110

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: Dermot Wood
Owner's Name
32 Roberts St
Street Address

Pumping Contractor: Action Pumping Services 973-366-5066
Name of Firm *Telephone*

Date Of Pumping: 11-13-07

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided ~~no~~

Location Of Tanks:
___ Front Yard
✓ Rear Yard
___ Side Yard

Liquid Level in tank is above ___ **outlet invert**
below ___ **outlet invert**
at ✓ **outlet invert**

Type of Tank:
___ Metal
✓ Precast Concrete
___ Cinder Block
___ Other

Condition of Tank(s): Acceptable ✓
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
___ Seepage Pits
___ Bed
___ Trenches
✓ Unknown
___ Other

Condition of Disposal Area: Satisfactory ✓
Unsatisfactory ___

Comments:

Reason for Pumpout:
✓ Routine Maintenance
___ Surfacing on Ground
___ Plumbing Backup
___ Other (explain)

Disposal Site of Pumped Material: P.T.H. Parsippany
Company's Name/Address

Dec 07

Mike Black
Signature of Pumper

Name(Print)

FAXED By: KC Date: 11/13/07

Original-Health Dept. Duplicate-Homeowner Triplicate-Pumper

TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

4900/10

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: Dermot Wood
Owner's Name
32 Robert Street
Street Address

Pumping Contractor: Actron Septic Service Inc — 800-482-2846
Name of Firm — *Telephone*

Date Of Pumping: 7/10/03

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided _____

Location Of Tanks:
___ Front Yard
X Rear Yard
___ Side Yard

Liquid Level in tank is above ___ **outlet invert**
below ___ **outlet invert**
at X **outlet invert**

Type of Tank:
___ Metal
X Precast Concrete
___ Cinder Block
___ Other

Condition of Tank(s): Acceptable X
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
___ Seepage Pits
X Bed
___ Trenches
___ Unknown
___ Other

Condition of Disposal Area: Satisfactory X
Unsatisfactory ___
Comments:

Reason for Pumpout:
X Routine Maintenance
___ Surfacing on Ground
___ Plumbing Backup
___ Other (explain)

Disposal Site of Pumped Material: Passaic Valley MUA, Newark, NJ
Company's Name/Address

Charles A. Sutton
Signature of Pumper

Charles A. Sutton
Name(Print)

Original-Health Dept. Duplicate-Homeowner Triplicate-Pumper

No 1303

BOARD OF HEALTH
TOWNSHIP OF MT. OLIVE

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In Accordance with Chapter 199 Public Laws of 1954 as Adopted by Ordinance of the Board of Health

Permission is hereby granted ....MT. OLIVE ROAD CORP.....
Name of Owner or Contractor

.....BUDD LAKE, N.J.....
Address

☑ Locate and construct or to ☐ Alter

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name if any .MT. OLIVE KNOLLS.....

Location: Section ..1.... Block No. ~~22~~ NEW 15 Lot No. ~~9~~ 10 Street .ROBERT ST.....

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage Disposal System Number .868.....

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Mt. Olive and the Ordinances of the Board of Health of the Township of Mt. Olive.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH OF MT. OLIVE TOWNSHIP

Date ..12-14-68.....

...Thomas M. Craig.....
For the Board of Health

Fee $~~18.50~~ 20.00

BOARD OF HEALTH - TOWNSHIP OF MT. OLIVE

No 868

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In Accordance with Chapter 199 Public Laws of 1954 as Adopted by Ordinance.

Installation: New X Alteration ____ Date November 26, 1968

Location: Address of Building ROBERT STREET

Map Name if any MT. OLIVE KNOLLS

Section No. 1 Block No. 22-C Lot No. 10

Owner's Name (print) MT. OLIVE ROAD CORP.

Owner's Address BUDD LAKE, N. J.

Name and Address of Contractor if any Same as above

Type of Building to be served: Dwelling X Garage ____ Occupied 12 months per year

Other—Type of Building ____ Gals. per person per day 75.

Dwelling Unit—No. of Bed Rooms 3 Expansion Attic—Yes ____ No X

No. of Persons to occupy premises 6

Check: Type of Facilities: Sink X Tub X Basin X Toilet X Shower X Other ____

Size of Lot 125' X 160' Area sq. ft. 20,000 sq. ft.

Septic Tank *NOTE: 4 in. cast iron pipe to be used from building to septic tank.*

Liquid Capacity 1,000 Gals. Material: Steel ____ or Concrete X

Width ____ ft. Length ____ ft. Diameter ____ ft.

Liquid depth ____ Distance from liquid level to underside of top ____

Check:

Liquid Disposal

Disposal Trenches ____ Disposal Bed X Seepage Pits ____ Cesspool ____ Vault ____

Disposal Trenches

Width ____ ft.; Depth ____ ft.; Lin. Feet of Pipe ____; Distance between lines ____

Type of pipe: Tile ____ Orangeburg ____ Others ____

Disposal Bed

Width 20 ft.; Length 38 ft.; Area sq. ft. 760; Lin. ft. of pipe 160; Distance between lines 4'

Type of pipe: Tile ____ Orangeburg ____ Others 4" Perforated

Seepage Pits

When a single seepage pit is specified, two or more seepage pits may be used provided the combined volume is at least equal to the volume of the single pit specified herein.

Number ____ Diameter ____ ft. Depth below inlet ____ ft. Distance between pits ____ ft.

Shape of Pits ____ Construction material: Cinder Blocks ____ Others ____

Cesspool: Depth ____ feet Diameter ____ feet. Vault: Dimensions ____

Material ____

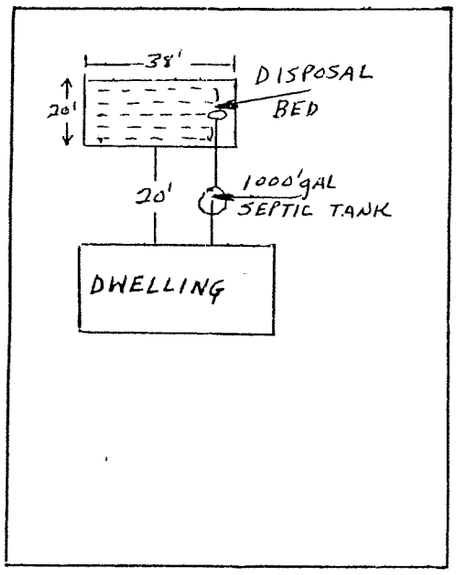
Remarks: SEE ATTACHED SPECIFICATIONS & PLAN

Depth of Permeable Material to be Penetrated ____

PERCOLATION TEST RESULTS

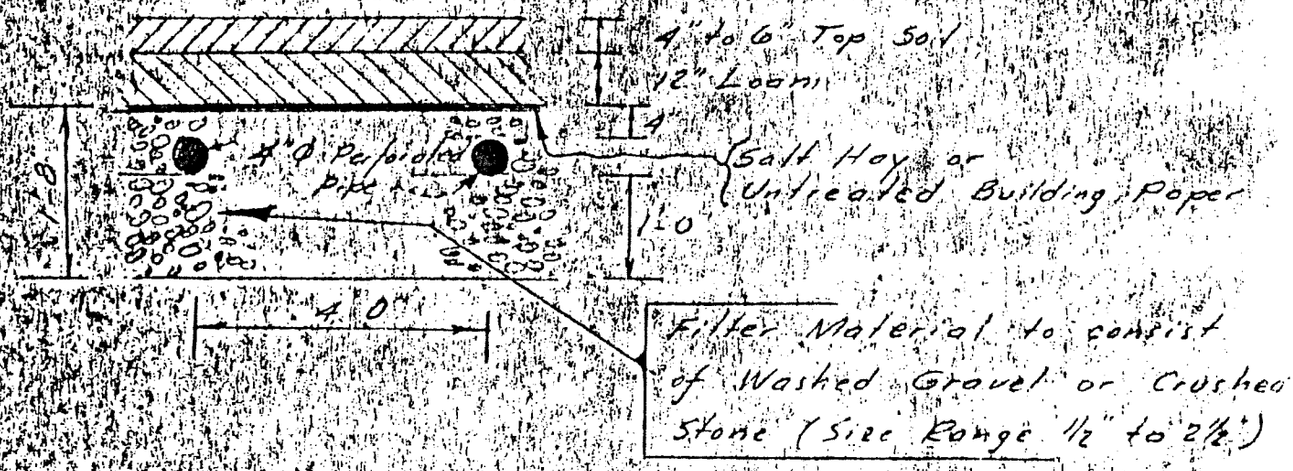
Hole No.	Stabilized Rate	No. of Tests to Determine Saturation	Depth	Type of Soil Encountered Depth of Each Type
1	10	2	8'	1' Top Soil 5' Silty Loam 2' Rotten Rock

The Sewage Disposal System designed herein complies with the individual Sewage Disposal System adopted



INSTALLED 11/26/68

...ary Specifications for the Construction of a Sewage ...l bed at Mount Olive Knolls - Section # 1 - Bl.# 22-C - Lot #...



Cross Section of Disposal Bed

(No Scale)

Specifications

1. Construct in accordance with requirements of Ch. 199, P.L. 1954 - (Revised 1963)
2. Slope of Distribution lines - 2" in 50'
3. Entire area to be top-soiled and seeded allowing surface drainage.

December 12, 1968

Douwe Dykstra

Douwe Dykstra, P.E., L.S.
Sparta, New Jersey

THIS DEPARTMENT WILL NOT CONDUCT FINAL INSPECTIONS OF SEPTIC SYSTEMS UNTIL AN AS-BUILT DRAWING IS RECEIVED BY THIS OFFICE.

No. 104-89

TOWNSHIP OF MT. OLIVE

BOARD OF HEALTH
P.O. BOX A, ROUTE #46
BUDD LAKE, NEW JERSEY 07828

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In Accordance with Chapter 199 Public Laws of 1954 as Adopted by Ordinance of the Board of Health

Oak Ridge AWT Construct
Box 333 RD4
Blairstown, NJ 07825

Permission is hereby granted to: Deemot Woods Lic. # _____
NAME OF OWNER OR CONTRACTOR

32 Roberts Street, Budd Lake, N.J. 07828
ADDRESS

☐ Locate and construct or to ☒ Alter

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name (if any) _____

Location: Section _____ Block No. 15 Lot. No. 10 Street 32 Roberts St.

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage Disposal System Number 590

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Mt. Olive and the Ordinances of the Board of Health of the Township of Mt. Olive.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH
MT. OLIVE TOWNSHIP

HEALTH OFFICER

Date of Issue: Sept. 19, 1989

Fee: $100.00 New
50.00 Alteration

ALL COMPONENT PARTS OF SEPTIC SYSTEM SHALL BE NOT LESS THAN 100' FROM ALL WELLS AND WATER COURSES.

pd. 50.00
9/19/89 #3085
590

BOARD OF HEALTH - TOWNSHIP OF MOUNT OLIVE
MORRIS COUNTY, NEW JERSEY
INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

NEW CONSTRUCTION ______ ALTERATION ✓ DATE SUBMITTED 9-19-89

LOCATION OF PROPERTY: BLOCK 15 LOT 10 SIZE OF LOT: 125' X 160' 20,000 SqFT

STREET Roberts ST. TAX MAP NO. ______

NAME OF OWNER Dermot Woods

ADDRESS: ______
STREET TOWN STATE ZIP CODE

SIGNATURE OF APPLICANT: [signature] SEPTIC INSTALLER'S NAME: OAK Ridge Awt & Const

SEPTIC INSTALLER'S ADDRESS: Rd 4 Box 333 Blairstown NJ 07825
STREET TOWN STATE ZIP CODE

SIGNATURE OF INSTALLER: [signature] MT. OLIVE LICENSE NO. ______

INSTRUCTIONS

This application for a Permit to Locate and Construct shall comply to N.J.D.E.P. "Standards for the Construction of Individual Sub-Surface Sewage Disposal Systems" and to Mt. Olive Township Ordinances and must be accompanied by the following:

1. **A soil log and percolation test report form supplied by the Board of Health.**
2. **A complete check list form supplied by the Board of Health.**
3. **A scale drawing (1" to 50' minimum) of the lot showing the location and size of all existing and proposed buildings, driveways, streams, ponds, wells, drains, ditches, easements, percolation tests, soil logs, topography, distances to sewage system, future expansion area, interceptor drains if needed, wooded and open areas.**
4. **Detailed plans of the disposal system including cross sections and profiles.**

DESIGN DATA

Type of building: Commercial: ______ Single Family Dwelling: ✓ No. of Bedrooms: 3

Building other than Single Family Dwelling: Type and use. ______

Occupancy: Persons per day – Estimated quantity of sewage ______ Gallons per day

SEPTIC TANKS (minimum requirement - two (2) septic tanks for each system)

No. of Tanks: 1 Capacity of each: 1000 4 bedrooms or less, 1,000 gals. 5 bedrooms, 1,250 gals. 6 bedrooms, 1,500 gals.

Material: Concrete (METAL TANKS NOT PERMITTED)

GARBAGE DISPOSAL: Yes ______ No ✓ If yes, state septic tank capacity increase: ______

DISPOSAL BEDS/TRENCHES -

- Design percolation area:

State: ______ sq. ft.

Mt. Olive Twp. ______ sq. ft.

Proposed Size: 760 Length 38

Width 20

- Pipe Material: ______
- Fill Material: (if necessary)

/

- Percolation rate at bottom of bed or trench:

Minutes per inch ______

- Depth of Percolation Test Hole: ______

SEEPAGE PITS: (if permitted by special approval of the Board of Health)

- Number of Pits: ______
- Minimum percolations are required as per N.J.D.E.P. standards: ______ sq. ft.
- Minimum percolation area required as per Mt. Olive Twp. standards: ______ sq. ft.
- Designed percolation area:

State of N.J. ______ sq. ft.

Mt Olive Twp. ______ sq. ft.

WATER SUPPLY FOR THIS PROPERTY:

Public ______ Private ______ Spring ______ Other ______

If private water supply is to be constructed, complete a Mt. Olive Township Individual Well Water Supply Application Form. An approved well permit from the Department of Environmental Protection is also required.

CERTIFICATE OF QUALIFIED PERSON

This is to certify to the Board of Health of the Township of Mt. Olive that the undersiged has prepared or examined the within application and accompanying plans and specifications and that such application and data are in compliance with Standards for the Construction of Individual Sub-surface Sewage Disposal Systems and Ordinances of the Twp. of Mt. Olive to regulate and control the location, construction, and use of Individual Sewage Disposal Systems and providing for the violation thereof.

Signature ______ P.E. License No. ______ Date ______

Firm ______ Telephone No. ______

Address ______

(Seal)

HEALTH DEPARTMENT
TOWNSHIP OF MOUNT OLIVE
BUDD LAKE, NEW JERSEY

ALTERATION/REPAIR

BLOCK 15
LOT 10
FEE PAID

OBSERVANCE OF SOIL LOGS AND PERCOLATION TESTS

LOCATION 32 ROBERT ST.
OWNER WOODS
ENGINEER N/A
EXCAVATOR ED M2410
DATE OF TEST 9/19/89
WEATHER OVERCAST TRAIN 70°F

REMARKS
(1) DIVERSION VALVE
(2) REPLACE TO ~ 4'6" AND BANKRUN
(3) TANK OK

PERCOLATION TEST HOLES

1

DEPTH	RATE
LAST SATURATION	
	min/in.

2 (reserve)

DEPTH	RATE

SOIL LOG # 1

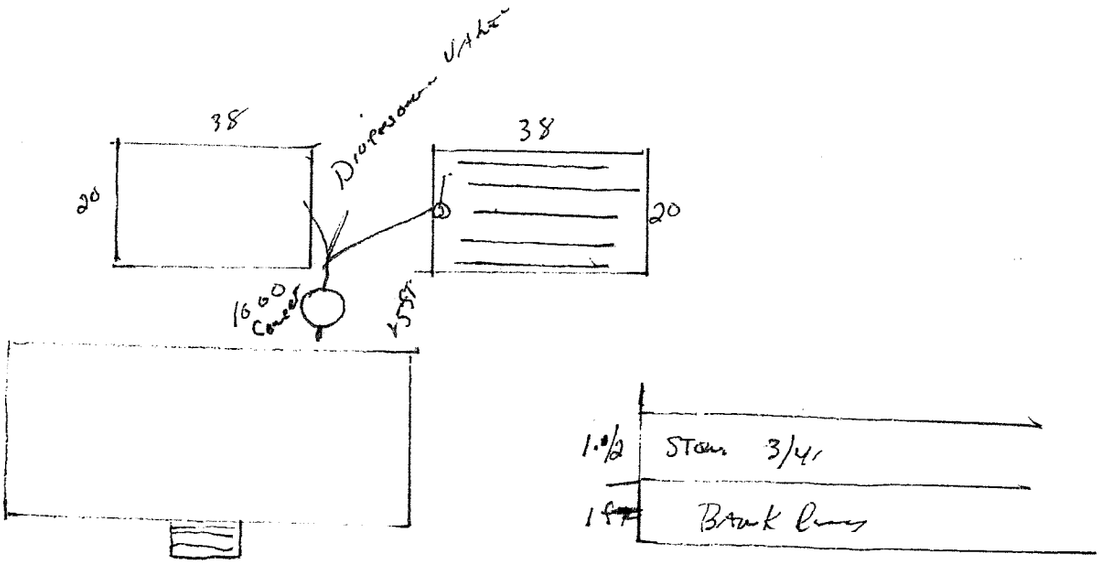
0-8" TOPSOIL
8"-4'6" - BRN SANDY LOAM (TIGHT)
4'6"-10' BRN SAND + SILT 50% BOULDERS

MOTTLE
SEEPAGE
LEDGE
H_2O TABLE

SOIL LOG # 2

MOTTLE
SEEPAGE
LEDGE
H_2O TABLE

WITNESSED BY: Michael J. Stabile



1 Wood

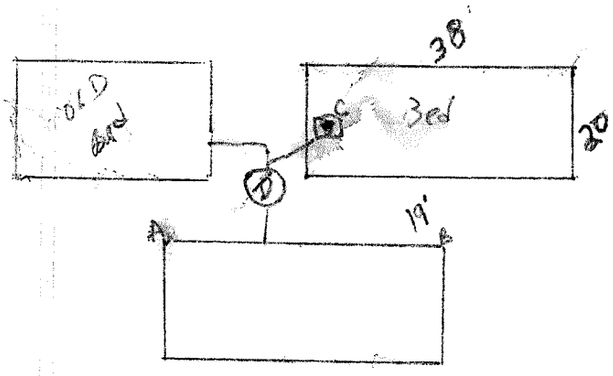
32 Robert 51

ASBUILT

Woods
23 Roberts

Block 15
Lot 10

D To B.	23'
B To C	28'
A To D	25'
A To C	48



ALTERATION / REPAIR

SEPTIC SYSTEM INSPECTION REPORT

BLOCK 15

LOT 10

PERMIT NUMBER 104-89

NAME & ADDRESS OF OWNER DEEMOT WOODS
32 ROBERTS ST.
BUDD LAKE, N.J. 07828

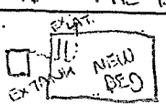
ADDRESS OF JOB 32 ROBERTS ST.
BUDD LAKE, N.J.

NAME & ADDRESS & PHONE NO. OF CONTRACTOR OAK RIDGE AWT CONSTRUCT
LIC # BOX 333 RD 4
BLAIRSTOWN, N.J. 07825

INSPECTOR REPORT

1ST INSPECTION DATE

9/20/89 - THE SEWAGE DISPOSAL SYSTEMS EXCAVATION WAS FOUND SATISFACTORY. THE DISPOSAL BED EXCAVATION DIMENSIONS: 38'X20'X4½' DEEP. THE EXCAVATION CUT TWO LATERALS FROM THE EXISTING SYSTEM



INSPECTOR'S SIGNATURE

2ND INSPECTION DATE

9/21/89 - THE DISPOSAL BED INSTALLATION, INCLUDING THE DIVERSION VALVE, WAS FOUND SATISFACTORY. NOTE: ACCEPTED AS BUILT

INSPECTOR'S SIGNATURE

3RD INSPECTION DATE

INSPECTOR'S SIGNATURE

TOWNSHIP OF MOUNT OLIVE
204 FLANDERS DRAKESTOWN ROAD
BUDD LAKE NJ 07828
973-691-0900

CERTIFICATE
IDENTIFICATION

Date Issued: 07/29/2010
Control #: 23949
Permit #: 20091036

Block: 4900 Lot : 10 Qualification Code:

Work Site Location: 32 ROBERT ST
MOUNT OLIVE

Owner in Fee: WOOD, DERMOT F & MARGARET M

Address: 32 ROBERT ST
FLANDERS NJ 07836

Telephone:

Agent/Contractor: ATLAS MECHANICAL LLC

Address: 23 So. Brookside Dr.
Rockaway NJ 07866

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

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

Update Desc. of Wk/Use:

[ ] **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.

[X] **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 will be subject 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

GARY LINDSAY Construction Official

Fees: $0.00
Paid[X]Check No.: 3300
Collected by: cg

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR