Township of Hillsborough

COUNTY OF SOMERSET
MUNICIPAL BUILDING
379 SOUTH BRANCH ROAD
HILLSBOROUGH, NEW JERSEY 08844
(908) 369-4313

www.hillsborough-nj.org

HILLSBOROUGH TOWNSHIP HEALTH DEPARTMENT

DATE: 7/9/2020

FROM:

___ Siobhan Spano Health Officer	___ Chip Alfred Famularo Environmental Technician
___ Michael Carr Director of Environmental Programs	___ Karen Sowden Secretary / Registrar
___ Nick Delisi Environmental Technician	___ Christine Araco Deputy Registrar

TO: Logan Beck

Number of pages (including Cover Sheet): 11

NOTES: This is all we have in Both Files
BL 2000 LI 1 200.04 Lt 2
for any questions Call ask for Chip

Telephone Number- (908) 369-5652

Fax Number - (908) 369-8565

RICHARD P. SCHUBACH
ATTORNEY AT LAW
1124 ROUTE 202
SUITE A-8
RARITAN, NJ 08869

TELEPHONE: (201) 707-1707
FAX: (201) 707-1711

FAX TRANSMISSION COVER PAGE

DATE: 12/13/90

TO: [illegible]

FROM: Schubach

RE: Burger - Septic Cert

FAX TO: 369-8565

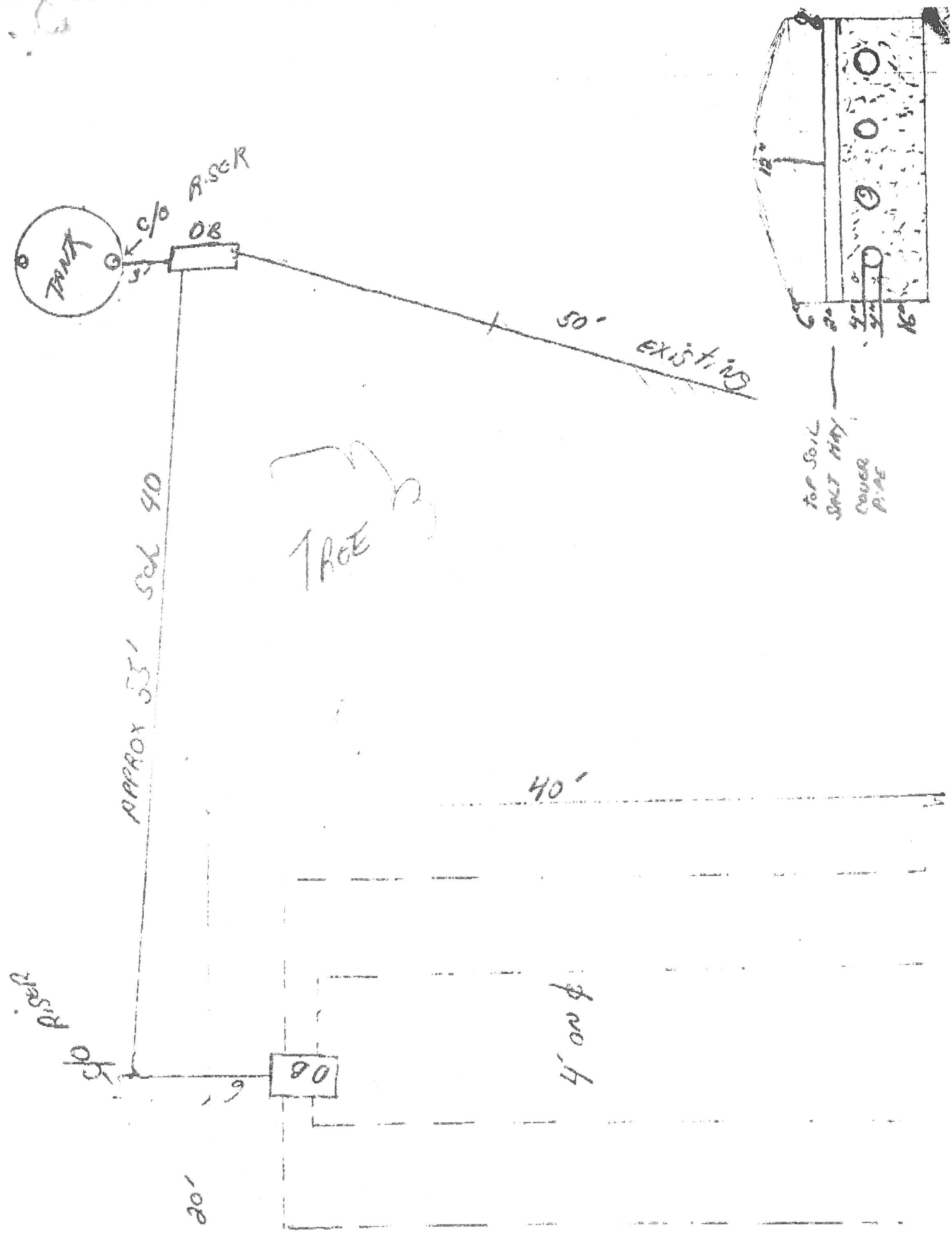
NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 4

MESSAGE:

Please find documentation relating to the Burger's septic system

(If copy is illegible or incomplete, please call Susan at (201) 707-1707 , immediately for retransmission.)

THANK YOU. HAVE A NICE DAY!!


TANK
C/O RISER
DB
50'
EXISTING
TREE
APPROX 55' SCH 40
40'
RISER
C/O
DB
6'
4' OC
20'
TOP SOIL
SALT HAY
COVER
PIPE
12"

725-4307

C & G
EXCAVATING

369-4646

SOUTH BRANCH RD., FLAGTOWN, N.J. 08821

№ 006327

DATE 8/25 19 87

SOLD TO Richard Berger

ADDRESS Winding Way

UNIT	QUANTITY	DESCRIPTION		AMOUNT
		Septic System Installed		
		20x40-Bed		
		Labor & Materials		
			TAX	
			TOTAL	$ 3475.00

RECEIVED BY

COMPLETED _____ NO. _____

WELL REPORT _____ COMPLIANCE _____

BOARD OF HEALTH OF HILLSBOROUGH TOWNSHIP
COUNTY OF SOMERSET STATE OF NEW JERSEY
APPLICATION FOR PERMIT TO LOCATE AND
CONSTRUCT OR ALTER AN
INDIVIDUAL SEWAGE DISPOSAL SYSTEM

DATE 8/25/87

LOCATION Millstone Rd & Wilson Rd

BLOCK _____ LOT _____

OWNER Robert Berger

ADDRESS _____

TYPE OF BUILDING TO BE SERVED 4 BR

USE : YEARLY ✓ SUMMER _____

GALS. PER PERSON _____ TYPE OF FACILITIES _____

SIZE OF LOT _____ AREA SQ. FT. _____

SEPTIC TANK: CAPACITY 1000 SHAPE Round

MATERIAL _____

DISPOSAL TRENCHES: WIDTH — DEPTH —

LIN. FT. OF PIPE _____ DISTANCE BETWEEN LINES _____

TYPE OF PIPE _____

DISPOSAL BED: WIDTH 20 LENGTH 40

AREA IN SQ. FT. 800 LIN. FT. OF PIPE 40

TYPE OF PIPE PERF 4" PVC

DISTANCE BETWENN LINES 4 ft.

PERCOLATION TESTS RESULTS : PERFORMED BY _____

_____ DATE : _____

Owner: Robert Berger
OWNER

A Plot Plan showing the following - lot dimensions, location of house, location of each unit of disposal system, all buildings and large trees in disposal area and slope. Include distance from house, side and rear lot lines, auxiliary buildings, large trees and sewerage units. Also septic & well locations on adjacent lots.

The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of an ordinance entitled: "AN ORDINANCE establishing a code to regulate and control the location construction, use, maintenance, and method of emptying or cleaning individual sewage disposal systems, or other places used for the reception or storage of human excrement, the issuance of (licenses)(permits) and providing penalties for the violation thereof", adopted by the Board of Health of Hillsborough Township 5-23-57.

Contractor

Township of Hillsborough

COUNTY OF SOMERSET
MUNICIPAL BUILDING
AMWELL ROAD
NESHANIC, NEW JERSEY 08853

TELEPHONE
(201) 369-4313

December 18, 1990

Mrs. Linda Burger
165 Willow Road
Belle Mead, N.J. 08502

Dear Mrs. Burger:

This is to verify that the septic system located on Block 200D, Lot 1, on the corner of Willow Road and Winding Way was renovated in August, 1987 by C & G Excavating, South Branch Rd., Flagtown, N.J. in conformance with the state and local regulations in effect at that time. In addition, there have been no reported problems since the completion of the work.

I trust this information will address your concerns.

Sincerely,

Glen Belnay, Ph.D
Health Officer

Township of Hillsborough

COUNTY OF SOMERSET
MUNICIPAL BUILDING
AMWELL ROAD
NESHANIC, NEW JERSEY 08853

TELEPHONE
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MUNICIPAL BUILDING
AMWELL ROAD
NESHANIC, NEW JERSEY 08853

TELEPHONE
(908) 369-4313

Karen -
Lets start a file on this Company.

September 4, 1992

MEMORANDUM

TO: Glen Belnay

FROM: Shirley Yannich S.Y.

RE: AIRBOURNE POLLUTANTS

The zoning officer is holding up these two zoning permits based on zoning ordinance 77-90 that refers to prohibited uses involving dangerous chemicals or environmental concerns. Please advise if there are any health issues.

Thank you.

enclosures

TOWNSHIP OF HILLSBOROUGH
APPLICATION FOR ZONING PERMIT

****HOME OCCUPATION****

****NON-RESIDENTIAL****

THE FOLLOWING MATERIAL MUST BE SUBMITTED AT THE TIME OF APPLICATION:

1. COPY OF APPLICATION - SIGNED BY OWNER OF PROPERTY OR OWNERS REPRESENTATIVE.
2. A PROPERTY SURVEY MAP, SITE PLAN AND/OR FLOOR PLAN MUST BE INCLUDED WITH YOUR APPLICATION. (EXCEPT IN CHANGE OF USE).
3. THE FEE FOR A ZONING PERMIT IS $25.00. CHECK WITH OTHER DEPARTMENTS FOR APPROPRIATE FEES FOR OTHER PERMITS.

MAKE CHECK PAYABLE TO: HILLSBOROUGH TOWNSHIP

CONTACT BUILDING AND HEALTH DEPARTMENTS FOR ANY ADDITIONAL PERMITS WHICH MAY BE REQUIRED.

THE APPLICATION, SURVEY AND FEE SHOULD BE RETURNED TO THE PLANNING DEPARTMENT OFFICE FOR PROCESSING.

NAME OF APPLICANT: COPPER HILL FURNITURE, INC.

NAME OF PROPERTY OWNER: LARKEN ASSOC.

MAILING ADDRESS: Building 9, Units 2+4, ILENE COURT

BELLE MEAD, NJ ZIP 08502

STREET ADDRESS: _____

_____ ZIP _____

DAYTIME TELEPHONE #: 908 359 3242

LOCATION FOR WHICH PERMIT IS REQUESTED:

BLOCK 200.04 LOT 2 ZONE _____

DATE OF SITE PLAN APPROVAL: _____

USE FOR WHICH PERMIT IS REQUESTED:

- ___ RETAIL/COMMERCIAL
- ___ OFFICE
- ___ MANUFACTURING
- ___ WAREHOUSING
- ___ RESEARCH
- ___ AUTO RELATED SALES/SERVICE
- ___ DAY CARE
- ___ HOME OCCUPATION
  - SQUARE FOOTAGE TO BE USED _____
  - LOCATION WITHIN THE HOUSE _____
- ___ OTHER _____

SPECIFY NATURE OF BUSINESS CONDUCTED: MILLWORKING

PREVIOUS USE: _____

Has the above premises be
the Zoning Board of Adjus
knowledge?

Yes _____ No ___/___ If Y

Jeff. Copper Tech me there will be a question from W DEPE approval. SY

plication to
applicant's

2

Use Only

6946

8/27/92

Signature of Owner/ or
Owner's Representative

(A) 6 ZOAPPCOM.DOC

Hold

Research

TOWNSHIP OF HILLSBOROUGH
I FOR ZONING PERMIT

E OCCUPATION****

-RESIDENTIAL****

==========

' BE SUBMITTED AT THE TIME OF APPLICATION:

SIGNED BY OWNER OF PROPERTY OR OWNERS

, SITE PLAN AND/OR FLOOR PLAN MUST BE
PLICATION. (EXCEPT IN CHANGE OF USE).
PERMIT IS $25.00. CHECK WITH OTHER
PRIATE FEES FOR OTHER PERMITS.

YABLE TO: HILLSBOROUGH TOWNSHIP

CONTACT BUILDING AND ...H DEPARTMENTS FOR ANY ADDITIONAL PERMITS WHICH MAY BE REQUIRED.

THE APPLICATION, SURVEY AND FEE SHOULD BE RETURNED TO THE PLANNING DEPARTMENT OFFICE FOR PROCESSING.

NAME OF APPLICANT: LARKEN ASSOC. / CLAREMONT - ICOTE

NAME OF PROPERTY OWNER: LARKEN ASSOCIATES

MAILING ADDRESS: P.O. BOX 957

BELLE MEAD, N.J. [redacted] ZIP 08502

STREET ADDRESS: BUILDING 5 UNIT 12 HOMESTEAD ROAD

BELLE MEAD N.J. ZIP 08502

DAYTIME TELEPHONE #: 908-874-8686

LOCATION FOR WHICH PERMIT IS REQUESTED: B4 V8.9 STRYKER LANE

BLOCK 200.02 LOT 7 ZONE GI

DATE OF SITE PLAN APPROVAL: [redacted] JAN. 1978

USE FOR WHICH PERMIT IS REQUESTED:

- ___ RETAIL/COMMERCIAL
- ___ OFFICE
- P MANUFACTURING
- ___ WAREHOUSING
- ___ RESEARCH
- ___ AUTO RELATED SALES/SERVICE
- ___ DAY CARE
- ___ HOME OCCUPATION
  - SQUARE FOOTAGE TO BE USED ___
  - LOCATION WITHIN THE HOUSE ___
- P OTHER BLENDING

SPECIFY NATURE OF BUSINESS CONDUCTED: BLENDING POWDER ; WATER FOR STUCCO

PREVIOUS USE: WAREHOUSE / DISTRIBUTION

Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to the applicant's knowledge?

Yes P No ___ If Yes, Explain FOR RETAIL HOWEVER THIS NEW TENANT WILL NOT USE THIS FACILITY FOR RETAIL.

Signature of Owner/ or Owner's Representative

8-17-92
Date

Office Use Only

Fee 25.00
Receipt # 6929

8/18/92

(A) 6 ZOAPPCOM.DOC