

[illegible]

COMMENTS:

Owner (Read Up)		Address		Consid.		Date		Recorded	
								BookPage	
6 Macones, George A + Elizabeth A				22500		5-27-71		4762 65	
5 Cone, Marshall W + Shelby J.				31-		3/6/79		3188 102	
4 Cone, Marshall W + Shelby J.				3		3/6/79		3174 164	
3 Merrill Lynch Relocation Movement, Inc.				32		3/6/79		3174 164	
2 Davies, Donald M. + Nancy J.		7 Corporate Park Drive, White Plains, N.Y.		136,500		12/1/78		3174 161	
1 Calogian, Thomas J. + Carol D.		P.O. Box 100, Dover, Mass.		329/71		10,500		1759 983	
Block 6202 Lot 13		24 Centennial Drive East		3500		7/68		1674 88	
Description of Land		Street Trail Avenue Road Size							
Description of Buildings		20'							
Class:		1		2		3a		3b	
		4a		4b		4c			
Acres	Lots	Year	Land	Bldgs.	Total Value	S.C.	VET	Acres	Lots
	1	1969	5500	-	5500				1976
	1	1970	5500		5500				1977
	1	1971	6100		6100				1988
	1	1972	6100		6100				1991
	-	1974	-	37,600(01)	-				1994
	1	1973	6100	37,600	43,700				19
	1	1974	6100	37,600	43,700				19
	1	1975	6100	37,600	43,700				19

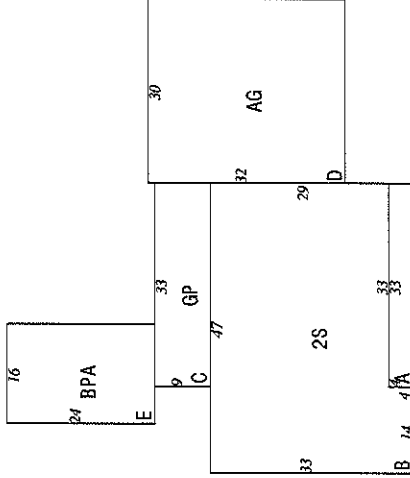
Comments:

Block:	6202	Land Desc:	7500	Owners Name:	US BANK TRUST	Land:	163,200	Exemption	Net Taxable Value	Deductions
Lot:	13	Bldg Desc:	2SF02AG	Street Address:	13801 WIRELESS WAY	Impr:	211,300	Code:	Cd	No-Ow
Qual:		Addl Lots:		City & State:	OKLAHOMA CITY, OK	Total:	374,500	Value:	0	
Card:	M (#1 of 1)	Acresage:	0.750	Property Loc:	24 CENTENNIAL DR E	Zip:	73134	Map:	374,500	MEDFORD TWP
		Class:	2			Zone:	RGD-			

[illegible][illegible]

Net Adj:	100.00	SF:	32,670	Auto:	Y	Land Value:	163,194	10/24/11	VCS:	\$183
CHIMNEY LEAKED HO REPAIRING WALLS ON 2ND FL/HOUSE HAS										
BUILDING INFORMATION										
Heat/AC										

BEEN STRIPPED TO BE REMODELED BUT HAS BEEN UNFINISHED



A:OP/OP
B:2S
C:GP
D:AG
E:BPA
F:
G:
H:
I:
J:
K:
L:

u0 r14;u4 r33
u0 r0;u33 r47 d29 i33 d4 i14
u33 r14;u9 r33
u11 r47;u32 r30
u42 r8;u24 r16

.....
 2202

ROOM COUNT					
	B	1	2	3/A	Tot
Living Rm		1			1

Dining Rm	1	1
Kitchen	1	1
Dinette		
5 Fixt Bath		
4 Fixt Bath		
3 Fixt Bath		2
2 Fixt Bath	1	1
Bed Room		4
Fam Room	1	
Den/Other		
CLB		

Old B:	6202	8
Old L:	13	04/05/19

Land:	163,200	Impr:	211,300	Total:	374,500
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Board of Chosen Freeholders
Of The County of Burlington

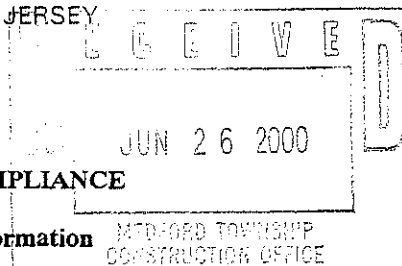
MOUNT HOLLY, NEW JERSEY
08060

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
(609)-265-5548

CERTIFICATE OF COMPLIANCE

Part A --- General Information

Permit Number 2117-00



#00-21

1 Permitted Activities (Check applicable categories):

- ☐ New Construction ☐ Alteration/Expansion or Change in Use ☒ Alteration/Malfunctioning System
☐ Deviation from Standards ☐ Repairs to Existing System ☐ Alteration/No Expansion or Change of Use

2. Location of Project:

Municipality MEDFORD

Block: 6202 Lot: 13

Street Address 24 CENTENNIAL DRIVE EAST, MEDFORD NJ Zip 08055

3. Name and Present Address of Applicant: GEORGE & ELIZABETH McCONES

Applicant's Phone Number 12 TUNBRIDGE WELLS COURT

Part B --- Professional Engineer's Certification

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal system which was approved by the administrative authority. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

(Signature) Barry J. Beaumont

BARRY J. BEAUMONT, P.E. #36576 SEAL

Name (Type or Print), License #

Date: 6-12-00

Part C --- Certification by Administrative Authority

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal system which was approved by the administrative authority. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized Signature

Type of License Held

Name (Typed or Printed)

License Number

Date:

FOR AGENCY USE ONLY

Date Received: 6/15/00

Form Determined To Be:



Complete



Incomplete

Date Returned

Date Received

Date Certification Approved: 6/19/00

Authorized Signature: Michael J. M. Zwardy, S.E.

PART A MUST BE COMPLETED.

EITHER PART B OR C MUST BE COMPLETED

BEAUMONT ENGINEERING

Barry J. Beaumont P.E.
President
88 Wabun Trail
Medford Lakes, NJ 08055

Telephone (609) 953-7402

June 12, 2000

Burlington County Health Department
15 Pioneer Boulevard
Westampton, NJ 08060

Attn : Mike McQuaide

Re : Septic Application # 2117-00
Block - 6202 Lot - 13
Medford Township

Septic System Inspections

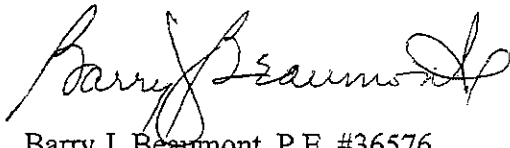
May 20, 2000 :

The septic bed was excavated to a depth of 60" and was backfilled to the bottom of the disposal field with fill material placed and compacted in conformance with N.J.A.C.7:9A-10.4(f)3, and meeting the requirements of N.J.A.C.7:9A-10.1(f). Soil permeability test results are attached.

The baffles in the existing septic tank were in proper working order.

May 22, 2000 :

Pumping equipment and alarm system were working properly. Final grading and stabilization was in accordance with the design plans.



Barry J. Beaumont, P.E. #36576

MACONES

SOIL PERMEABILITY DATA - Form 3A

Municipality MEDFORD Block 6202 Lot 13

Assign a number for each test and a letter for each test replicate. Show test data and calculations on form 3B, 3C, 3D, 3E, 3F, or 3G. Use one sheet for each separate test or test replicate.

1. Summary of Data - Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
TUBE PERMEAMETER	0021	A	LEVEL OF INFILTRATION	13.9 I.P.H.
		B	" "	

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

2. Design Permeability/Percolation Rate: Specify Test Number 6-20" I.P.H. SELECT FILL☐ Average of Test Replicates☐ Single Replicate☐ Slowest of Replicates

3. Type of Limiting Zone Identified

Test Number

N/A

4. Attachments (Check items included):

☒ Form 3B - Tube Permeameter Test Data - Number of Sheets 2☐ Form 3C - Soil Permeability Class Rating Test Data - Number of Sheets _____☐ Form 3D - Percolation Test Data - Number of Sheets _____☐ Form 3E - Pit - Bailing Test Data - Number of Sheets _____☐ Form 3F - Piezometer Test Data - Number of Sheets _____☐ Form 3G - Basin Flooding Test Data - Number of Sheets _____

5. I hereby certify that the information furnished on Form 3A of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator *Barry J. Beaumont* Date 5-20-00Signature of Professional Engineer *Barry J. Beaumont* License # 35576
(please seal this form) BARRY J. BEAUMONT

TUBE PERMEAMETER TEST DATA - Form 3B

MACONES
B-6202 L-13 MEDFORD

1. Test Number 0021 Replicate (Letter) A Date Collected 5-20-00
2. Material Tested: ☒ Fill ☐ Test in Native Soil - Indicate Depth _____
3. Type of Sample: ☒ Undisturbed ☐ Disturbed
4. Sample Dimensions: Inside radius of Sample Tube, R, in cm. 1.91 cm
Length of Sample, L, in inches 3.50"
5. Bulk Density Determination (Disturbed Samples Only) (N/A)
Sample Weight (Wt. Tube Containing Sample - Wt. of Empty Tube), grams N/A
Sample Volume ($L \times 2.54 \text{ cm./inch} \times 3.14 R^2$), cc N/A
Bulk Density (Sample Wt./Sample Volume), grams/cc N/A
6. Standpipe Used: ☐ NO ☒ YES
Indicate internal radius, cm r = 0.49 cm
7. Height of Water Level Above Rim of Test Basin, in Inches:
At the Beginning of Each Test Interval, H₁ 6.75"
At the End of Each Test Interval, H₂ 4.75"
8. Rate of Water Level Drop (Add additional lines if needed):
- | Time, Start
of Test
Interval, T ₁ | Time, End
of Test
Interval, T ₂ | Length of Test
Interval, T,
minutes |
|--|--|---|
| <u>0:00</u> | <u>0:21</u> | <u>0.35</u> |
| <u>0:00</u> | <u>0:21</u> | <u>0.35</u> |
| <u>0:00</u> | <u>0:21</u> | <u>0.35</u> |
9. Calculation of Permeability: $\left(60\right)\left(\frac{0.2401}{3.6481}\right)\left(\frac{3.50}{0.35}\right) \ln\left(\frac{6.75}{4.75}\right) = 13.9 \text{ I.P.H.}$
- K, (in/hr) = $60 \text{ min/hr} \times r^2/R^2 \times L(\text{in})/T(\text{min}) \times \ln(H_1/H_2)$
= $60 \text{ min/hr} \times \frac{\quad}{\quad} \times \frac{\quad}{\quad} \times \ln(\frac{\quad}{\quad})$
= 13.9 I.P.H.
10. Defects in the sample (Check appropriate items):
- ☒ None ☐ Cracks ☐ Worm Channels ☐ Root Channels ☐ Soil/Tube Contact
☐ Large Gravel ☐ Large Roots ☐ Dry Soil ☐ Smearing
☐ Compaction ☐ Other - Specify _____

11. I hereby certify that the information furnished on Form 3B 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 5-20-00

Signature of Professional Engineer

License # 36576

(please seal this form)

BARRY J. BEAUMONT

TUBE PERMEAMETER TEST DATA - Form 3B

MACONES
B-6202 L-13 MEDFORD

1. Test Number 0021 Replicate (Letter) B Date Collected 5-20-00
2. Material Tested: ☒ Fill ☐ Test in Native Soil - Indicate Depth _____
3. Type of Sample: ☒ Undisturbed ☐ Disturbed
4. Sample Dimensions: Inside radius of Sample Tube, R, in cm. 1.91 cm
Length of Sample, L, in inches 3.80 "
5. Bulk Density Determination (Disturbed Samples Only) (N/A)
Sample Weight (Wt. Tube Containing Sample - Wt. of Empty Tube), grams N/A
Sample Volume (L x 2.54 cm./inch x 3.14 R²), cc N/A
Bulk Density (Sample Wt./Sample Volume), grams/cc N/A
6. Standpipe Used: ☐ NO ☒ YES
Indicate internal radius, cm r = 0.49 cm
7. Height of Water Level Above Rim of Test Basin, in Inches:
At the Beginning of Each Test Interval, H₁ 6.65 "
At the End of Each Test Interval, H₂ 4.65 "
8. Rate of Water Level Drop (Add additional lines if needed):
- | Time, Start
of Test
Interval, T ₁ | Time, End
of Test
Interval, T ₂ | Length of Test
Interval, T,
minutes |
|--|--|---|
| <u>0:00</u> | <u>0:23</u> | <u>0.38</u> |
| <u>0:00</u> | <u>0:23</u> | <u>0.38</u> |
| <u>0:00</u> | <u>0:23</u> | <u>0.38</u> |
| | | |
| | | |
| | | |
9. Calculation of Permeability: $(60) \left(\frac{0.2401}{3.6481} \right) \left(\frac{3.80}{0.38} \right) \ln \left(\frac{6.65}{4.65} \right) = 14.1 \text{ I.P.H.}$
- K, (in/hr) = 60 min/hr x r²/R² x L(in)/T(min) x ln(H₁/H₂)
= 60 min/hr x x x ln(/)
= 14.1 I.P.H.
10. Defects in the sample (Check appropriate items):
- | | | | | |
|--|--|--|--|--|
| ☒ None | ☐ Cracks | ☐ Worm Channels | ☐ Root Channels | ☐ Soil/Tube Contact |
| ☐ Large Gravel | ☐ Large Roots | ☐ Dry Soil | ☐ Smearing | |
| ☐ Compaction | ☐ Other - Specify _____ | | | |

11. I hereby certify that the information furnished on Form 3B 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 Barry Beaumont Date 5-20-00Signature of Professional Engineer Barry Beaumont License # 36576
(please seal this form) BARRY J. BEAUMONT

Board of Chosen Freeholders
Of The County of Burlington

MOUNT HOLLY, NEW JERSEY

08060

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

May 1, 2000

Tele: (609) 265-5548
Fax: (609) 265-5541



GEORGE & ELIZABETH MACONES
12 TUNBRIDGE WELLS CT
MEDFORD NJ 08055

Re: Septic Application 2117-00
Block 6202 Lot 13
MEDFORD TWP.

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.

☒ Based on Engineering data and Percolation Test(s) and Soil Boring(s) being witnessed by a representative of this Dept.

THIS CERTIFICATION BECOMES NULL AND VOID 5-1-01. 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 ± 60 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: Baffles in existing septic tank.

PLEASE NOTE; It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and the installer of the system are made aware of this approved design prior to the beginning of any construction. It is also your responsibility to insure 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,

Michael J. McQuaide
Sanitary Inspector

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

BURLINGTON COUNTY HEALTH DEPARTMENT
WOODLANE ROAD
MOUNT HOLLY, NEW JERSEY 08060

00-22

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

GENERAL INFORMATION - Form 1

1. Type of Permit needed (Check applicable categories):

- ☐ New Construction ☐ Alteration/Expansion or Change in Use ☒ Alteration/Malfunctioning System
☐ Deviation from Standards ☐ Repairs to Existing System ☐ Alteration/No Expansion or Change of Use

2. Location of Project:

Municipality MEDFORD Block: 6202 Lot: 13
Street Address 24 CENTENNIAL DRIVE EAST, MEDFORD, NJ Zip 08055

3. Name of Applicant (print): GEORGE & ELIZABETH MACONES4. Applicant's Present Address: 12 TUNBRIDGE WELLS COURT, MEDFORD NJ 08055

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) (NONE REQ'D)

- ☐ Pinelands Commission ☐ U.S. Army Corps of Engineers
☐ NJDEP - Bureau of Flood Plain Management ☐ Other - Specify _____

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

Elizabeth MaconesDate 4/25/00

FOR AGENCY USE ONLY

☐ Application Denied - Reason For Denial/Citation Of Rules Violated: _____☒ Application Approved

Date of Action

5/1/00☐ Application Approved Subject To Approval By NJDEP

Signature of Authorized Agent

Name & Title

Michael J. McQuade, Sr. I.

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print): BARRY J. BEAUMONT OF BEAUMONT ENGINEERING2. Business Address of Site Evaluator 88 WABUN TRAIL, MEDFORD LKS., NJ4. Special Site Limitations/Identified (Check Appropriate Categories) (NONE)

- ☐ Flood Plains ☐ Bedrock Outcrop ☐ Wetlands ☐ Excessively Steep ☐ Disturbed Ground
☐ Sink Holes ☐ Sand Dunes ☐ Steep Slopes ☐ Other - Specify _____

5. Soil Logs - Enter on form 2B - Use one sheet for each soil log

6. Considerations Relating to Disturbed Ground (N/A)

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 _____

c.) Suitability of Disturbed Ground

- ☐ Unsuitable: Objects Subject to Disintegration or Change of Volume ☐ Excessively Coarse
☐ Proctor Test Performed - % Standard Proctor Density _____

7. Hydraulic Head Test: (N/A)

a.) Hydraulically Restrictive Horizon: Depth Top to Bottom _____

b.) Piezometer A: Depth to Bottom _____ Depth of Water Level (24hrs) _____

c.) Piezometer B: Depth to Bottom _____ Depth of Water Level (4hrs) _____

d.) Witnessed by _____

8. Attachments (Check items included): (SEE DESIGN PLAN)

- ☒ 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

Barry BeaumontDate 4-25-00

Signature of Professional Engineer

Barry Beaumont
BARRY J. BEAUMONTLicense # 36576

(please seal this form)

00-22

SOIL LOG & INTERPRETATION - Form 2B

Municipality MEDFORD Block 6202 Lot 13

1. Log Number TP-1
2. Soil Log
- Depth
- (inches)
- Top-Bottom

Method (Check One): ☒ Profile Pit☐ BoringDATE SOIL LOG CONDUCTED 4-20-00

Munsel Color Name & Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, if present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size & Contrast, If present

SOIL TEST PITS

Block - 6202 Lot - 13

4-20-00

Medford Township

Witnessed : Mike McQuaide; Burlington Co. Health Dept.

TEST PIT #1 (ELEV. =98.5)

- 0" - 2" VERY DK GR BR (10YR 4/1) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE.
- 2" - 12" BR (10YR 5/3) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE.
- 12" - 30" OL YEL (10YR 6/6) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE.
- 30" - 44" YEL (10YR 7/6) LOAMY SAND TO SAND; WEAK SUBANGULAR BLOCKY, FRIABLE.
- 44" - 63" LT YEL BR (2.5Y 6/4) FINE TO VERY FINE SANDY LOAM; SUBANGULAR BLOCKY, FRIABLE; WITH COMMON, MEDIUM, DISTINCT, ST BR (7.5YR 5/6) & FEW, MEDIUM, DISTINCT, LT GR (2.5Y 7/2) MOTTLES AT 60" ON.
- 63" - 126" PALE YEL (2.5Y 7/3) FINE LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE; WITH MANY, MEDIUM, DISTINCT, YEL (2.5Y 7/6) & LT BR GR (2.5Y 6/2) MOTTLES THROUGHOUT.

GROUND WATER : NOT ENCOUNTERED

SEASONAL HIGH WATER TABLE : 60" (ELEV. =93.5)

3. Ground Water observations: (
- NOT ENCOUNTERED
-)

☐ Seepage - Indicate Depth _____☐ Pit/Boring Flooded - Depth after _____ Hours _____

4. Soil Limiting Zones (Check Appropriate Categories):

☐ Fractured Rock substratum - Depth to Top _____☐ Massive Rock Substratum - Depth to Top _____☐ Excessively Coarse Horizon - Depth Top to Bottom _____☐ Excessively Coarse Substratum - Depth to Top _____☐ Hydraulically Restrictive Horizon-Depth Top to Bottom _____☐ Hydraulically Restrictive Substratum - Depth to Top _____☐ Perched Zone of Saturation - Depth Top to Bottom _____☒ Regional Zone of Saturation - Depth to Top 60"

5. Soil Suitability Classification:
- I

6. I hereby certify that the information furnished on Form 2B 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 4-25-00

Signature of Professional Engineer

License # 36576

(please seal this form)

BARRY J. BEAUMONT

00-22

SOIL LOG & INTERPRETATION - Form 2B

Municipality MEDFORD Block 6202 Lot 13

1. Log Number TP-1
2. Soil Log
- Depth
- (inches)
- Tbp-Bottom

Method (Check One): ☒ Profile Pit ☐ Boring

DATE SOIL LOG CONDUCTED 4-20-00

Munsel Color Name & Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, if present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size & Contrast, If present

TEST PIT #2 (ELEV. = 98.9)

- 0" - 5" VERY DK GR BR (10YR 3/2) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE.
- 5" - 14" LT BR GR (10YR 6/2) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE.
- 14" - 27" BR YEL (10YR 6/6) SANDY LOAM; SUBANGULAR BLOCKY, FRIABLE.
- 27" - 71" OL YEL (2.5Y 6/6) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE; WITH MANY, MEDIUM, DISTINCT, BR (7.5YR 4/4) & LT GR (2.5Y 7/2) MOTTLES AT 65" ON.
- 71" - 120" PALE YEL (2.5Y 7/4) FINE TO VERY FINE LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE; WITH MANY, MEDIUM, DISTINCT, YEL (2.5Y 7/6) & LT BR GR (2.5Y 6/2) MOTTLES THROUGHOUT.

GROUND WATER : NOT ENCOUNTERED

SEASONAL HIGH WATER TABLE : 65" (ELEV. = 93.4)

3. Ground Water observations: (NOT ENCOUNTERED)

- ☐ Seepage - Indicate Depth _____
- ☐ Pit/Boring Flooded - Depth after _____ Hours _____

4. Soil Limiting Zones (Check Appropriate Categories):

- ☐ Fractured Rock substratum - Depth to Top _____
- ☐ Excessively Coarse Horizon - Depth Top to Bottom _____
- ☐ Hydraulically Restrictive Horizon-Depth Top to Bottom _____
- ☐ Perched Zone of Saturation - Depth Top to Bottom _____
- ☐ Massive Rock Substratum - Depth to Top _____
- ☐ Excessively Coarse Substratum - Depth to Top _____
- ☐ Hydraulically Restrictive Substratum - Depth to Top _____
- ☒ Regional Zone of Saturation - Depth to Top 65"

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2B 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 Barry J. Beaumont Date 4-25-00Signature of Professional Engineer Barry J. Beaumont License # 36576

(please seal this form)

BARRY J. BEAUMONT

SOIL PERMEABILITY DATA - Form 3A

Municipality MEDFORD Block 6202 Lot 13

Assign a number for each test and a letter for each test replicate. Show test data and calculations on form 3B, 3C, 3D, 3E, 3F, or 3G. Use one sheet for each separate test or test replicate.

1. Summary of Data - Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
SEPTIC BED SIZE IS BASED ON PERMEABILITY OF				
IN-PLACE SELECT FILL.				

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

2. Design Permeability/Percolation Rate: Specify Test Number 6-20 I.P.H. SELECT FILL

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

3. Type of Limiting Zone Identified

Test Number

N/A

4. Attachments (Check items included):

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

FORMS TO BE SUBMITTED AFTER TESTING OF IN-PLACE
SELECT FILL.

5. I hereby certify that the information furnished on Form 3A of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator Barry Beaumont Date 4-25-00Signature of Professional Engineer Barry Beaumont License # 36576
(please seal this form) BARRY J. BEAUMONT

GENERAL DESIGN DATA - Form 4

1. Volume of Sanitary Sewage, gal. 650 GPD
- ☒ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4 BR
- ☐ 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 or Repairs
- a.) Reason for Alteration or Repair (Check appropriate categories):
- ☐ Expansion or Change in Use ☐ Upgrade Existing Facilities
- ☒ Correct Malfunctioning System ☐ Other - Specify _____
- b.) Describe Nature of Alteration or Repairs: EXISTING DISPOSAL FIELD TO BE REPLACED
WITH PRESSURE DOSING SYSTEM
3. System Components:
- a.) Grease Trap Capacity, gals N/A
Show Calculation Used _____
- b.) Septic Tank Capacities, gals: ☒ first (single) compartment 1000 GAL. (EXISTING)
☐ second compartment _____
☐ third compartment _____
- c.) Effluent Distribution
- Method: ☐ Gravity Flow ☐ Gravity Dosing ☒ Pressure Dosing
- Dosing Device: ☒ Pump ☐ Siphon
- d.) Dosing Tank Capacities, gals: Total Capacity 1250 GAL. Dose Volume 162.5 GAL. Reserve Capacity 832 GAL. ±
- e.) Laterals: Number 5 LATS Total Length 43.5' EACH = 217.5' Pipe Size 1 1/2" Ø Spacing 3.5'
- f.) Connecting Pipe: Size 4" Ø Length 27' ±
- g.) Manifold: Size 3" Ø Length 14.0'
- h.) Disposal Field: Type of Installation SRB - SOIL REPLACEMENT, BOTTOM LINED
Design Permeability (Percolation rate) 6-20 I.P.H. SELECT FILL
- ☐ Trenches: Width _____ Total Length _____
- ☒ Bed: Area 18' x 49' = 882 SQ. FT.
- i.) Seepage Pits: Design Percolation Rate _____
Number of Pits _____ Total Percolating Area Provided _____
4. Attachments (Check items included): (SEE DESIGN PLAN)
- ☒ 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)

Barry J. Beaumont
BARRY J. BEAUMONT

License # 36576
4-25-00

#00-22

DESIGN OF PRESSURE DOSING SYSTEM - Form 5

1. Configuration of Distribution network:

Type of manifold: ☒ End ☐ CentralDistribution Laterals: Number 5 LATS Length, ft. 43.5' Spacing, ft. 3.5'Hole Diameter, in. 1/4" Ø Hole Spacing, in. 36"Diameter of Laterals, in. 1 1/2" Ø

2. Lateral Discharge Rate:

Design Pressure Head at Distal End of Laterals, H_p, ft. 2.5'Hole Discharge Rate, Q, gpm 1.18 GPMNumber of Holes per Lateral, n 15 HOLESLateral Discharge Rate, (Q x n), gpm 17.7 GPM3. Manifold Length, ft. 14.0' Manifold Diameter, in. 3" Ø4. System Discharge Rate, gpm 88.5 GPM

5a. Pump Selection:

Diameter of Delivery Pipe 3" Ø Length of Delivery Pipe 12'Friction Loss in Delivery Pipe, H_f, ft. 12' (1.73/100') = 0.2' + 3.3' NETWORK LOSSESElevation of Dosing Tank Low Water Level 93.9Elevation of Lateral Invert 98.5Elevation Head, H_e, ft. 98.5 - 93.9 = 4.6'Total Operating Head, H_t (H_p + H_f + H_e), ft. 2.5' + 0.2' + 3.3' + 4.6' = 10.6'Pump Model Goulds #3887-W505 11B Rated Horsepower 1/2 HPPump Discharge Rate at Total Operating Head, gpm 120 GPM ±5b. Siphon Elevation: (N/A)

Diameter of Delivery Pipe _____ Length of Delivery Pipe _____

Friction Loss in Delivery Pipe, H_f, ft. _____Velocity Head, H_v, ft. _____Total Operating Head, H_t (H_p + H_f + H_v), ft. _____

Elevation of Lateral Invert _____

Elevation of Siphon Invert _____

6. Dose Volume:

Design Volume of Sewage, gal/day 650 GPDDesign Permeability, in/hr 6-20 I.P.H. SELECT FILL or Percolation Rate, min/in _____Internal Volume of Distribution Network LATS = 20.0 GAL., D. LINE = 4.4 GAL., MANIFOLD = 5.1 GAL.Dose Volume 162.5 GAL. TOTAL = 29.5 GAL.

(SEE DESIGN PLAN FOR COMPLETE DOSING CALCULATIONS)

7. I hereby certify that the information furnished on Form 5 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)

Barry Beaumont
BARRY J. BEAUMONT

License # 36576

4-25-00