

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE

SEWAGE DISPOSAL SYSTEM

DEMIBERTON

BURLINGTON COUNTY

Municipality

1. Block 686 Lot 13+14
2. Name of Applicant(print): MRS. WILTON, MARIE
3. Applicant's Address: 35 Rm. Park Drive Buick N.J. 08724-3928
4. Applicant's Phone Number: [REDACTED]
5. Type of Facility:

☒ Residential - Indicate Number of Occupants ☐ Commercial/Industrial - Specify Type of Establishment:

6. Type of Wastes Discharged:

☒ Sanitary Sewage Only☐ Garbage Grinder Unit☐ Industrial Wastes☐ Other - Specify:

7. Volume of Wastes: Average Flow, gal/day: 500 Maximum Daily Flow, gal: 500

☐ Based on Water Meter Data☒ Assumed, Based on Data Related to Water Usage - Show Data Below:Number of Users (Patrons, Guests, Visitors, etc.) per Day: Number of Employees: Total Employee Hours per Day: Number of fixtures: ; Specify Type: Size of Building, ft²: Other - Specify: 7194 3BEDROOM

8. Indicate System Components, Provide What Information is Available

☐ Grease Trap: Capacity, Gals: ☒ Septic Tank: Capacity, Gals: 1000 Number of Compartments: 1☒ Dosing Tank: Capacity, Gals: 1000 Dosing Device: ☒ Pump ☐ Siphon☒ Disposal Bed: Area, ft²: 693☐ Disposal Trenches: Width, ft: Number: Total length, ft: ☐ Seepage Pits: Number: Diameter, ft: Depth, ft: ☐ Interceptor Drain☐ Other - Specify:

9. I hereby certify that the information furnished on this form 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 & Seal of Professional Engineer John Bidron Date 7-28-92

FOR AGENCY USE ONLY

☐ Application Denied - State Reason for Denial ☐ Application Approved - License Number Certificate of Compliance: Date of Issuance: If no Certificate was issued, indicate approximate age of system: Date of Action Signature of Authorized Agent Name & Title

**Board of Chosen Freeholders
Of The County of Burlington**

MOUNT HOLLY, NEW JERSEY
08060

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
(609)-265-5548 265-5515

November 5, 1992



President & Members
Board of Health
Pemberton Twp.

Re: Well Application 118-90
Block 686 Lot 13 & 14
Walton
Pemberton Twp.

Gentlemen:

Pursuant to instructions set forth in Chapter 199, Public Law 1954 and Standards for the Construction of Public Non-Community and Non-Public Water Systems a final inspection of the individual water supply referenced to above was conducted on 10-27-92.

Our findings indicate that installation of said system appears to be in substantial compliance with state and local regulations. Analytical results for bacteriological, physical and chemical quality of the raw water from a Certified Laboratory have been received by this Department and found to be satisfactory at the time of sampling.

Sincerely,

Michael J. McQuaide
Michael J. McQuaide
Sanitary Inspector

bk

cc: Construction Code Official
Owner
File

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 _____

1 Permitted Activities (Check applicable categories): REV. 118-90

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

2. Location of Project:

Municipality PEMBERTON Block: 686 Lot: 13414
Street Address VIRGINIA TRAIL Zip _____

3. Name and Present Address of Applicant: MRS WATSON 35 RIVER PARK DRIVE
Applicant's Phone Number BRICK N.J. 08724-3438

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) John Bidrawn

John BIDRAWN #18084
Name (Type or Print), License #

Date: 10-6-92

SEAL

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: 11-2-92

Form Determined To Be:

☒ Complete *

☐ Incomplete

Date Returned _____

Date Received _____

Date Certification Approved: 11-2-92

Authorized Signature: Michael J. McQuade, Sr.

* In accordance with attached modified site plan, last revised in 7/92.

PART A MUST BE COMPLETED.

EITHER PART B OR C MUST BE COMPLETED

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

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

GENERAL INFORMATION - Form 1

REVISION 118-90

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 PENNINGTON Block: 686 Lot: 13114
Street Address VIRGINIA DRIVE Zip _____

3. Name of Applicant (print):

4. Applicant's Present Address:

5. Phone number: _____

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 ☐ 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 _____ Date _____

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 9-8-92

Signature of Authorized Agent Michael J. McQuaide

Name & Title Michael J. McQuaide, S.I.

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print) BCM ENGINEERS INC
2. Business Address of Site Evaluator 206 BLDG ENGLISH CREEK 3. Business Phone 609 645-9500

4. Special Site Limitations Identified (Check Appropriate Categories): PLEASANTVILLE N.J. 08232

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

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

6. Considerations Relating to Disturbed Ground:

a.) Type of Disturbance (Check appropriate categories):

- ☐ Filled area ☐ Excavated Area ☐ Re-graded Area ☐ Subsurface Drains ☐ Other - Specify _____

b.) Pre-existing Natural Ground Surface

Elevation Relative to Existing Ground Surface _____ Method of Identification _____

c.) Suitability of Disturbed Ground

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

7. Hydraulic Head Test:

- a.) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
b.) Piezometer A: Depth to Bottom _____ Depth of Water Level (24hrs) _____
c.) Piezometer B: Depth to Bottom _____ Depth of Water Level (24hrs) _____
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 _____

Signature of Professional Engineer John Bedrum License # 18084
(please seal this form)

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

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

GENERAL INFORMATION - Form 1

REVISION 118-90

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 DEMBERTON Block: 686 Lot: 13+14
 Street Address VIRGINIA DRIVE Zip _____

3. Name of Applicant (print): MRS. WALTON

4. Applicant's Present Address: 35 RIVER PARK DRIVE, BRICK, NJ 08724-3428 5. Phone number: 08724-3428

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 ☐ 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 _____ Date _____

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 _____ Signature of Authorized Agent _____
 Name & Title _____

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print) BCM ENGINEERS INC
 2. Business Address of Site Evaluator 206 BLDG ENGLISH CREEK 3. Business Phone 609 645-9500

4. Special Site Limitations Identified (Check Appropriate Categories): PLEASANTVILLE N.J. 08432

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

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

6. Considerations Relating to Disturbed Ground:

a.) Type of Disturbance (Check appropriate categories):

- ☐ Filled area ☐ Excavated Area ☐ Re-graded Area ☐ Subsurface Drains ☐ Other - Specify _____

b.) Pre-existing Natural Ground Surface

Elevation Relative to Existing Ground Surface _____ Method of Identification _____

c.) Suitability of Disturbed Ground

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

7. Hydraulic Head Test:

- a.) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
 b.) Piezometer A: Depth to Bottom _____ Depth of Water Level (24hrs) _____
 c.) Piezometer B: Depth to Bottom _____ Depth of Water Level (24hrs) _____
 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 _____

Signature of Professional Engineer John Beltrami License # 18084
 (please seal this form)

SOIL LOG & INTERPRETATION - Form 2B

Municipality PEMBERTON Block 686 Lot 13+14

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

Method (Check One): ☐ Profile Pit ☒ Boring
DATE SOIL LOG CONDUCTED 11/22/89
Munsell Color Name & Symbol; Estimated Textural Class; Estimated
Volume % Coarse Fragment, if present; Structure; Moist or Dry
Consistence; Mottling - Abundance, Size & Contrast, if present

PERFORMED BY SPIETEL + SPIETEL

Depth	Texture	COLOR	%CF	CONSIST	SYMBOL	NOTES
0-5"	Organic & sand	Gray (10YR 6/1)	None	L	or	None
5-60"	Sand	Brownish yellow (10YR 6/8)	None	L	SP	None
60-68"	Coarse sand	Strong brown (7.5YR 5/8)	Gr 20%	L	SH	Common, coarse, prominent, olive brown (2.5Y 4/4)
68-108"	Coarse sand	Reddish yellow (7.5 YR 6/8)	Gr 75%	L	GP	None
108-120"	Coarse sand	Reddish yellow (10YR 6/8)	Gr 80%	L	GP	None

*Key: GR(Gravel); Cb(Cobble); L(Loose); Fr(Friable); F(Firm); VF(Very Firm); EF(Extremely Firm)
CF(Course Fragment)

Estimated Depth to Seasonal High Water 60" Depth to Groundwater NEWeather/Precipitation Conditions ColdResults as performed by BCM Engineers, Inc. (unless otherwise stated) on 11-22-89 RH & RHB
(date) (initials)Authorized On-Site Agency Representative (if applicable) : Not present

FIELD REFERENCE
(file purposes only/omit from blueprint)

Project # 00-6621-C Project Name: Presidential Lakes
Location of test site: County Burlington Municipality Pemberton Twp. Block 686, Lot 14

SOIL SUITABILITY = IIHc

TEST BORING RESULT

3. Ground Water observations:

- ☐ 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 68"-108"
☐ 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 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 Mike White Date 6/15/95Signature of Professional Engineer John Bidm License # 18084
(please seal this form)

GENERAL DESIGN DATA - Form 4

1. Volume of Sanitary Sewage, gal. 500☒ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 3☐ 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: _____

3. System Components:

a.) Grease Trap Capacity, gals _____

Show Calculation Used _____

b.) Septic Tank Capacities, gals: ☒ first (single) compartment 1000☐ second compartment _____☐ third compartment _____

c.) Effluent Distribution

Method: ☐ Gravity Flow☐ Gravity Dosing☒ Pressure Dosing

Dosing Device:

☒ Pump☐ Siphond.) Dosing Tank Capacities, gals: Total Capacity 1176 Dose Volume 129.86 Reserve Capacity 662.045e.) Laterals: Number 10 Total Length 15 Pipe Size 1" Spacing 3.75'f.) Connecting Pipe: Size 3" Length 10'g.) Manifold: Size 3" Length 15'h.) Disposal Field: Type of Installation SOIL REPLACEMENT FILL ENCLOSEDDesign Permeability (Percolation rate) 6-20"/HR☐ Trenches: Width _____ Total Length _____☒ Bed: Area 693 S.F

i.) 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 # 18084

DESIGN OF PRESSURE DOSING SYSTEM - Form 5

1. Configuration of Distribution network:

Type of manifold: ☐ End ☒ CentralDistribution Laterals: Number 10 Length, ft. 15' Spacing, ft. 3.75'Hole Diameter, in. 1/2" Hole Spacing, in. 36"Diameter of Laterals, in. 1.0

2. Lateral Discharge Rate:

Design Pressure Head at Distal End of Laterals, Hp, ft. 2.5Hole Discharge Rate, Q, gpm 1.18Number of Holes per Lateral, n 2 (5 HOLES) 8 (6 HOLES)Lateral Discharge Rate, (Q x n), gpm 7.083. Manifold Length, ft. 15' Manifold Diameter, in. 3"4. System Discharge Rate, gpm 70.8

5a. Pump Selection:

Diameter of Delivery Pipe 3" Length of Delivery Pipe 10'Friction Loss in Delivery Pipe, Hf, ft. 1.4'

Elevation of Dosing Tank Low Water Level _____

Elevation of Lateral Invert 110Elevation Head, He, ft. 106Total Operating Head, H_t (Hp + Hf + He), ft. 6.64'Pump Model WHR 5 BOULDS 3885 Rated Horsepower 1/3Pump Discharge Rate at Total Operating Head, gpm 62 GPM

5b. Siphon Elevation:

Diameter of Delivery Pipe _____ Length of Delivery Pipe _____

Friction Loss in Delivery Pipe, Hf, ft. _____

Velocity Head, Hv, ft. _____

Total Operating Head, H_t (Hp + Hf + Hv), ft. _____

Elevation of Lateral Invert _____

Elevation of Siphon Invert _____

6. Dose Volume:

Design Volume of Sewage, gal/day 500Design Permeability, in/hr 6.70 1/16" or Percolation Rate, min/in _____Internal Volume of Distribution Network 11.23 GALDose Volume 1.29.8

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)

John Bidon

License # 18084

SOIL PERMEABILITY DATA - Form 3A

Municipality PEMBERTON Block 686 Lot 13 & 14

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

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

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
TUBE PERMEAMETER	1	-	LEVEL OF INFILTRATION	14/HR 15.75
"	1	A	"	13.60

* 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 1A 13.6 in/HR☐ Average of Test Replicates☐ Single Replicate☒ Slowest of Replicates

3. Type of Limiting Zone Identified

Test Number

4. Attachments (Check items included):

☒ Form 3B - Tube Permeameter Test Data - Number of Sheets 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 Mike White Date 10/4/92Signature of Professional Engineer John Pedraza License # 18084
(please seal this form)

TUBE PERMEAMETER TEST DATA - Form 3B

1. Test Number 1

Replicate (Lower) —

Date Collected 9/9/92

2. Material/Soil

☒ Fill of infiltration

☐ Test to Native Soil - Indicate Depth —

3. Type of Sample:

☒ Undisturbed

☐ Disturbed

4. Sample Dimensions:

Inside radius of Sample Tube, R, in cm. 1.9

Length of Sample, L, in inches 3"

5. Bulk Density Determination (Disturbed Samples Only):

Sample Weight (Wt. Tube Containing Sample - Wt. of Empty Tube), grams —

Sample Volume (L x 2.54 cm/inch x 3.14 R²), cc —

Bulk Density (Sample Wt./Sample Volume), g/cc —

6. Standpipe Used:

☒ NO

☐ YES

Indicate internal radius, cm —

7. Height of Water Level Above Rim of Test Head, in inches:

At the Beginning of Each Test Interval, H₁ 4.1"

At the End of Each Test Interval, H₂ 3"

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start
of Test
Interval, T₁

Time, End
of Test
Interval, T₂

Length of Test
Interval, T,
minutes

K in/hr

9:31:00

9:38:48

7.8

16.0

9:39:00

9:46:52

7.87

15.85

9:47:00

9:54:55

7.93

15.55

9. Calculation of Permeability:

K_s (in/hr)

= 60 min/hr x r²/R² x L(ln)/T(min) x ln(H₁/H₂)

= 60 min/hr x — x 3" x ln(4.1/3)

ln(4.1/3) = .683

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. 22:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator

Mike White

Date 9/11/92

Signature of Professional Engineer

John Bedrawn

License # 8089

(please seal this form)

TUBE PERMEAMETER TEST DATA - Form 3B

1. Test Number 1

Replicate (Lower) A Date Collected 9/8/93

2. Material, Test(s)

☒ Fill of infiltration

☐ Test in Native Soil - Indicate Depth _____

3. Type of Sample:

☒ Undisturbed

☐ Disturbed

4. Sample Dimensions:

Inside radius of Sample Tube, R, in cm. 1.9

Length of Sample, L, in inches 3.1

5. Bulk Density Determination (Disturbed Samples Only):

Sample Weight (Wt. Tube Containing Sample - Wt. of Empty Tube), grams _____

Sample Volume ($L \times 2.54 \text{ cm/inch} \times 3.14 R^2$), cc _____

Bulk Density (Sample Wt./Sample Volume), grams/cc _____

6. Standpipe Used:

☒ NO

☐ YES

Indicate internal radius, cm _____

7. Height of Water Level Above Rim of Test Basin, in inches:

At the Beginning of Each Test Interval, H₁ 4"

At the End of Each Test Interval, H₂ 3"

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start
of Test
Interval, T₁

Time, End
of Test
Interval, T₂

Length of Test
Interval, T,
minutes

ft/min/hr

9:31:30

9:40:05

9.08

13.74

9:40:30

9:47:30

9.0

13.86

9:49:45

9:59:05

9.17

13.60

9. Calculation of Permeability:

$$K_v \text{ (in/hr)} = 60 \text{ min/hr} \times r^2/R^2 \times L(\text{in})/T(\text{min}) \times \ln(H_1/H_2)$$

$$= 60 \text{ min/hr} \times \frac{\quad}{\quad} \times \frac{\quad}{\quad} \times \ln(\frac{\quad}{\quad})$$

$$= \frac{\quad}{\quad}$$

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

Mike White

Date

Signature of Professional Engineer

(please seal this form)

John Bidrawn

License # 18084

BOARD OF CHOSEN FREEMEN

Of The County of Burlington

MOUNT HOLLY, NEW JERSEY
08060

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

November 13, 1990



Henart Homes, Inc.
111 White Horse Pike
Haddon Heights, NJ 08035

Re: **Well Application** 118-90
Block 686 Lot 13 & 14
Pemberton Twp.

Gentlemen:

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

THIS APPROVAL BECOMES NULL AND VOID 3-22-91.

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

This Department shall be notified three (3) working days in advance of starting installation and the installation shall be inspected by a representative of this Department. Inspection shall consist of: **WELL SEAL; PROPER VENTING AT WELL SEAL; CONNECTION OF WATER SUPPLY TO TANK AND INSTALLATION OF TREATMENT SYSTEM** when required. Final certification for use of the well will not be given until this Department has received the analytical results for bacteriological, physical and chemical quality of the raw water from a New Jersey State Certified Laboratory. Analysis shall be identified by the block and lot number, county application number and signed by the responsible laboratory official, and certified that the laboratory has drawn the raw sample.

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

Sincerely,

Michael J. McQuaide

Michael J. McQuaide,
Sanitary Inspector

bk

cc: Board of Health
Construction Code Official
Well Driller

Board of Chosen Freeholders

Of The County of Burlington

MOUNT HOLLY, NEW JERSEY
08060

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

November 13, 1990



Henart Homes, Inc.
111 White Horse Pike
Haddon Heights, NJ 08035

Re: Septic Application 118-90
Block 686 Lot 13 & 14
Pemberton Twp.

Gentlemen:

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 3-22-91. 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. Said permit shall 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 72 inches and back-filled to the bottom of the disposal field with fill material placed and compacted in conformance with NJAC 7:9A-10.4(f)3 meeting all the requirements of NJAC 7:9A-10.1(f) including compliance with permeability rates specified on the approved design. 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 fill material placed and compacted in conformance with NJAC 7:9A-10.4(f)3 meeting all the requirements of NJAC 7:9A-10.1(f) including compliance with permeability rates specified on the approved design. 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:

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

Michael J. McQuaide
Sanitary Inspector

bk

cc: Board of Health
Construction Code Official
Design Engineer
File

ENVIRONMENTAL SOIL SCIENCES
"PROFESSIONAL ENVIRONMENTAL CONSULTANTS"
165 Tuckerton Rd, Medford Lakes, NJ 08055
(609) 953-7930

REVISION OF APPROVED PLAN 118 - 90
(change from 4 bedroom to 3 bedroom)
Pressure Dosing Calculations
Pemberton Twp.
Block 686 Lots 13 + 14
Virginia Drive

Chap. 9A
Refer.
Section

7:9A-7.4 (b) Daily Volume of Sewage (Q)

3 Bedroom Home	200 gal 1st Bedroom
	150 gal 2nd Bedroom
	<u>150 gal</u> 3rd Bedroom
Total	500 gpd

10.1 (f) Soil Permeability

Shall meet requirements of 10.1 (f) 4 6-20 in/hr.
Material to be used on fill shall have a percolation
rate of 3-15 MPI or permeability value of 6-20 IFH.

10.2 (d) Disposal Field Sizing

Pressure Dosing shall have a minimum size of
1.33 sq ft /gpd
3 Bedroom Q=500 gpd
Required Area (A)= 1.33 sq ft /gpd x 500 gpd = 665 sq ft
Proposed Design = 693 sq ft

10.3 (d) Spacing Between Distribution Line

Choose 3/4 to 5/4 percent of hole spacing for
distance between laterals. For this design
4/4 was chosen.
Choose 1/4 to 1/2 inch for hole diameter. This
design uses a 1/4 inch perforation.

9.7 (a) Minimum hole spacing 30"
Maximum hole spacing 60"
**Except if percolation rate is faster than 15 MPI
the maximum hole spacing is 36".**

Note: Since the design calls for fill to be
transported in with a percolation rate of
3-15 MPI the hole spacing for this design
will be 36" or 3'.

Spacing between distribution laterals is:
= Hole spacing x percent factor chosen
= 3.75 ft between laterals
Number of laterals arbitrarily chosen is 10
The system will have a central manifold with 10 laterals.

The distance from the edge of the bed to the first lateral is = to 3.0 ft. The total distance between the laterals and edges of the bed equates to 21 ft.

Length of Bed = Area / Width
= 693 / 21
= 33 ft

10.3(d)2iii

Lateral Length

Required distances are as follows:

Min. distance to edge of field from lateral
= 1 ft
Max. distance to edge of field from lateral
= 3 ft

This design will use a distance of 1.5 ft from the end of the laterals to edge of field.

Edge distance chosen= 1.5'
Total Field Length= 33'

Lateral length= (Total Field Length) - (Edge distance x 2)
= 33' - (1.5' x 2)
= 30' / 2 (central manifold)
= 15'

Manifold Length

Field Width= 21'
Edge distance determined= 3.0'

Manifold Length= Field Width- 2(Edge distance deter.)
= 21' - 2(3.0')
= 15'

Holes Per Lateral

Spacing of Holes= 3.0/hole maximum.
Lateral length= 15'

Holes/Lateral= Lateral length / Spacing of Holes
= 15' / 3.0' per hole
= 6 holes/lateral quantity 2
5 holes per lateral quantity 8

9.7 (a)2 Lateral Diameter

Using Figure 14 p. 2649 of Chapter 9a determine the laterals diameter with the following variables:

Lateral length = 15'

1/4" perforation

3' Hole Spacing

The variables yield a 1 " diameter lateral from Fig.14

9.7 (a)4 Hole Discharge Rate (HDR)

Use charge on p.2627 of Chapter 9a to determine HDR.

Hole diameter of 1/4"

Head pressue of 2.5

The discharge rate of 1.18 gpm/hole was taken from the chart.

Lateral Discharge Rate (LDR)

$LDR = HDR \times \text{holes/lateral}$

$= 1.18 \times 6 \text{ max}$

$= 7.08 \text{ gpm/lateral}$

9.7 (a)5 Manifold Diameter

To determine manifold diameter use Appendix A Fig. 15.

1- Manifold length= 15'

2- LDR= 7.08 gpm/lat

3- # of laterals = 10

4- Type of manifold= central

From Fig. 15 a Manifold Diameter of 3" was determined.

9.7 (a)6 System Discharge Rate (SDR)

$SDR = LDR \times \# \text{ of laterals}$

$= 7.08 \text{ gpm/lat} \times 10 \text{ lat}$

$= 70.8 \text{ gpm}$

9.7 (a)7 Selection of Proper Pump

To determine the proper pump to use, the Friction Head H_f must be calculated from Fig. 16 in Appendix A of Chapter 9a.

H_f is the friction caused by the delivery pipe (M_f).

Delivery Pipe

First determine the total length of the delivery system.

Total length of delivery pipe = 10'

Using $SDR = 70.8 \text{ gpm}$ and the delivery pipe diameter of 3" go to Fig. 16 and determine the Friction loss due to the Schedule 40 pipe.

Friction loss determined is 1.38ft/100ft
= 1.38ft/100ft x 10ft
= .14 ft

9.7 (a)ii

Total Operating Head (Ht)

$H_t = H_f + H_e + H_p$

H_f is friction head in feet from the delivery pipe.
H_e is elevation head, by subtracting the dosing tank low water elevation from elevation of invert of distribution laterals.

H_p is design pressure head maintained at end of laterals in feet.

$H_t = H_f + H_e + H_p$
= .14 ft + 4 ft + 2.5 ft
= 6.64 ft

Using the System Discharge Rate (84.96gpm) and Total Operating Head Ht (6.64 ft) plot these two variables on the Manufacturer's Pump Performance Curve.

This design will use F. E. Myers Co. pumps. After plotting the SDR and Ht on the pump performance curve it was determined that a WHR5 1/2 hp pump will be used.

DETERMINE DOSE VOLUME

9.2 (b)2

Determine Dose Volume

Using the chart on p.2625 of Chapter 9a determine the suitable dose volume. When the percolation rate of 3-15 MPI or a permeability rate of 6-20 IPH are encountered the required dose volume shall follow these constraints:

10V minimum
.25Q maximum

Except if .25Q is greater than 10V, .25Q will be used as the minimum.

V represents the total volume of the laterals, manifold and delivery pipe.

Q represents the daily sewage output.

Volume of Distribution Network

1.0" dia. Laterals - 15' length
3" dia. Manifold - 15' length
3" dia. Delivery Pipe - 10' length

Laterals:

$$\begin{aligned}A &= \pi \times (d/2)^2 = \pi \times (1/2)^2 = .25 \text{ sq in} = .0017 \text{ sq ft} \\V &= A \times \text{length} = .0017 \times 15' = .026 \text{ sq ft} \\V_1 &= \# \text{ laterals} \times V = 10 \times .026 = .26 \text{ cu ft}\end{aligned}$$

Manifold:

$$\begin{aligned}A &= \pi \times (d/2)^2 = \pi \times (3/2)^2 = 7.06 \text{ sq in} = .049 \text{ sq ft} \\V &= A \times \text{length} = .049 \times 15 = .735 \text{ cu ft}\end{aligned}$$

Delivery Pipe:

$$\begin{aligned}A &= \pi \times (d/2)^2 = \pi \times (3/2)^2 = 7.06 \text{ sq in} = .049 \text{ sq ft} \\V &= A \times \text{length} = .049 \times 10 = .49 \text{ cu ft} \\&.49 \text{ cu ft} \times (7.48 \text{ gal/1ft}) = 3.74 \text{ gal}\end{aligned}$$

$$\begin{aligned}V_t &= V_1 + V_m + V_d \\&= .26 \text{ cu ft} + .74 \text{ cu ft} + .49 \text{ cu ft} \\&= 1.5 \text{ cu ft} \times 7.48 \text{ gal/cu ft} = 11.22 \text{ gal}\end{aligned}$$

$$\begin{aligned}V_t &= 11.22 \text{ gal} \\Q &= 500 \text{ gal}\end{aligned}$$

$$\begin{aligned}10V &= 10(11.22) = 112.2 \text{ gal} \\&.25Q + .25(500) = 125 \text{ gal}\end{aligned}$$

Use .25Q = 125 gal

9.2(b)2

Dosing Tank should have high water level set to deliver a dose volume of 125 gpd

Dosing Tank Sizing

Note: Drainback only occurs from delivery pipe.

1. Min. required dose volume as determined in 9.2(b)
2. Min. reserve storage capacity in 9.2(b)3
3. Water displacement by pump and controls
4. Drainback when pump shuts off
5. Additional volume below pump level pedestal
6. Invert of inlet to tope of tank min. 15% of depth (as per section 9.2d Fig. 11 p.2646)

1. Dose Volume

Determined Based on:

1. Soil Permeability
2. Daily volume of Sewage (Q)
3. Total internal volume of distribution network V

9.2(f)7

Low to High Water Levels (d):

$$d = (V_d + V_{cp} + V_{pd}) \times 1 \text{ cu ft} / 7.48 \text{ gal} \times (12 \text{ in} / 1 \text{ ft} / A)$$

V_d is required dose volume, gallons = 125

V_{cp} is internal volume of all pipes, draining back at end of dose cycle, gallons (just delivery pipe) = 3.74

V_{pd} is volume displaced by pump and controls, gal = 1 gal

A is internal horizontal area of dosing tank, ft = internal dim. 84" dia.

$$A = 3.14(r)^2$$

$$= 3.14(42")^2$$

$$= 5539. \text{ sq in} = 38.5 \text{ sq ft}$$

$$d = (125 + 3.8 + 1) \times (1 \text{ cu ft} / 7.48 \text{ gal}) \times (12 \text{ in} / \text{ft} / 39 \text{ sq ft})$$
$$= 5.4 \text{ inches}$$

Therefore: if tank $A = 38.5 \text{ sq ft} = 5544. \text{ sq in}$

(constant) 1 gal = 231 cu.in.

$$(1 \text{ gal} / 231 \text{ cu.in.}) \times (5544. \text{ cu.in.}) = 24 \text{ gal/in}$$

(inside tank)

Fig. 13
p.2648

Dosing Tank Heights (49"=height of liquid capacity)

Pedestal	6 in. (Arbitrary)
Low water level to pump intake	6 in. (Required)
Low water level to high water level	5.4 in. (d)
High water level to high water alarm	4 in. (Required)
*500 gal. reserve capacity (min.)	
500 gal / 24 gal/in	20.8 in. (Variable)

	Total 42.20 in.
	+ 6.80 in.
	49.00

44.00 in. (total ht. of liquid capacity)

-42.20 in. (min. ht. requirements)

6.80 in. (add on to min. reserve capacity

making 27.6 in. (662.4 gal.)

Actual liquid capacity of tank = 24.00 gal/in x 49 in
= 1176.00 gal

John Bidrawn

JOHN BIDRAWN P.E. LIC NO. 18084

page 6

TABLE OF ELEVATIONS

1)	Existing Grade.....	<u>110.00</u>
2)	Estimated Seasonal High Ground Water.....	<u>105.00</u>
3)	Bottom of System (bed or trench).....	<u>109.00</u>
4)	Invert of Distribution Line at End of System..	<u>110.00</u>
	Length of System (37') X Slope (.0016) ..Max. ^{PRI} 1.17 ^{1.17}	<u>.00</u>
5)	Invert at Manifold (out).....	<u>110.00</u>
6)	Invert at manifold (in).....	<u>108.66</u>
7)	Invert Dosing tank out.....	<u>117</u>
	Drop in Dosing Tank (.17).....	<u>108.83</u>
8)	Invert Dosing Tank in.....	<u>.06</u>
9)	Distance Dosing to Septic Tank ...3' x .02.....	<u>108.89</u>
9)	Septic Tank (out).....	<u>104.06</u>
	Drop in Septic Tank.....	<u>.20</u>
9)	Septic Tank (in).....	<u>109.26</u>
	Distance Tank to Dwelling (10) x (.02).....	<u>112.50</u>
10)	Invert at Dwelling.....	<u>110.26</u>
11)	Finished Grade at Septic Bed.....	
12)	Finished Grade at Dwelling.....	

(all elevations taken from bottom of pipes)

je

Board of Chosen Freeholders

Of The County of Burlington

MOUNT HOLLY, NEW JERSEY
08060

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT

(609)-265-5548 265-5515

Maria Watson
35 River Park
Brick, NJ 08724-3928

April 21, 1992



Re: Well & Septic Application 118-90
Block 686 Lot 13 & 14
Pemberton Twp.

Dear Ms. Watson:

Your application for the above referenced:

XXX Individual subsurface sewage disposal system

XXX Individual water supply system

has been re-certified to be in compliance with the governing standards of the Realty Improvement Sewerage and Facilities Act.

THIS RE-CERTIFICATION BECOMES NULL AND VOID 1-21-93

All provisions stipulated in our certification letter dated 11-13-90 remain in effect.

Should you have any questions regarding this matter, please do not hesitate to contact this office at 265-5515.

Sincerely,

Michael J. McQuaide

Michael J. McQuaide
Sanitary Inspector

bk

cc: Board of Health
Building Inspector
File

Driller — White

**Board of Chosen Freeholders
Of The County of Burlington**

MOUNT HOLLY, NEW JERSEY
08060

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

February 25, 1991



HENART HOMES
PO BOX 397
SUNSET & SALEM RDS
BURLINGTON NJ 08016

Re: Septic & Well Application 118-90
Block 686 Lot 13 & 14
Pemberton Township

Gentlemen:

Your application for the above referenced:

XXX Individual subsurface sewage disposal system

XXX Individual water supply system

has been recertified.

THIS RECERTIFICATION BECOMES NULL AND VOID 2/8/92

All Provisions stipulated in our certification letter dated 11/13/90
remain in effect.

Should you have any questions regarding this matter, please do not
hesitate to contact this office.

Sincerely,

Michael J. McQuaide

Michael J. McQuaide
Sanitary Inspector

cc: Board of Health
Building Inspector
File

Mail-to

Water Allocation
CN 029
Trenton, N.J. 08625

Permit No.

3217536**118-90**

PERMIT TO DRILL WELL

Pinelands# 82-2969.2

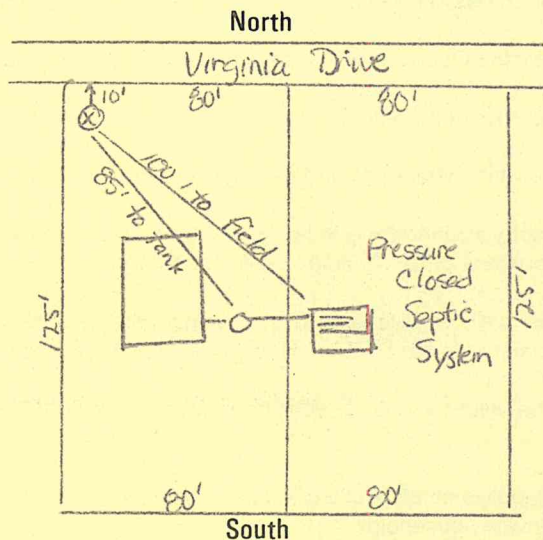
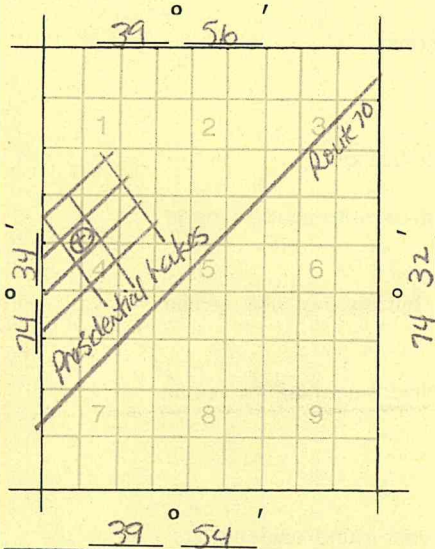
VALID ONLY AFTER APPROVAL BY THE D.E.P.

COORD #: **32.03.7** **41**Owner Henart HomesDriller JW Jenkins & Sons Well DrillingAddress 111 White Horse PikeAddress 15 Brown RoadHaddon Heights NJ 08035Browns Mills NJ 08015Name of Facility Private ResidenceAddress Virginia Drive, Presidential Lakes

Diameter of Well	4	Inches	Proposed Depth of Well	120	Feet		
Proposed Capacity of Pump	10	GPM	Method of Drilling	(cable-tool, rotary, etc.) Rotary			
Use of Well (See Reverse)	Domestic Withdrawal						
Drinking Water Supply?	X	yes (see #6 on reverse)				no	

LOCATION OF WELL

Lot #	Block #	Municipality	County
13&14	686	Pemberton	Burl.

Draw sketch showing distance and relations of well site to
nearest public roads, streets, septic systems, etc.State Atlas Map No. 32

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

- ☒ DOMESTIC/PUBLIC NON-COMMUNITY Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et. seq.
- ☐ PUBLIC COMMUNITY Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1 et. seq.
- ☐ DOMESTIC IRRIGATION SUPPLY - No piping from the well for which the permit applies shall enter any building.
- ☐ HEAT PUMP WELLS - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well. A two hour pump test must be performed on the return well at a rate of 1½ times the estimated return flow of water.
- ☐ INDUSTRIAL SUPPLY - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et. seq.
- ☐ REPLACEMENT WELL - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment.
- ☐ IRRIGATION PURPOSES ONLY ☐ TEST PURPOSES ONLY
- ☒ PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84(a)4.v. are met.
- ☐ GEOPHYSICAL LOGS of this well must be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ SAMPLES of cuttings required every _____ feet or change in material.
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:10-12.13 have not been met - see attached additional condition(s).

This Space for Approval Stamp

WELL PERMIT APPROVED
Dept. of Environmental Protection
Water Resources/Water Allocation

FEB 08 1991

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

Date 2/7/91

Signature of Driller

Signature of Owner

#1552

COPIES:

Water Allocation — White

Health Dept. — Yellow

Owner — Blue

Driller — White

Mail to

Water Allocation
CN 029
Trenton, N.J. 08625

Permit No. 3216761

PERMIT TO DRILL WELL

29

COORD #: 32.037.47

Owner Henart Homes, Inc.
Address 111 White Horse Pike
Haddon Heights, New Jersey 08035
Name of Facility Private Residence
Address Virginia Drive Presidential Lakes

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

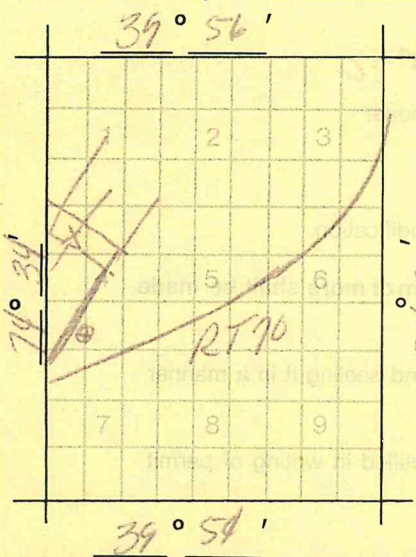
Diameter of Well	4	Inches	Proposed Depth of Well	120	Feet
Proposed Capacity of Pump	10	GPM	Method of Drilling (cable-tool, rotary, etc.)	Rotary	
Use of Well (See Reverse)	Domestic				
Drinking Water Supply?	X		yes (see #6 on reverse)	no	

LOCATION OF WELL

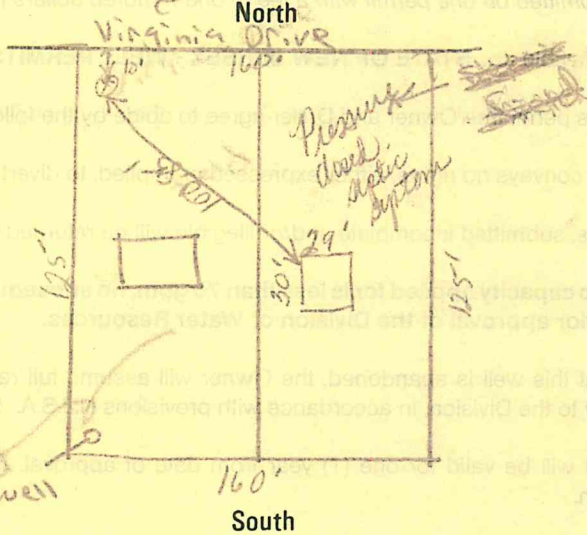
Lot # 13+14 Block # 686 Municipality Pemberton Twp County Burlington

Draw sketch showing distance and relations of well site to nearest public roads, streets, septic systems, etc.

State Atlas Map No. 32



West



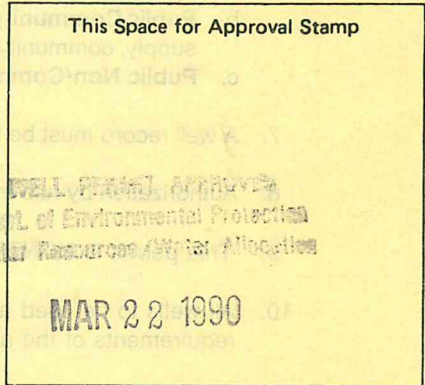
East

South

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

- ☒ DOMESTIC/PUBLIC NON-COMMUNITY Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et. seq.
- ☐ PUBLIC COMMUNITY Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.2 and be constructed in compliance with N.J.A.C. 7:10-11.3.
- ☐ DOMESTIC IRRIGATION SUPPLY - No piping from the well for which the permit applies shall enter any building.
- ☐ HEAT PUMP WELLS - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well. A two hour pump test must be performed on the return well at a rate of 1½ times the estimated return flow of water.
- ☐ INDUSTRIAL SUPPLY - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10-1 et. seq.
- ☐ REPLACEMENT WELL - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment.
- ☐ MONITORING PURPOSES ONLY ☐ IRRIGATION PURPOSES ONLY ☐ TEST PURPOSES ONLY
- ☐ PINELANDS - Well must be drilled over 100' deep or a clay layer at least 4' in thickness must be encountered.
- ☐ GEOPHYSICAL LOGS of this well must be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ SAMPLES of cuttings required every _____ feet or change in material.
- ☐ RESULTS of a volatile organic scan must be obtained prior to using the water and submitted to _____
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:10-12.13 have not been met - see attached additional condition(s).

This Space for Approval Stamp



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

Date 3/8/90

Signature of Driller Charles Jenkins for Charles Jenkins

Signature of Owner Paul

COPIES:

Water Allocation — White

Health Dept. — Yellow

Owner — Blue

Driller — White

ate measures shall be used to insure bottom of
sal bed or each individual trench is level.

il textures other than sands or loamy sands,
ation which exposes the infiltrative surface of the
sal field is not carried out when the soil moisture
nt is above the lower plastic limit.

is necessary to walk on disposal field bottom, a
ble board shall be laid over soil.

ed or compacted soil surfaces produced on bottom or
all of the excavation shall be removed to expose a
soil surface which is rough and uneven.

should be scheduled so that the bottom and sidewalls
excavation will not be exposed to rainfall or
blown silt between time of excavation and time of
inspection and backfilling.

loose soil or debris is washed into or deposited
the excavation area, it should be removed.

ON NETWORK:

material must conform in size and graduation to
umber 24, 3, or 4 shown in Figure 26.

material should be washed gravel or crushed stone,
f fines, dust, ashes, or clay.

material is to be laid into excavation using a
e, front-end loader or dump truck from sides.
d equipment may be used in large beds provided not
r than 8lb./sq. in. and filter material 1 ft. below
e.

all material is of earth similar to that found at
free of stones, stumps, or waste material. Backfill
lal is not more permeable than the surrounding soil.

equipment will not be driven directly on exposed
of the excavation. [Minimum 1 ft. fill below tracks
l times.]

station to be a single pump system.

sal systems were not designed to include garbage
sals, water treatment backwash, spa or hot tub
s, etc...

rical conduits shall be placed between the pump
ar and control panel.

oints shall consist of a solvent weld and be water

ontractor shall verify building sewer lateral
tions, septic tank and pump station elevations
to construction.

OTIC CLOSER TO STREET + WELL DISTANCE TO SEPTIC
SEPTIC PLAN BY SPIGTEL, SPIGTEL OF VORHEES, GIBBS BORO
SIZE FROM 4 BEDROOM TO 3 BEDROOM ^{SHAW-B} DUAL PUMP TO SINGLE PUMP

MENTAL SOIL SCIENCES
NAL ENVIRONMENTAL CONSULTANTS

RTON RD, MEDFORD LAKES NJ, 08055 (609) 953-7930

1 TRIP BURLINGTON CO., N.J.
2 CK 686 LOTS 13 + 14
VIRGINIA TRAIL

ATTENTION

BUILDER, IN TALKER, OWNER, AND INSPECTORS

SPECIAL INSTALLATION REQUIRE-
MENTS MUST BE COM- LIE D WITH
PRIOR TO COVER-UP AND FINAL
APPROVAL BY THIS DEPARTMENT.

This plan for a sewerage facility is

CERTIFIED

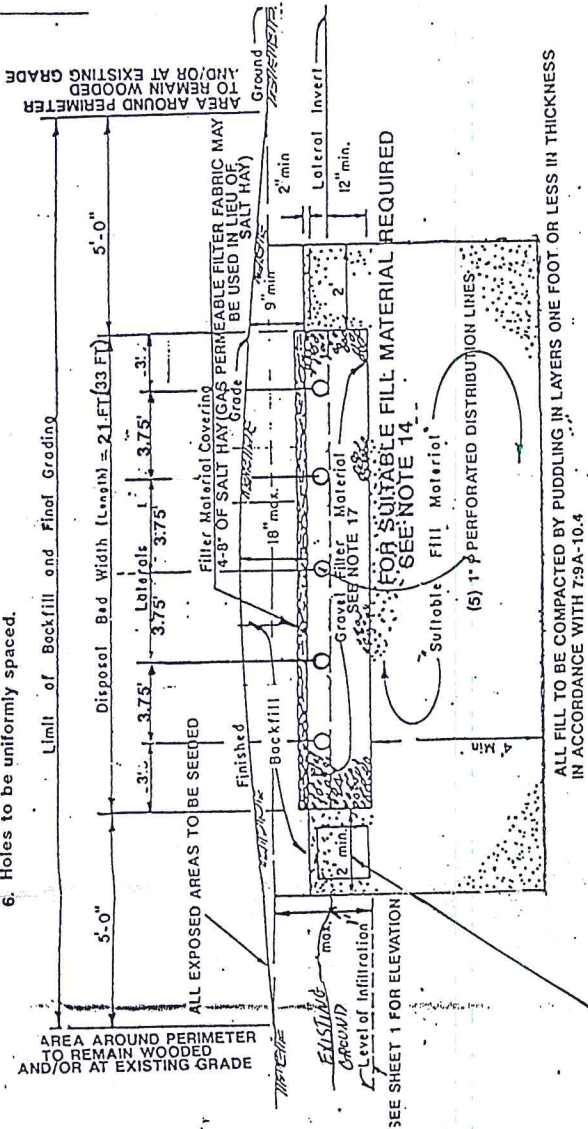
to be in substantial compliance with the provisions
of Chap 189, PL 1954 and the Standards for
Construction as promulgated by the State Dept.
and those established by local ordinance.

By MJ McQuade Date 9/8/92
BURLINGTON COUNTY HEALTH DEPT.
CO. # 118-90 (R)

INSPECTION PORT DETAIL

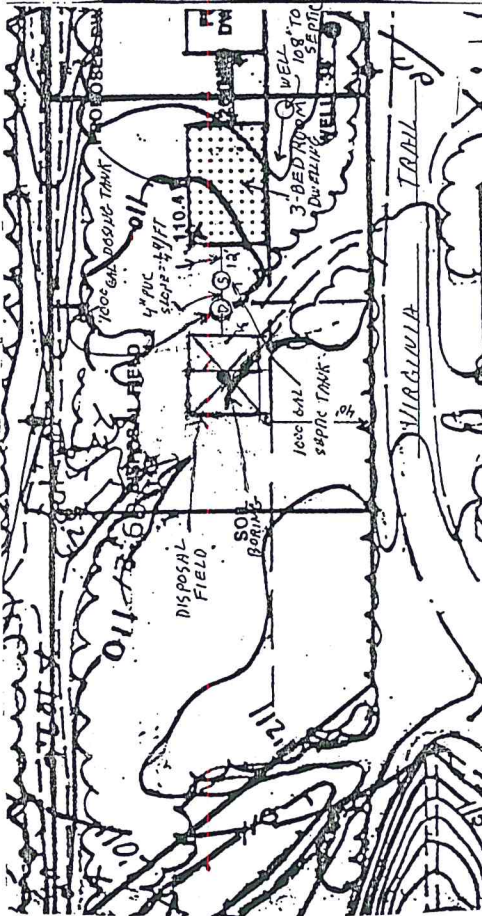


4. Holes shall be in a straight line along invert of laterals.
5. Holes are to be deburred prior to placement.
6. Holes to be uniformly spaced.



TO BE PLACED IN ALL DIRECTIONS AROUND SEPTIC BED AREA

Figure 19. Soil Replacement, Fill-enclosed Disposal Field Installation.

[illegible]

John Bidrawn 10-1-92
JOHN BIDRAWN
PROFESSIONAL ENGINEER

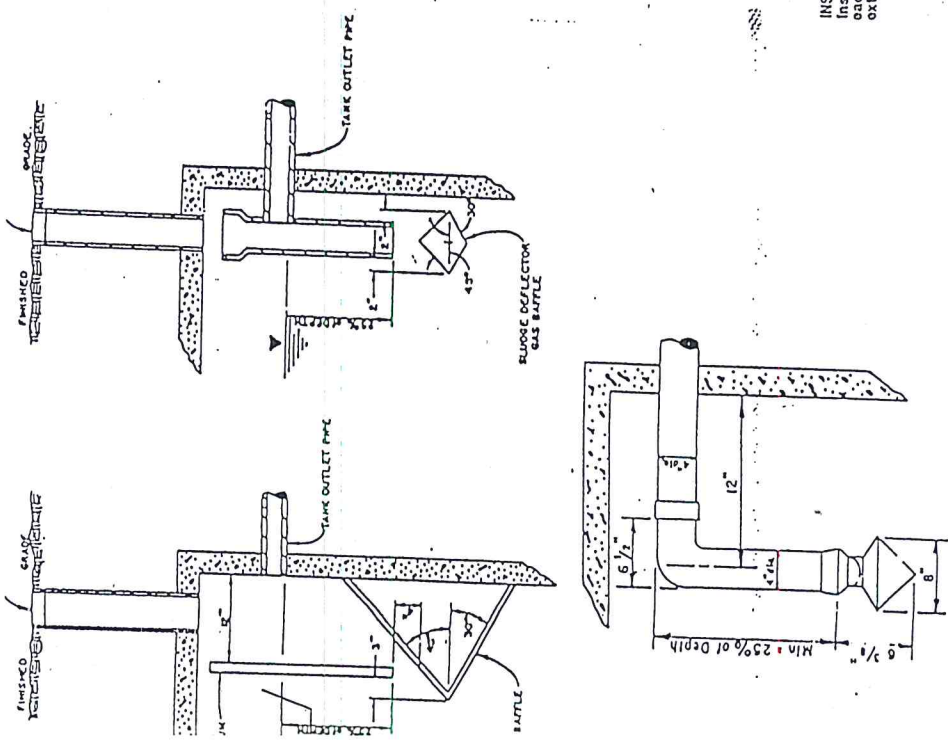
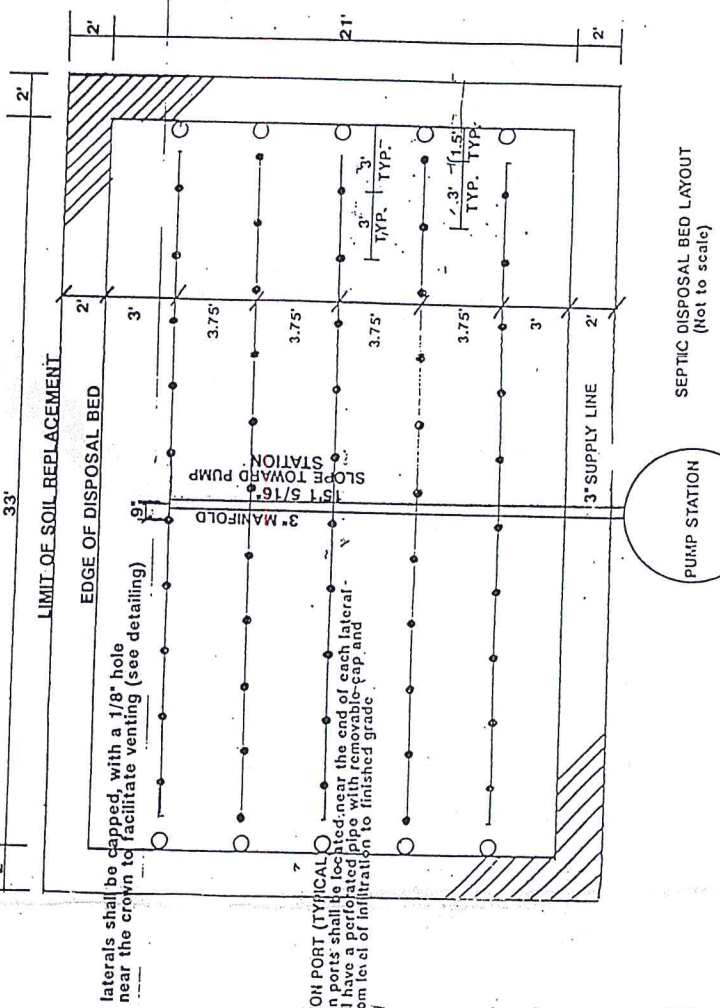
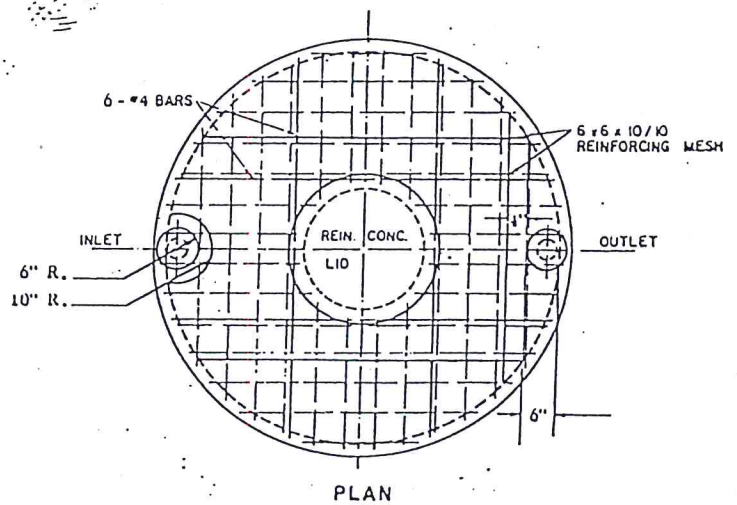
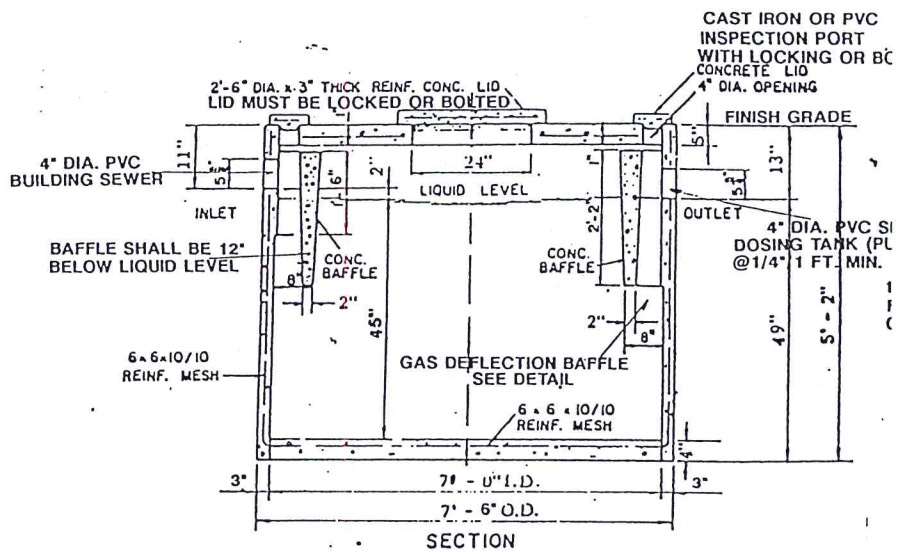


Figure 12. Gas Deflection Baffles

1. Property outbounds information taken from plans entitled "Plan of Lots" Prepared by United Engineer - Arthur C. Anthony, N.J.P.E. License No. 9559.
2. Topographic information taken from Plan prepared by Topographic Data Consultants, Inc. dated March 2, 1990.
3. All construction to be in accordance with the septic system requirements of N.J.A.C. 7-9A operative as of January 1, 1990.
4. Dwellings are to be served by private wells, to be located a minimum of 100 feet from the septic system.
5. Proposed Dwelling size: 3 Bedroom Single Family Dwelling. Septic tank size is based on a 3 Bedroom single family dwelling = 500 GPD.
6. The results of the test borings are shown on Sheet No. 1. These were performed by BCK Engineers, Inc. Actual bed sizing was based on pressure dosing value of 1.33 square feet of bottom area per gallon of daily sewage volume. A 3 bedroom dwelling with 500 gallons per day of sewage flow shall require an 665 square foot disposal bed.
7. Building sewer to be 4" diameter PVC, S.D.R. 35 slope and cover to be in accordance with the Uniform Construction Code N.J.A.C. 5.23.

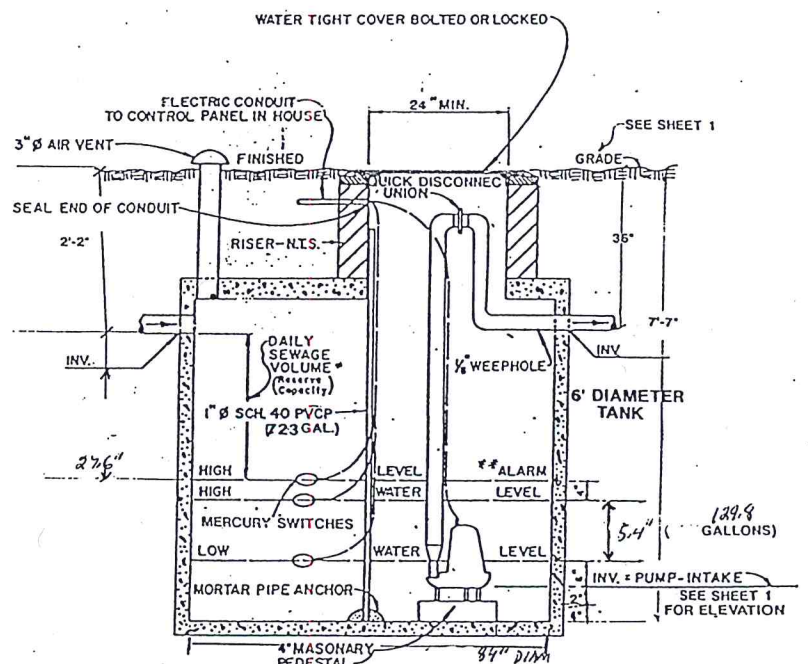


- LATERAL NOTES:
1. Laterals to be placed approximately level, no more than 2' slope.



1000 GALLON SEPTIC TANK

DESCRIPTION:
CONCRETE BAFFLES TO BE POURED MONOLITHICALLY
OUTSIDE DIAMETER: 7'-6"
HEIGHT OVERALL: 5'-2"
CONCRETE: 4500#



** HIGH LEVEL ALARM SHALL NOT BE LOCATED ON SAME CIRCUIT AS PUMP AND ITS SWITCHES & ALL ELECTRICAL CONTACTS AND RELAYS TO BE LOCATED OUTSIDE OF DOSING TANK.