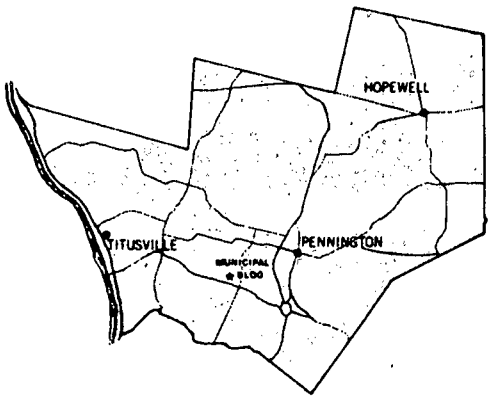


TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

December 15, 1982

Mrs. Mary E. Mulford
4 Cedar Drive
Hopewell, New Jersey 08525

Re: Block 20.02 - Lot 3

Dear Mrs. Mulford:

I have reviewed the application submitted by Mr. Rittenhouse and have approved it for installation.

However, I will need your signature on the application where indicated and a check for $35.00 for the permit. The alteration should be completed by late spring, if possible.

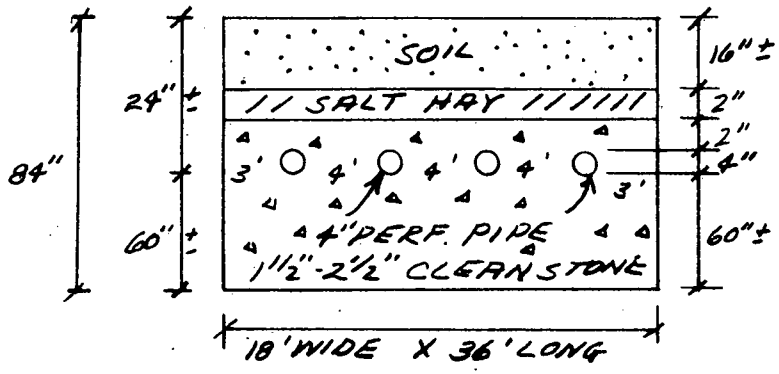
If I can be of any assistance in this matter, feel free to contact me.

Very truly yours,

Gary A. Guarino
Sanitary Inspector

GAG:hc
Enclosure-Application and
Approved Design

File



BED SECTION

NO SCALE

DESIGN APPROVED

DATE: 12-15-82

HOPEWELL TOWNSHIP HEALTH DEPT.

BRYCE M. RITTENHOUSE - PROFESSIONAL ENGINEER & LAND SURVEYOR 13453

SHEET	SECTION	LOT
5	20.02	3

PRINCETON JCT. ENGINEERING CO.
PROFESSIONAL ENGINEERS & LAND SURVEYORS
P.O. BOX 223 NORTH POST RD.
PRINCETON JUNCTION, NEW JERSEY 08550
(609) 799 1906 (609) 799 1963

DISPOSAL SYSTEM ADDITION FOR

BETTY MULFORD

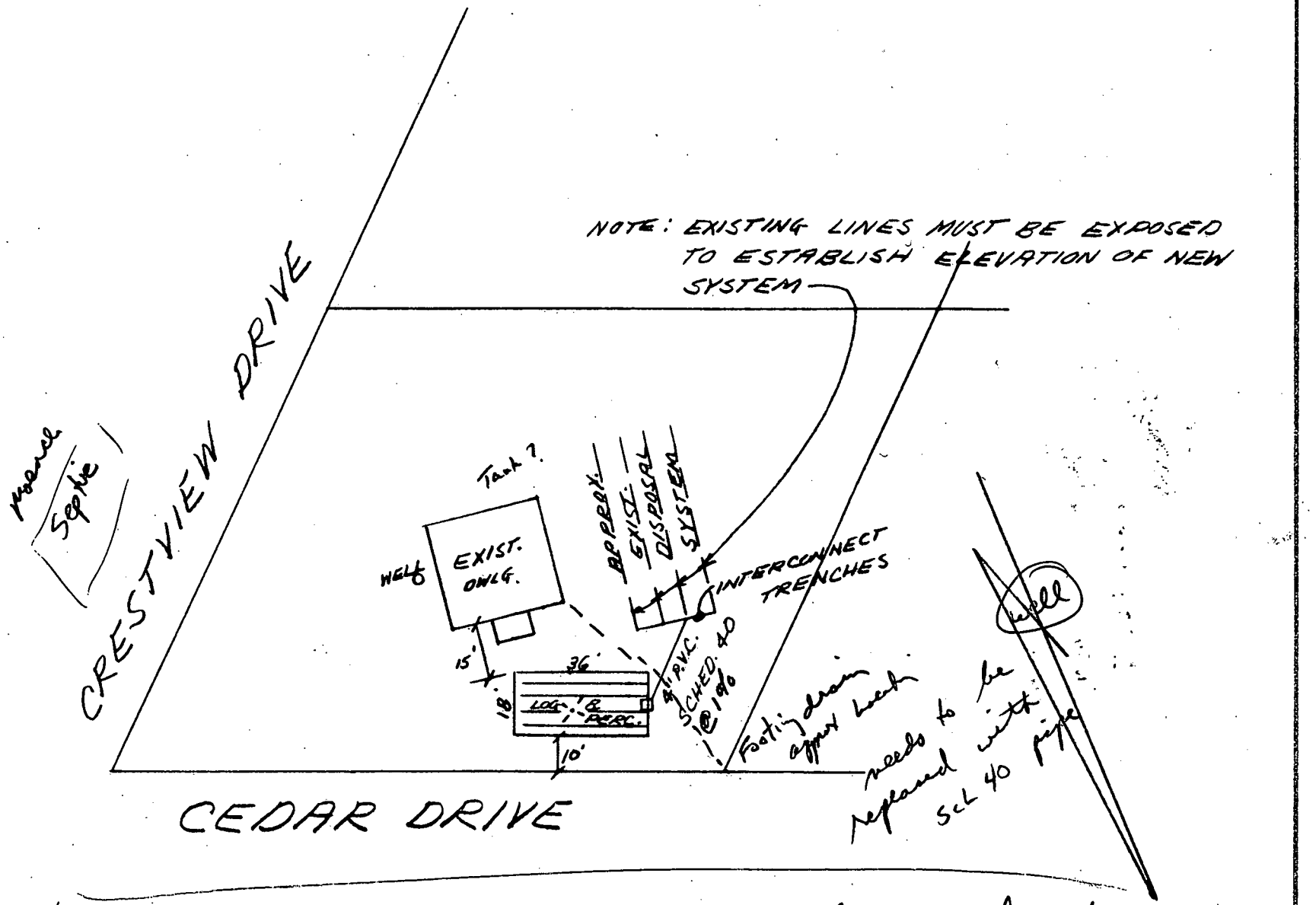
HOPEWELL TOWNSHIP, MERCER CO., NEW JERSEY

FRANK L QUINBY	P.E.	L.S	NO. 11087
BRYCE M RITTENHOUSE	P.E.	L.S.	NO. 13453
ARNOLD RYDEN, JR		L.S.	NO. 21223
D. GEOFFREY BROWN	P.E.		NO. 24327
JOSEPH P. FEDERICI, JR.	P.E.		NO. 27055

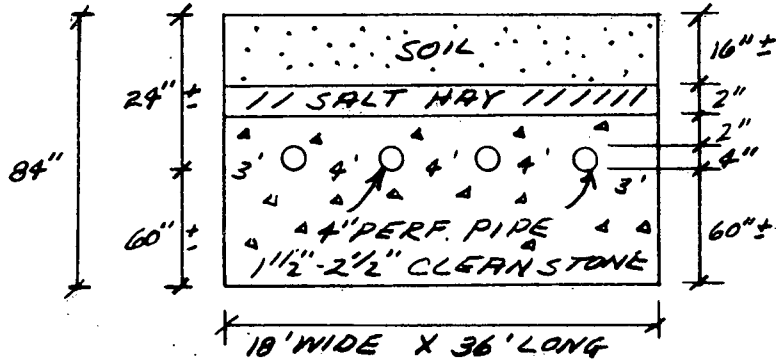
Bryce M. Rittenhouse 11/18/82
DATE

DRAWN	DATE
BR	11/18/82
CHECK	SCALE
	1"=40'
REV.	

AF 23654


NOTE: EXISTING LINES MUST BE EXPOSED TO ESTABLISH ELEVATION OF NEW SYSTEM
CRESTVIEW DRIVE
proposed septic
Tank ?
EXIST. DWLG.
WELL
APPROX. EXIST. DISPOSAL SYSTEM
INTERCONNECT TRENCHES
15'
36'
18'
LOG. & PERC.
4" P.V.C. SCHED. 40 @ 1%
10'
Footing drain appears to be needed to be replaced with sch 40 pipe
well
CEDAR DRIVE
well
septic
If ground water encountered 48" of select fill will be required in place of some stone.

Const. Office



BED SECTION

NO SCALE

DESIGN APPROVED

DATE: 12-15-82

HOPEWELL TOWNSHIP HEALTH DEPT.

BRYCE M. RITTENHOUSE - PROFESSIONAL ENGINEER & LAND SURVEYOR 13453

SHEET	SECTION	LOT
5	20.02	3

PRINCETON JCT. ENGINEERING CO.

PROFESSIONAL ENGINEERS & LAND SURVEYORS

P.O. BOX 223 NORTH POST RD.

PRINCETON JUNCTION, NEW JERSEY 08550

(609) 799 1906 (609) 799 1963

DISPOSAL SYSTEM ADDITION FOR

BETTY MULFORD

HOPEWELL TOWNSHIP, MERCER CO., NEW JERSEY

FRANK L. QUINBY	P.E	L.S.	NO.	11087
BRYCE M. RITTENHOUSE	P.E.	L.S.	NO.	13453
ARNOLD RYDEN, JR		L.S.	NO.	21223
D. GEOFFREY BROWN	P.E.		NO.	24327
JOSEPH P. FEDERICI, JR.	P.E.		NO.	27055

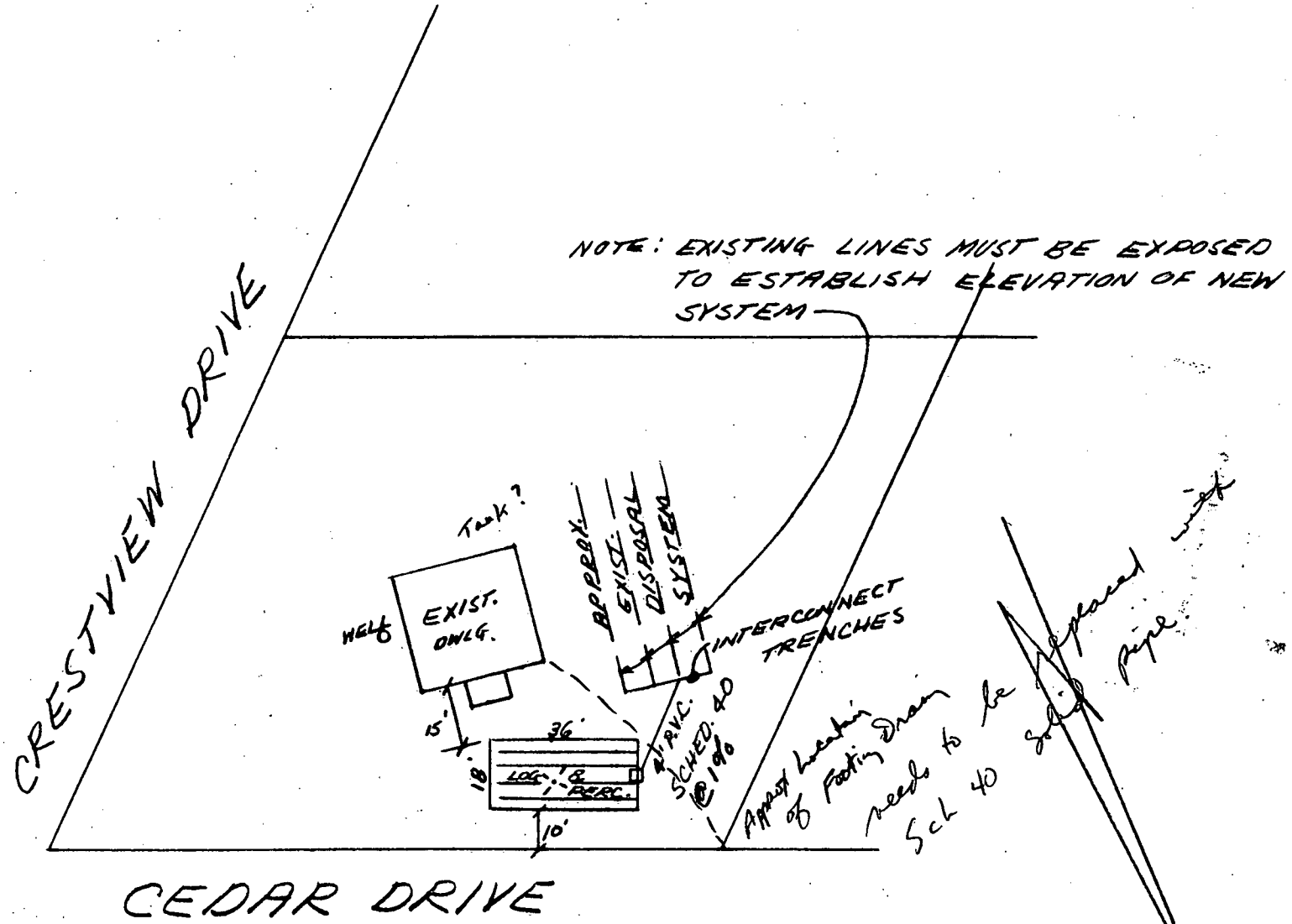
Bryce M. Rittenhouse 11/18/82

DATE

DRAWN	BR
CHECK	BR
REV.	

DATE
11/18/82
SCALE
1"=40'

AF 23654


NOTE: EXISTING LINES MUST BE EXPOSED TO ESTABLISH ELEVATION OF NEW SYSTEM
CRESTVIEW DRIVE
Tank?
WELL
EXIST. DWLG.
APPROX. EXIST. DISPOSAL SYSTEM
INTERCONNECT TRENCHES
15'
36'
18'
LOG. & REC.
4" P.V.C. SCHED. 40 @ 1%
10'
Approx Location of Footing Drain needs to be Sch 40 solid pipe
CEDAR DRIVE
If ground water encountered Select fill will need be install to a depth of 48"

SOIL LOG AND PERCOLATION TESTS

OWNER/DEVELOPER Mulford

BLOCK 20.02

LOCATION Cedar Drive

LOT 3

ENGINEER Bryce Rittenhouse

INSPECTOR [illegible]

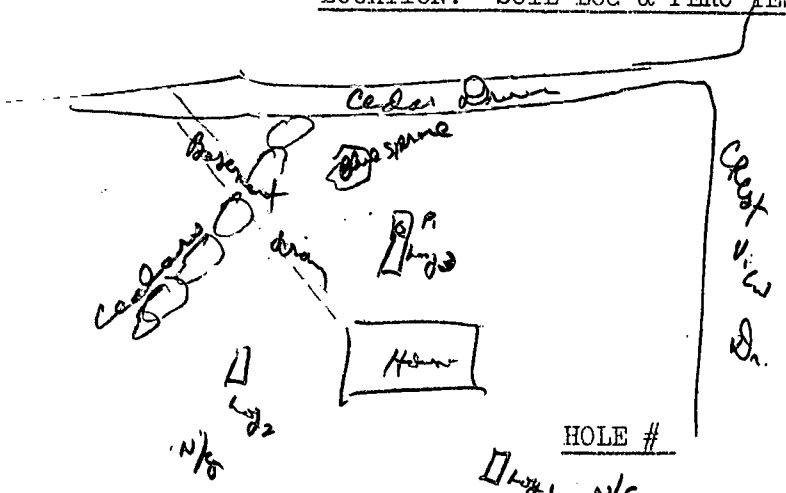
DATE OF LOG 9/22/82 DATE OF PERC 9/27/82 DEPTH OF GROUND WATER

SOIL LOG

Log 120"

NO H_2O

LOCATION: SOIL LOG & PERC TESTS



HOLE #

STABILIZATION		
DEPTH:		
TIME	INCHES	
1:32	9 3/4	
1:42	10 1/8	3/8
1:43	9 1/2	
1:53	9 7/8	3/8
1:54	9 1/2	
2:04	9 7/8	3/8

TEST		
DEPTH:		
TIME	INCHES	
1:54	9 1/2	
2:04	9 7/8	3/8
2:34	11	
2:54	11 1/2	2
3:14	12	2 1/2

RATE:

HOLE #

STABILIZATION		
DEPTH:		
TIME	INCHES	

TEST	
DEPTH:	
TIME	INCHES

RATE:

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
   - ☒ Show to whom and date delivered..... ___ ¢
   - ☐ Show to whom, date and address of delivery.... ___ ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom and date delivered..... ___ ¢
   - ☐ RESTRICTED DELIVERY.
     Show to whom, date, and address of delivery.$ ___

   (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
   Mrs. Mary E. Mulford
   4 Cedar Drive
   Hopewell, N.J. 08525

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P356447607	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐Addressee ☐Authorized agent

4. Mary E Mulford
   DATE OF DELIVERY — POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: — CLERK'S INITIALS

HOPEWELL, N.J. MAY 10 USPS

☆GPO: 1979-300-459

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

U.S.MAIL

RETURN TO

Hopewell Township Health Dept.

(Name of Sender)

Rt. 546 & Scotch Road

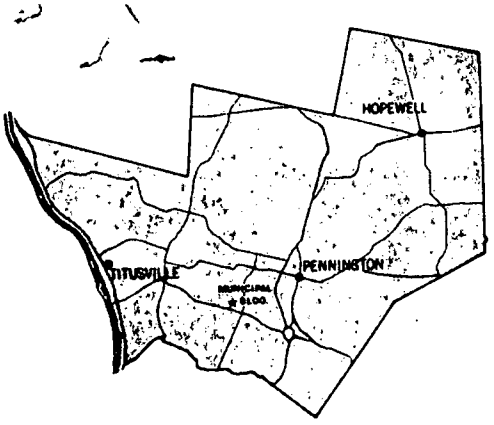
(Street or P.O. Box)

Titusville, New Jersey 08560

(City, State, and ZIP Code)

June 10

6-7-82 Received call from Mrs Mulford. Re: checking on engineer



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

May 7, 1982

Mrs. Mary E. Mulford
4 Cedar Drive
Hopewell, New Jersey 08525

Re: Block 20.02 - Lot 3

Dear Mrs. Mulford:

As per our telephone conversation of May 6, 1982, I am informing you that an alteration to the existing sewage disposal system at the above property will be required.

During my inspection of May 4, 1982, I traced the laundry discharge to the drainage ditch in the front of the house, and observed that the existing system was overflowing in the rear yard.

This is a violation of both State and Township Ordinances, and will require a repair in accordance to N.J.D.E.P. Standards for the construction of sub surface sewage disposal system (1978) Chapter 199.

Under the present standards all new systems and alteration to existing system shall be designed in accordance to current, accurate engineering data provided by a New Jersey Licensed Professional Engineer.

It will be the Engineer's job to perform a percolation test and a soil log with the depth to the seasonal high water table.

This information can then be used to design a system capable of servicing a house with three bedrooms with laundry facilities.

By following this prcedure you are assured of a satisfactorily operating system barring naturally occurring problems.

As an immediate abatement of these violations the washing facilities must be redirected into the existing sewage facilities.

If, as in this case, the present system is failing then the laundry will have to be taken out until this system is corrected.

Water conservation devices, such as toilet dams and shower heads, will greatly reduct the volume of water used, thereby reducing the loading of the system.

In an effort to fix the system as soon as possible, you will be required to have an engineer perform the required tests within thirty (30) days from receipt of this notice, with corrective action to follow as agreed upon by yourself, this office, the installer and acceptable weather conditions.

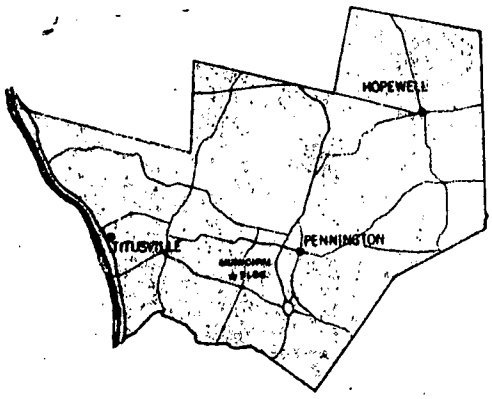
If I can be of any assistance, please feel free to contact me.

Very truly yours,

Gary A. Guarino

Gary A. Guarino
Registered Sanitarian

GAG:hc
Registered # P356447607
Enclosure



TOWNSHIP of HOPEWELL

MERCER COUNTY

RT. 546 & SCOTCH ROAD ■ TITUSVILLE, NEW JERSEY 08560

August 20, 1982

Mrs. Mary E. Mulford
4 Cedar Drive
Hopewell, New Jersey 08525

Re: Block 20.02 - Lot 3

Dear Mrs. Mulford:

On May 12, 1982 I collected several water samples from various properties in your neighborhood. Your well was of concern because of the failing septics on your lot and your neighbors uphill on Crestview Drive. Although no one was home on May 12th, I was able to take a sample from the outside faucet.

The sample from your well was unsatisfactory according to the bacteriological standards for potable water supplies.

The results were 2 coliform bacteria per 100 ml of water. This is very low contamination. It is recommended that you have the well chlorinated and retested.

If I can be of any assistance in this matter please feel free to call me at 737-0120.

I also understand that Mr. Rittenhouse has been hired to study and design a repair for your onsite subsurface sewage disposal system. He hopes to do some on-site testing within the next few weeks.

Very truly yours,

Gary A. Guarino
Registered Sanitarian

CAG:hc
Enclosure - water report

Chem-8
Aug. 76

NEW JERSEY STATE DEPARTMENT OF HEALTH

BACTERIOLOGICAL AND/OR CHEMICAL WATER ANALYSIS

ATTACH LAB FEE STAMPS HERE IF SAMPLE IS NOT FROM A COMMUNITY WATER SUPPLY OR RELATED TO JUSTIFIABLE EPIDEMIOLOGICAL INVESTIGATION OF WATER-BORNE DISEASES

SAMPLE NO. B27709

DATE OF COLLECTION 8-12-82

TIME OF COLLECTION 11:50 a.m. / p.m.

DATE TO LABORATORY ☐ Mailed ☒ Delivered

MUNICIPALITY: Hopewell Township

COUNTY: Mercer

SAMPLE TAKEN FROM: out side top

SAMPLE TAKEN BY: Gary

LOCATION OF PREMISES: Cedar Drive, Hopewell

P.O. ADDRESS - IF DIFFERENT THAN PREMISES LOCATION

NAME OF OWNER: Mary Mulford

NAME OF TENANT

NAME OF MUNICIPAL WATER DEPARTMENT OR COMPANY

MAIL REPORT TO:

NAME: Hopewell Township Health Dept.

ADDRESS: Rt. 546 & Scotch Road

Titusville, N.J. 08560

DISTANCE OF WELL FROM SEPTIC TANK SYSTEM OR CESSPOOL: Ft.

IF FROM PRIVATE WELL, STATE DEPTH OF WELL: Ft.

LAB NO. TH176

DATE RECEIVED 8/12/82

REMARKS: Standard water report

RECEIVED 2:00
AUG 19 1982
Hopewell Township Health Dept.

LABORATORY RESULTS

BACTERIOLOGICAL

COMPLETED MULTIPLE TUBE TEST FOR COLIFORMS

PRESENT IN _____ OF FIVE 10 ML. PORTIONS EXAMINED

TOTAL COLIFORMS: MOST PROBABLE NO./100 ML. _____

FECAL COLIFORMS: MOST PROBABLE NO./100 ML. _____

FECAL STREPTOCOCCI MOST PROBABLE NO./100 ML. _____

MEMBRANE FILTER TECHNIC

TOTAL COLIFORMS: 2 COLONIES/100 ML.

FECAL COLIFORMS: _____ COLONIES/100 ML.

REMARKS:

UNSATISFACTORY

DOES NOT MEET BACTERIOLOGICAL STANDARD

PHYSICAL AND CHEMICAL

(ALL RESULTS EXPRESSED AS MGS./LITER EXCEPT STANDARD UNITS FOR COLOR, ODOR, TURBIDITY AND pH).

	Color		Chloride		Sodium
	Odor		Total Solids		Others:
	Turbidity		M.B.A.S.		
	pH		Total Hardness		
	Alk. to pH4		Iron		
	Nitrate (as NO_3)		Sulfate (as SO_4)		

ANALYSIS COMPLETED
AUG 16 1982

REMARKS: REPORT SUBMITTED

IMPORTANT INSTRUCTIONS

1. Use bottles supplied by Laboratory.
2. If sampling from a tap, run off water in house piping first. FLAME TAP.
3. Carefully remove stopper with foil on it. Avoid touching lip and inside of neck or stopper with fingers.
4. Fill bottle to neck. (DO NOT OVERFILL). Replace stopper tightly and dry outside.
5. MAIL OR DELIVER TO LABORATORY AS PROMPTLY AS POSSIBLE. SPECIMEN WILL NOT BE EXAMINED UNLESS RECEIVED WITHIN 30 HOURS OF SAMPLING TIME!
6. Laboratory Address:

   NEW JERSEY STATE DEPARTMENT OF HEALTH
   DIVISION OF LABORATORIES AND EPIDEMIOLOGY
   P.O. BOX 1540
   TRENTON, NEW JERSEY 08625
7. If mailed, make sure sample is taken early in the week (preferably Monday or Tuesday, and certainly no later than Wednesday) to avoid weekend postal delays.
8. Be sure to reach a major post office early enough to assure same-day postal processing.

Martin Goldfield, M.D. ASSISTANT COMMISSIONER

H1826

Chem-8
Aug. 76

NEW JERSEY STATE DEPARTMENT OF HEALTH

B20.02 Ltr 2

BACTERIOLOGICAL AND/OR CHEMICAL WATER ANALYSIS

ATTACH LAB FEE STAMPS HERE IF SAMPLE IS NOT FROM A COMMUNITY WATER SUPPLY OR RELATED TO JUSTIFIABLE EPIDEMIOLOGICAL INVESTIGATION OF WATER-BORNE DISEASES

SAMPLE NO. B 27709	DATE OF COLLECTION 8-10-82
TIME OF COLLECTION 11:50 a.m. / p.m.	DATE TO LABORATORY ☐ Mailed ☐ Delivered
MUNICIPALITY Hopewell Township / COUNTY Mercer	SAMPLE TAKEN FROM tap	SAMPLE TAKEN BY
LOCATION OF PREMISES Cedar Drive, Hopewell	P.O. ADDRESS - IF DIFFERENT THAN PREMISES LOCATION
NAME OF OWNER Mary Mulford / NAME OF TENANT	NAME OF MUNICIPAL WATER DEPARTMENT OR COMPANY
MAIL REPORT TO: NAME: Hopewell Township Health Dept. ADDRESS: Rt. 546 & Scotch Road, Titusville, N.J. 08560	DISTANCE OF WELL FROM SEPTIC TANK SYSTEM OR CESSPOOL Ft. / IF FROM PRIVATE WELL, STATE DEPTH OF WELL Ft.
	LAB NO. TH176 / DATE RECEIVED 8/12/82
REMARKS 1 rep 1	2 rep

LABORATORY RESULTS

BACTERIOLOGICAL

COMPLETED MULTIPLE TUBE TEST FOR COLIFORMS

PRESENT IN _____ OF FIVE 10 ML. PORTIONS EXAMINED

TOTAL COLIFORMS: MOST PROBABLE NO./100 ML. _____

FECAL COLIFORMS: MOST PROBABLE NO./100 ML. _____

FECAL STREPTOCOCCI MOST PROBABLE NO./100 ML. _____

MEMBRANE FILTER TECHNIC

TOTAL COLIFORMS: 2 COLONIES/100 ML.

FECAL COLIFORMS: _____ COLONIES/100 ML.

REMARKS: UNSATISFACTORY

DOES NOT MEET BACTERIOLOGICAL STANDARD

PHYSICAL AND CHEMICAL

(ALL RESULTS EXPRESSED AS MGS./LITER EXCEPT STANDARD UNITS FOR COLOR, ODOR, TURBIDITY AND pH).

Color	Chloride	Sodium
Odor	Total Solids	Others:
Turbidity 1	M.B.A.S.	1
pH	Total Hardness	
Alk. to pH4	Iron	
Nitrate (as NO_3)	Sulfate (as SO_4)	

ANALYSIS COMPLETED
AUG 16 1982

REMARKS:

REPORT SUBMITTED

IMPORTANT INSTRUCTIONS

1. Use bottles supplied by Laboratory.
2. If sampling from a tap, run off water in house piping first. FLAME TAP.
3. Carefully remove stopper with foil on it. Avoid touching lip and inside of neck or stopper with fingers.
4. Fill bottle to neck. (DO NOT OVERFILL). Replace stopper tightly and dry outside.
5. MAIL OR DELIVER TO LABORATORY AS PROMPTLY AS POSSIBLE. SPECIMEN WILL NOT BE EXAMINED UNLESS RECEIVED WITHIN 30 HOURS OF SAMPLING TIME!
6. Laboratory Address:
   NEW JERSEY STATE DEPARTMENT OF HEALTH
   DIVISION OF LABORATORIES AND EPIDEMIOLOGY
   P.O. BOX 1540
   TRENTON, NEW JERSEY 08625
7. If mailed, make sure sample is taken early in the week (preferably Monday or Tuesday, and certainly no later than Wednesday) to avoid weekend postal delays.
8. Be sure to reach a major post office early enough to assure same-day postal processing.

RECEIVED
AUG 30 1982
Hopewell Township Health Dept.

Martin Goldfield, M.D. ASSISTANT COMMISSIONER

H1826

Addition B22.02 Lot 3 #1017

APPLICATION FOR SEWAGE DISPOSAL PERMIT

No. 1161

To the Board of Health,

I hereby make application for a permit for the (Construction) (Reconstruction) of the sewage or waste collection and disposal system described below:

Type of Receptacle	Size (Length, width, depth, height)	Complete list of materials to be used in construction
Privy vault		
Cesspool		
Septic tank		
Chemical toilet		
Type of Disposal		
Leaching basin		
Tile drain	100'	stone, salt hay 4" perforated O.B pipe
Rock drain		
Other type		

The following plumbing fixtures will drain into the system: all

The following portions of the system will be water-tight: _____

The following portions of the system will be built so as to exclude flies continuously: all joints

On said portions the following means of excluding flies will be used: all covered

A Fee of $ 5.00 Must Be Paid with This Application

On the other side, draw a sketch showing the location of the proposed privy vault, cesspool, septic tank or other receptacle and all pipes and drains to be connected therewith in relation to:

(1) the outer boundary lines of the property, and distances thereto.
(2) the line of the front foundation wall of the dwelling.
(3) any proposed or existing well on the property.
(4) any well existing on an adjacent property which will be within fifty (50) feet of any part of the proposed receptacle, pipe or drain.

List on the drawing all immediately adjoining property owners, if known to applicant.

Owner of property Richard C. Mullord

Address Hopewell

Location at which construction is to take place same Sat 41, Page 5, Section 20

Signature of applicant Richard C. Mullord

(to be signed by owner or contractor, it being understood that the owner is bound by the statements of his contractor.)

Date June 13, 1962

Owner or contractor must notify the Board of Health when work is completed except for the covering of the system. Under no circumstances must the work be covered with dirt or other material before final inspection is made.

new system
100'
old system

fill
36
4" PVC O.B.
key tyes