



17 North Main Street • Medford • NJ 08055 • 609/654-2608

www.medfordtownship.com

MAIN FAX 609/953-4087
CLERK/FINANCE FAX 609/714-1790
CONSTRUCTION FAX 609/953-7720
PUBLIC WORKS FAX 609/654-7646

March 3, 2020

Logan Beck

Via email: opra+request-9763-ad9b8e44@requests.opramachine.com

Dear Mr. Beck:

The Township of Medford received your Open Public Records Act (OPRA) request on February 20, 2020. The official Records Custodian received your OPRA request on February 20, 2020. As such, the seven (7) business day deadline to respond to your request is March 3, 2020. This response to your request is being provided to you on the 7th business day after the custodian's receipt of your request.

The following records are being requested: Environmental records relating to the property at 16 Medford-Evesboro Road.

The attached records are responsive to your request. All personal identification information has been redacted in part pursuant to N.J.S.A. 47:1A-1.1. As this request is being provided by email, there is no cost for your request.

The fire department has at least eight (8) folders of information regarding this site. An on-site review will be required to review the information on file. You may contact Patty Pullman at the Fire Department at 609-953-3291 to set up an appointment to do an on-site inspection.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Township of Medford to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Krystle Garrison

Krystle Garrison
Administrative Assistant
To the Township Manager

BURLINGTON COUNTY HEALTH DEPARTMENT

RECEIVED BY:

Phone

(2)

Letter

In Person

Received by: TWJ

Medford Township

MUNICIPALITY

4/01/90.03

CO # 96-4-9-1334-01

Date Received:

4/8/96

Date Assigned:

State Case # when applicable

ENVIRONMENT INVESTIGATION / REQUEST (Complaint) FORM / REPORT

Nature of

Request / Complaint:

oil spill due to fire at plant

Location / Address

(Direction)

J & S Precision Products Co. 16 Epsboro Road

Originator (Complainant)

County Central Communications

Signature:

Name & Address (Print):

Phone #:

RESULTS OF INVESTIGATION:

4/8/96 @ 2230 - notified by Bun Co. Central Communications of a fire causing machine at plant to leak oil.

2300 - arrived at scene - on scene: IC - Thomas L. Thorn, III, Dep. Fire Marshal - Medford Twp.

R.P. - David F. Jansson, Purchasing

R.P. - Stephen Jansson, Exec. Vice President

Medford Twp Fire Department (3) } see attached list (5)

Evesham Twp Fire Department (5)

Spill was due to leakage by a machine that caught fire. Oil was spread throughout shop area and drained outside doors of building down parking lot (beside & behind building) and into a field owned by the Janssens (of above). No more than ~30 gallons of

"Cook Cut 4984 Dark" (Petroleum-based EP cutting oil) spilled (see MSDS attachment).

This cutting oil is too thin ~~food grade~~ to clean efficiently off the asphalt parking lot. The remainder of the oil was pumped (with a pool pump) out of the ponded water in the vacant field. As oil accumulates over next two days it will be vacuumed out. There

are six drums of water and oil (~3" o.i.) on site. Oil will be combined into one drum where some excavated soil will also be put. Drums will be manifested out.

Tracy J. Environmental Health Specialist

INVESTIGATION

FINDINGS AND SUMMARY:

4/01/903
CASE # 96-4-9-1334-01

DATE: _____

12/2/96 - met with Steve Jansen at facility. Oil was separated from water in the remediation drums. Oil was mixed with oil-dri and manifested onto Manifest, to follow.

TJW/EHS

12/6/96 - received disposal papers via mail from Stephen Jansen. See attached. No further action necessary.

TJW/EHS

MATERIAL SAFETY DATA SHEET

ELF LUBRICANTS NORTH AMERICA, INC.
5 NORTH STILES STREET
LINDEN, N.J. 07036

REVISION DATE
15-FEB-94

DATE ISSUED
25-MAR-94

IDENTIFICATION AND EMERGENCY INFORMATION

COOK'S PRODUCT NAME: COOK'S PRODUCT #:
Cook Cut 4384 Dark L2S591G

CHEMICAL NAME: CAS #'S:
A - Mixture Mixture

PRODUCT APPEARANCE AND ODOR: CHEMICAL FAMILY:
dark liquid, petroleum odor Petroleum hydrocarbon

SYNONYMS: EMERGENCY TELEPHONE:
petroleum-based EP cutting oil

COMPONENTS AND HAZARD INFORMATION

COMPONENTS: W/W HAZARD DATA (TLV, LD50, LC50, ETC.):

petroleum-based lubricating oil TLV 5 mg./meter cubed
AS #'S 64742-53-6 or (as an oil mist)
64742-52-5

ulfurized Fatty Oil Esters n/e
AS # 68153-71-9

-Decene, sulfurized n/e
AS # 72162-15-3

HAZARDOUS MATERIALS IDENTIFICATION SYSTEM (HMIS):

Health Flammability Reactivity
1 1 0

TRANSPORTATION INFORMATION

TRANSPORTATION INCIDENT INFORMATION:

DC: Compound or lubricant. Metal cutting, drawing or drilling.
Dry, liquid or paste. NOI

DT: Not regulated.

EMERGENCY FIRST AID

IF EYE CONTACT: flush with clear water for 15 minutes or until
irritation subsides. If irritation persists, call a physician.

EMERGENCY FIRST AID**KIN CONTACT:**

In case of skin contact, remove contaminated clothing and wash skin thoroughly with soap and water.

INHALATION:

Vapor pressure is very low. Vapor inhalation under ambient conditions is normally not a problem. If overcome by vapor from hot product, immediately remove from exposure and call a physician. If breathing is irregular or has stopped, start resuscitation; administer oxygen if available. If overexposure to oil mist, remove from further exposure until excessive oil mist condition subsides.

INGESTION:

If ingested, do not induce vomiting. Call a physician immediately.

FIRE AND EXPLOSION HAZARD INFORMATION

FLASH POINT (MINIMUM): AUTOIGNITION TEMPERATURE:
60°C (320°F) Test method: COC N/E

NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) - HAZARD IDENTIFICATION:

Health	Flammability	Reactivity
1	1	0

FLAMMABLE OR EXPLOSIVE LIMITS (approximate percent by volume in air):
estimated values: lower 1% upper 6%

EXTINGUISHING MEDIA AND FIRE FIGHTING PROCEDURES:

foam, water spray (fog), dry chemical, carbon dioxide and vaporizing liquid type extinguishing agents may all be suitable for extinguishing fires involving this type product, depending on size or potential size of fire and circumstances related to the situation. Plan fire protection and response strategy through consultation with local fire protection authorities or appropriate specialists.

The following procedures for this type of product are based on the recommendations in the National Fire Protection Association's "Fire Protection Guide on Hazardous Materials", Eighth Edition (1984):

Use water spray, dry chemical, foam, or carbon dioxide. Water or foam may cause rothing. Use water to keep fire-exposed containers cool. Water froth may be used to flush spills away from exposure. Minimize breathing gases, vapor, fumes, or decomposition products. Use supplied-air breathing equipment for enclosed or confined spaces or as otherwise needed.

UNUSUAL FIRE AND EXPLOSION HAZARDS:

/a

"EMPTY" CONTAINER WARNING:

Empty containers retain residue (liquid or vapor) and can be dangerous. DO NOT PRESSURIZE, WELD, CUT BRAZE, SOLDER, DRILL, GRIND OR EXPOSE SUCH CONTAINERS TO HEAT, FLAME, SPARKS, OR OTHER SOURCES OF IGNITION; THEY MAY EXPLODE AND CAUSE INJURY OR DEATH. Do not attempt to clean since residue is difficult to remove. "Empty" drums should be completely drained, properly unosed, and returned to a drum reconditioner. All other containers should be

FIRE AND EXPLOSION HAZARD INFORMATION

government regulations. For work on tanks refer to Occupational Safety and Health Administration regulations, ANSI Z49.1, and other governmental and industrial references pertaining to cleaning, repairing, welding, or other contemplated operations.

HEALTH AND HAZARD INFORMATION

EXPOSURE LIMIT FOR TOTAL PRODUCT:

BASIS:

3 mg/cubic meter for oil mist in air OSHA Regulation 29 CFR 1910.1000

VARIABILITY AMONG INDIVIDUALS:

Health studies have shown that many petroleum hydrocarbons and synthetic lubricants pose potential human health risks which vary from person to person. As a precaution, exposure to liquids, vapors, mists, or fumes should be minimized.

EFFECTS OF OVEREXPOSURE (Signs and symptoms of exposure):

Prolonged or repeated skin contact with this product tends to remove skin oils possibly leading to irritation and dermatitis; however, based on human experience and available toxicological data, this product is judged to be neither a "corrosive" nor an "irritant" by OSHA criteria. Product contacting the eye may cause irritation.

Product has a low order of oral and dermal toxicity. Possible aspiration hazard. Induced vomiting may cause aspiration of product into the lungs. (See Emergency First Aid Section).

PHYSICAL DATA

The following data are approximate or typical values and should not be used for precise design purposes.

BOILING RANGE:

VAPOR PRESSURE:

Wide range

< 0.1 @ 38°C/100°F

SPECIFIC GRAVITY (25°C/25°C):

VAPOR DENSITY (AIR = 1):

< 1.0

> 8

MOLECULAR WEIGHT:

PERCENT VOLATILE BY VOLUME:

Wide range

Negligible

EVAPORATION RATE @ 1 ATM. AND 25°C

SOLUBILITY IN WATER @ 1 ATM. and 25°C

< 77°F (n-BUTYL ACETATE = 1):

< 77°F):

< 1.0

Negligible

FOUR, CONCEALING OR MELTING POINT:

FREEZING POINT:

n/e

n/e

REACTIVITY

This product is stable and will NOT react violently with water. Hazardous polymerization will not occur. Avoid contact with strong oxidants such as liquid chlorine, concentrated oxygen, sodium hypochlorite or calcium

REACTIVITY

ypochlorite.

ECOMPOSITION PRODUCTS UNDER FIRE CONDITIONS:

umes, smoke, carbon monoxide, hydrogen chloride, oxides of sulfur and other ecomposition products in case of incomplete combustion.

CONDITIONS TO AVOID:

pen flames.

TOXICITY

RAL (Acute)	LD 50	> 5 g/kg (total body weight)
ERMAL (Acute)	LD 50	> 3.16 g/kg (total body weight)
YE		N/E
NHALATION (Acute)		N/E
HRONIC, SUBCHRONIC, ETC.		N/E

edical Conditions Aggravated by Exposure: Unknown

his product does NOT contain any ingredients identified as carcinogenic by ARC, NTP, or OSHA.

hlorinated paraffins are a class of compounds that are similarly ufactured but which vary in molecular structure by carbon chain length nd degree of chlorination. The chlorinated paraffin contained in this roduct has not been shown to have adverse health effects. While tests have een conducted by the National Toxicology Program on other specific hlorinated paraffins, the relevance of these studies to the chlorinated araffin contained in this product, if any, has not been determined.

ARA Section 313 Status: This material is not known to contain any chemicals on the SARA Section 313 list at a concentration greater than 1.0 percent or carcinogenic chemical on that list at a concentration greater than 0.1 percent.

SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:

Keep product out of sewers and watercourses by diking or impounding. Absorb with sand or inert material. Sweep or scoop up and remove. Prevent spread of spill. Advise authorities if product has entered or may enter sewers, watercourses or extensive land areas. Assure conformity with local regulations.

WASTE DISPOSAL METHOD: (Consult federal, state, or local authorities for proper disposal procedures.)

Assure conformity with applicable disposal regulations. Dispose of absorbed material at an approved waste site or facility.

PROTECTION AND PRECAUTIONS

VENTILATION: (Always maintain below permissible exposure limits.)

Use local exhaust to capture vapor, mist or fumes, if necessary. Provide

PROTECTION AND PRECAUTIONS

reater than 60 feet per minute hood face velocity for confined spaces.
rovide ventilation sufficient to prevent exceeding recommended exposure
imit or buildup of explosive concentrations of vapor in air.

ESPIRATORY PROTECTION: (Use only NIOSH approved equipment.)
ormally not needed at ambient temperatures. Use supplied air respiratory
rotection in confined or enclosed spaces, if needed. Use filter, dust, fume,
r mist respirator type under misting conditions. Use can or cartridge; gas
r vapor respirator type under conditions exceeding TWA standard.

ROTECTIVE GLOVES:
se chemical-resistant gloves, if needed, to avoid prolonged or repeated skin
ontact.

YE PROTECTION:
se splash goggles or face shield when eye contact may occur.

HER PROTECTIVE EQUIPMENT:
se chemical-resistant apron or other impervious clothing, if needed, to
void contaminating regular clothing which could result in prolonged or
epeated skin contact.

ORK PRACTICES/ENGINEERING CONTROLS:
p containers closed when not in use. Do not handle near heat, sparks, flame,
r strong oxidants.

ERSONAL HYGIENE:
inimize breathing vapor, mist, or fumes. Avoid prolonged or repeated contact
ith skin. Remove contaminated clothing; launder or dry-clean before reuse.
emove contaminated shoes and thoroughly clean before reuse; discard if oil-
oaked. Cleanse skin thoroughly after contact, before breaks and meals, and
t end of work period. Product is readily removed from skin by waterless hand
leaners followed by washing thoroughly with soap and water.

OTE: N/A or n/a = not applicable

N/E or n/e = not established

REPARED BY: PETER KONOPKA, MANAGER OF QUALITY ASSURANCE

HE ABOVE INFORMATION IS ACCURATE TO THE BEST OF OUR KNOWLEDGE. HOWEVER,
INCE DATA, SAFETY STANDARDS, AND GOVERNMENT REGULATIONS ARE SUBJECT TO
HANGE AND THE CONDITIONS OF HANDLING AND USE, OR MISUSE ARE BEYOND OUR
ONTROL, SELLER MAKES NO WARRANTY, EITHER EXPRESS OR IMPLIED, WITH RESPECT
O THE COMPLETENESS OR CONTINUING ACCURACY OF THE INFORMATION CONTAINED
THEREIN AND DISCLAIMS ALL LIABILITY FOR RELIANCE THEREON. USER SHOULD SATISFY
HIMSELF THAT HE HAS ALL CURRENT DATA RELEVANT TO HIS PARTICULAR USE.

WATSON ST. 232

	UNIT #	OFFICER	E/F	DRIVER	SCBA Y/N
2 BARNARD	24	✓			
3 BLACK 2 nd					
4 BLACK 3 rd	X				
5 BRICKER	27		X		X
6 BRIERE					
7 BRINKMAN	24			X	
8 CHERBY	27			X	X
9 COOPER	24		X		
10 DEVLIN	X				
11 DOVI	26		X		
12 GALLAGHER					
13 GROODY, C	X				
14 GROODY, J	26	X			X
15 KLINE	28		X		
16 KUBIT	28			X	
17 LOVE	X				
18 LUPA					
19 MACKENZIE	22	X			
20 MACHACEK	24		X		X
21 MARTIN, J					
22 MATTHEWS					
23 MCGONIGAL, J	X				
24 MCGONIGAL, T	26		X		X
25 MILLER	26		X		X
26 NEARY, J					
27 NEARY, DOC	X				
28 PARKER	X				
29 RICHARDS	27		X	X	
30 ROY	24		X		
31 SCHOEN					
32 SCOTT	26			X	
33 STEEL					
34 TOLLEFSBOL					
36 VOGT, R					
37 WATSON					



EVESHAM TOWNSHIP FIRE DISTRICT NO. 1

FAX TRANSMITTAL
FROM

(Check One)

☒ Station 221/229 FAX NO. [REDACTED]☐ Station 225/228 FAX NO. [REDACTED]TO: STATION 251 DATE: 4/8/96ATTENTION: CHIEF WATSON FROM: STATION 221REFERENCE: BUDGET FIRE & MEDICAL RDS PAGES TRANSMITTED: 1
(Including this one)2215 CREWDICK SHAW - OPERATORKEN HARPER - OFFICERJOE TARBOTTONMICK RICCIPHIL HARTMANANNE AYALA2212 CREWMIKE PARRY - OPERATORTOM SWITICK - OFFICERBERT BOGANJOHN TERRUSORICH KUORMASKEN KOTZNER2210-D/K SOLE

Station Business Phone Numbers

Fire Administration

Station 223/224

Station 221/225

Station 225/228



State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection

Robert C. Shinn, Jr.
Commissioner

Fred Lawson
Burlington Cty Health Dept,
49 Rancocas Rd
Mount Holly, NJ 08060

April 10, 1996

SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION
NJDEP CASE NUMBER: 96-4-9-1334-01

The New Jersey Department of Environmental Protection,
Site Remediation Program, has received verbal
notification of an incident that may have resulted in a
discharge of a hazardous substance within your jurisdiction.

Pursuant to N.J.S.A. 13.1K-15 et seq., (P.L. 1984, c. 210)
"Hazardous Substance Discharge - Reports and Notices Act"
and N.J.A.C. 7:1E-5.1 et seq., "Hazardous Substance Discharge:
Reports and Notices", attached is a copy of our Incident
Notification Form which contains details of the suspected
discharge. Further information concerning this incident may
be obtained by contacting:

Bruce Comfort, Region Supv, NJ Dept of Environmental
Bureau of Emergency Response
Region II
NJDEP-RPSR-BER-Region II
CN 407, Horizon Ctr, Bldg 300, Rt 130
Robbinsville, NJ 08625
[REDACTED]

Please refer to the above referenced "NJDEP CASE NUMBER" in all
correspondence concerning this incident.

CHARLES E. KRAUSS, CHIEF
BUREAU OF COMMUNICATIONS
AND SUPPORT SERVICES

Attachment

COMMUNICATIONS CENTER NOTIFICATION REPORT

Received 4/09/96

TD Log# 5240

Operator JIMS

Reviewed By

Case #

96-4-9-1334-01

Reported By STEVE JENSON	Notification Type Facility	Phone [REDACTED]
Street Address 16 EVESBORO RD	Affiliation J&S PRECISION PROD Municipality MEDFORD	State NJ
Incident Location Site: J&S PRECISION PRODUCTS	Municipality MEDFORD	County BURLINGTON
Street Address 16 EVESBORO RD	State NJ	Time 2230
Location Type Industrial	Incident Date 4/08/96	
Substance Released OIL OTHER	Amount Released (Estimate) 25 TO 30 GALS	Release Is Terminated
ID Known State Liquid CAS#	Hazardous Material? Y	TOPA? N
Additional Substances Substance Contained? Y	COMU Code 0320	Referral Code 002
Incident Description Fire, Spill		A310 Letter? Y
Injuries? N	Public Evac? N	Facility Evac? N
Police On Scene? N	Firemen On Scene? N	DEP Requested? N
Contamination Of Air, Land	Receiving Water	Public Exposure? N
Status at Scene MACHINE IN PLANT CAUGHT ON FIRE WHICH INVOLVED MACHINE OIL CLEANUP HAS BEEN DONE AND BURLINGTON ENVY HD WAS ON SCENE LAST NIGHT		
Responsible Party Known Party J&S PRECISION PRODUG	Phone [REDACTED]	Date 4/09/96
Contact STEVE JENSON	Title EXEC VP	Time 1343
Street Address 16 EVESBORO RD	Municipality MEDFORD	County BURLINGTON
State NJ		
OFFICIALS NOTIFIED		
Name NJSP/OEM MUNIC OTHER	Affiliation LT LEANARD OPER 400	Phone [REDACTED]
Date 4/09/96	Time 1347	
1 BOB WINTERBURN	Affiliation DRPSR ERZ	Method FAXED MAIL
2 [REDACTED]	Affiliation [REDACTED]	Method [REDACTED]
3 [REDACTED]	Affiliation [REDACTED]	Method [REDACTED]
COMMENTS MEDFORD RD CASE #96-0999-0045		

TRI-S INC.
A Division of ENSA
25 Pinney Street
Ellington, CT 06029

T 16632

TRANSPORTATION SERVICE RECEIPT

Work Order No. _____

Pick Up Record

Origin: Name: J 32 Beacon Rd
Address: 16 Evergreen Rd
Medford NJ

Date: 7/26 < 1996
Manifest - BOL No. Straight Bill
Product Picked Up: med. plant

Time Arrived: 12:30
Time Left: 1:30
Total Time 1 hr /hours

Reason For Delay: None except
(must be completed) Wrong for
direction

Roll-Off Control & Inspection: Container #: _____

Liner: Y or N / Install: Y or N

(must be completed for roll-offs)

Condition of Container: _____
Condition of Tarp: _____
Condition & Qty. of Bows: _____

roll-off view - top

Customer/Shipper
Signature: [Signature]

Tractor No.: 422 Trailer No.: 128
Driver: [Signature]

Delivery Record

Destination: Name: _____
Address: _____

Date: _____ 19____
Manifest - BOL No. _____
Product Picked Up: _____

Time Arrived: _____
Time Left: _____
Total Time _____ /hours

Reason For Delay: _____
(must be completed) _____

Additional Comments or Information: _____

Customer/Receiver
Signature: _____

Tractor No.: _____ Trailer No.: _____
Driver: _____

Tanker Cleaned & Purged: Y or N _____ By _____

Waste Roll

WTT

CONFIDENTIAL

CERTIFICATE OF TREATMENT AND DESTRUCTION

Waste Technologies Industries certifies and assures to our Customers that the transaction described below, including treatment, storage, and destruction has been handled in compliance with all applicable federal, state, and local regulations and laws.

TRANSACTION

GENERATOR:

COMPANY: Northeast Environmental Services, Inc.

STREET ADDRESS: R.R. #6 Box 8B

CITY: Canastota

STATE, ZIP: NY, 13032

DATE RECEIVED: August 05, 1996

MANIFEST DOCUMENT NUMBER: NYB 7204473

QUANTITY: 8,789 pounds

WASTE PROFILE NUMBER: ENWN001

DATE OF INCINERATION: August 24, 1996

Rachel LaMonte

W.T.I. REPRESENTATIVE

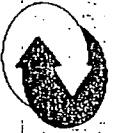
2/03/96 NES Drum Tracking

Page 1

enerator # R048

&S Precision

hipment	Drum#	Date In	Manifest# Inbound	MCS#	New Drum#	Disp. Date	Disp. Fac.	Manifest# Outbound
1-96	01	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	02	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	03	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	04	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	05	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	06	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	07	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	08	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	09	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	10	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	11	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	12	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	13	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	14	7/31/96		A001		8/05/96	WTI	NYB7204473
1-96	15	7/31/96		A001		8/05/96	WTI	NYB7204473



Northeast Environmental Services, Inc.

An ERD Waste Corp. Company
Marguerite Drive West • RR #6, Box 8B • Canastota, NY 13032-9501
www.erdwaste.com

Mr. Stephen Janssen

J & S Precision

16 Evesboro Rd

Medford NJ 08055

The oil debris waste (R048-A001) was accepted by Northeast Environmental Services as non-hazardous based on the analytical provided, analytical that we performed (see attached), and the generator knowledge from the signed material characterization sheet.

Sincerely Yours

Gary Blumer

Gary Blumer

Tech Chemist

NORTHEAST ENVIRONMENTAL SERVICES, INC.
ANALYTICAL RESULTS

NYS DOH LAB CERTIFICATION ID# 11272

Sample#: 8S35 Waste name: OIL DEBRIS Cust # : R048

MCS # : A001

NES code: FNL

Date rec'd: 8/01/96 Generator : J&S PRECISION

Flash Point: >200
(degree F)
SW846 1010

Specific Gravity: NA
(g/cm3)
ASTM

BTU: NA
(BTU/gallon)
ASTM

% Chlorine: NA
SM407A

Cyanide: ND<10
(ppm)
SW846 9010/SM412

sulfide: ND<50
(ppm)
SW846 9030

PH: 5.0
(at 25 C)
SW846

Reactivity: 0
(degrees F)
w/H2O

Acidity: NA
(ppm CaCO3)
SM402

%H2O: NA
ASTM-K.F.

%TOC: NA
SW846 9060

TCLP METALS
(mg/L)
SW846 1311

Arsenic: SA
Barium: SA
Cadmium: SA
Chromium: SA
Copper: NA
Lead: SA
Mercury: SA
Nickel: SA
Selenium: SA
Silver: SA
Zinc: NA

POLYCHLORINATED BIPHENYLS
(AROCLOR, ppm)
SW846 8080

PCB 1016: ND<40
PCB 1221: ND<40
PCB 1232: ND<40
PCB 1242: ND<40
PCB 1248: ND<40
PCB 1254: ND<40
PCB 1260: ND<40

Misc. Testing:

Comments: SA = SUPPLIED ANALYTICAL

THE ANALYSES CONTAINED HEREIN ARE PERFORMED SOLELY FOR THE PURPOSE OF
QUALIFYING THE ANALYZED MATERIALS FOR ACCEPTANCE BY NES IN ACCORDANCE WITH
ITS PERMITS AND CONDITIONS. NES WILL NOT ASSUME LIABILITY FOR ANY DAMAGE
BEYOND THE COST OF THESE ANALYSES AND WILL NOT ACCEPT ANY LIABILITY AS A
RESULT OF DATA INTERPRETATION BY THE CLIENT.

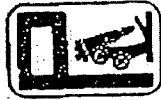
AUTHORIZED SIGNATURE

DATE

[Signature]
12/9/96

-04-1995 8:45AM

FROM PEDNEAULT TEST LABS 618



PEDNEAULT ASSOCIATES, INC. TESTING

1615 NINTH AVENUE • P.O. BOX 205 • BOHEMIA, N.Y. 11716
FAX: [REDACTED] After 5pm: [REDACTED]

ERD WASTE CORP.

937 EAST HAZELWOOD AVENUE
BUILDING #2
RAHWAY, NJ 07065-0000

PROJECT ID: J & S PRECISION PRODUCTS

LAB NUMBER: 112814 MATRIX: OIL

SAMPLE ORIGIN: OIL DRY/OIL CARDBOARD

COLLECTION

RECEIPT

ANALYSIS

REPORT

DATE: 6/03/96

5/29/96

DATE:

5/17/96

DATE: 5/16/96

PARAMETER

RESULTS

UNIT

METHOD

TOXICITY CHARACTERISTIC LEACHING PROCEDURE-METALS

ARSENIC	<0.300	mg/l	206.2
BARIUM	0.45	mg/l	208.2
CADMIUM	0.02	mg/l	213.2
CHROMIUM	<0.020	mg/l	218.2
LEAD	3.20	mg/l	239.2
MERCURY	<0.0005	mg/l	245.1
SELENIUM	<0.250	mg/l	270.2
SILVER	<0.005	mg/l	272.2

TOI

TOTAL HALOGENS

1800 mg/kg

REMARKS:

SLAP# 10224

112814 -1

PAGE: 1

JOHN PEDNEAULT
LABORATORY DIRECTOR

Christine Todd Whitman
Governor



State of New Jersey

Department of Environmental Protection
Land Use Regulation Program
P O Box 439

Trenton, NJ 08625-0439

Ms. Sherry L. Roth
Brinkerhoff Environmental Services, Inc.
133 Jackson Road
Suite D
Medford, New Jersey 08055

RE: Authorization for Freshwater Wetlands Statewide General Permit No. 7 and
Water Quality Certification

Permit File No.: **0320-95-0007.3**
Applicant: Medford Industrial Park
Block: 401; Lot: 9.03
Medford Township, Burlington County

Dear Ms. Roth:

The Land Use Regulation Program has reviewed the referenced application for a Statewide General Permit authorization pursuant to the requirements of the Freshwater Wetlands Protection Act Rules at N.J.A.C. 7:7A. The proposed activities are authorized by Statewide General Permit No.7, which authorizes activities in ditches of human construction or in swales. This letter of authorization to conduct a regulated activity in a wetland or open water includes a Water Quality Certificate for these activities.

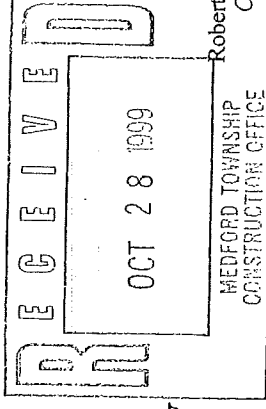
Limit of Authorized Disturbance

Based on the plan entitled "Site Plan, Medford Industrial Park, Medford Township – Block 401, Lot 9.03, Burlington County, New Jersey", dated June 3, 1999, revised and signed on September 27, 1999 and prepared by Dante Guzzi Engineering Associates, this permit legalizes the disturbance of 0.08 acres (3,449 sf) of a wetland ditch for the previously constructed truck turnaround. Any additional disturbance of freshwater wetlands, State open waters or transition area shall be considered a violation of the Freshwater Wetlands Protection Act unless the activity is exempt or a permit is obtained prior to the start of the disturbance from the Land Use Regulation Program.

Permit Conditions

The activities allowed by this authorization shall comply with the following conditions. Failure to comply with these conditions shall constitute a violation of the Freshwater Wetlands Protection Act (N.J.S.A. 13:9B-1 et.seq.).

New Jersey is an Equal Opportunity Employer
Recycled Paper



Robert C. Shinn, Jr.
Commissioner

OCT 25 1999

Special Conditions

1. The total amount of disturbance legalized by this permit shall not exceed 0.08 acres (3,449 sf) of a wetland ditch for the previously constructed truck turnaround.

In addition to the above conditions and the conditions noted at N.J.A.C. 7:7A 9.2 and 9.3, the following general conditions must be met for the activity authorized under this Statewide General Permit:

General conditions:

1. All fill and other earth work on the lands encompassed within this permit authorization shall be stabilized in accordance with "Standards for Soil Erosion and Sediment Control in New Jersey" to prevent eroded soil from entering adjacent waterways or wetlands at any time during and subsequent to construction.
2. This permit is revocable in accordance with DEP regulations and State law.
3. The issuance of this permit shall not be deemed to affect in any way other actions by the Department on any future application.
4. The activities shown on the approved plans shall be constructed and/or executed in conformity with any notes and details on said plans and any conditions stipulated herein.
5. No change in plans or specifications shall be made except with the prior written permission of the Department.
6. The granting of this authorization shall not be construed to in any way affect the title or ownership of the property, and shall not make the Department or the State a party in any suit or question of ownership of the property.
7. This permit is not valid and no work shall be undertaken pursuant to this authorization until all other required federal, state, and local approvals, licenses and permits necessary for commencement of work onsite have been obtained.
8. A complete, legible copy of this permit shall be kept at the work site and shall be exhibited upon request of any person.
9. The permittee shall allow the Program the right to inspect the construction site and also shall provide the Bureau of Coastal and Land Enforcement, NJDEP with written notification 7 days prior to the start of the authorized work.
10. This authorization is valid for five years from the date of this letter unless more stringent standards are adopted by rule prior to this date.

Transition Area

The wetland affected by this permit authorization is of intermediate resource value and the standard transition area or buffer required adjacent to it is 50 feet. This General Permit includes a transition area waiver that allows encroachment only in that portion of the transition area that has been determined by the Department to be necessary to accomplish the regulated activities. Any additional regulated activities conducted within the standard transition area on-site shall require a separate transition area waiver from the Program. Regulated activities within a transition area are defined at N.J.A.C. 7:7A-6.2(a).

Consistency with the Areawide Water Quality Management Plan

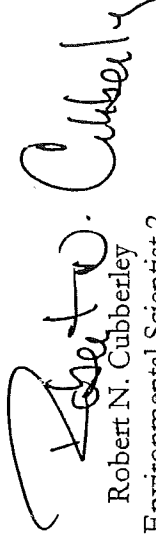
This project has not been reviewed for consistency with the Water Quality Management Plan of Statewide Water Quality Management Planning Rules (N.J.A.C. 7:15). As such, there is no intended or implied approval regarding additional permits that may be required from the Department. For treatment works approval, the consistency determination will be performed by the Bureau of Engineering and Permitting (North/South) which may be contacted at [REDACTED] or North (Middlesex, Hunterdon and Counties north) or [REDACTED] for South (Mercer, Monmouth and counties south). For general information concerning the water quality management planning process, please contact the Office of Environmental Planning at [REDACTED].

Appeal of Decision

In accordance with N.J.A.C. 7:7A-12.7, any person who is aggrieved by this decision may request a hearing within 30 days of the decision date by writing to: New Jersey Department of Environmental Protection, Office of Legal Affairs, Attention: Adjudicatory Hearing Requests, P.O. Box 402, Trenton, NJ 08625-0402. This request must include a completed copy of the Administrative Hearing Request Checklist.

If you have any questions regarding this authorization, please contact Evelyn M. Hall of our staff at [REDACTED]. Please reference the above file number.

Sincerely,


Robert N. Cubberley

Environmental Scientist 2
Bureau of Inland Regulation

- c. Bureau of Enforcement
Medford Township Municipal Clerk
Medford Township Municipal Construction Official

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.
133 JACKSON ROAD, SUITE D
MEDFORD, NEW JERSEY 08055

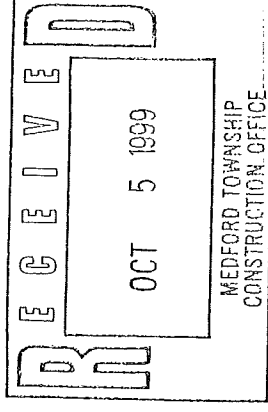
Tel: [REDACTED]
Fax: [REDACTED]

BRINKERHOFF

A DIVISION OF CONSOLIDATED RESOURCE MANAGEMENT, INC.

September 29, 1999

Edward Brown
Municipal Construction Official
17 North Main Street
Medford, NJ 08055



Re: Legal Notification
Application for Freshwater Wetlands Statewide General Permit
Medford Industrial Park
Block 401, Lot 9.03
Evesboro - Medford Road
Township of Medford, Burlington County, New Jersey

Dear Mr. Brown:

This letter is to provide you with legal notification that the Medford Industrial Park, located on Evesboro-Medford Road in Medford, NJ 08055, is applying to the New Jersey Department of Environment Protection, Land Use Regulation Program, for a Freshwater Wetlands Statewide General Permit, for the above referenced property.

A Freshwater Wetlands Permit will allow the property owner to conduct activities in freshwater wetlands or state open waters. This particular application is for a statewide general permit for the filling of a swale containing freshwater wetlands.

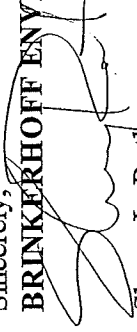
The complete application package can be reviewed at the clerk's office of the municipality in which the property is located or by appointment at the Land Use Regulation Program office at the address listed below. The Department welcomes comments and any information that you may provide concerning the presence of wetlands, state open waters, or transition areas on the referenced parcel. Written comments should be submitted within 15 days of receiving this letter. Comments will be accepted until the Department makes a decision on the application. Please submit our written comments along with a copy of this letter to:

New Jersey Department of Environmental Protection
Land Use Regulation Program
PO Box 439
Trenton, New Jersey 08625-0439
Location: 501 East State Street, Trenton
Attn: Burlington County Section Chief

The Department will notify the environmental commission, the planning board of the municipality and the municipal construction official in which the property is located of the Department's approval or denial of the application.

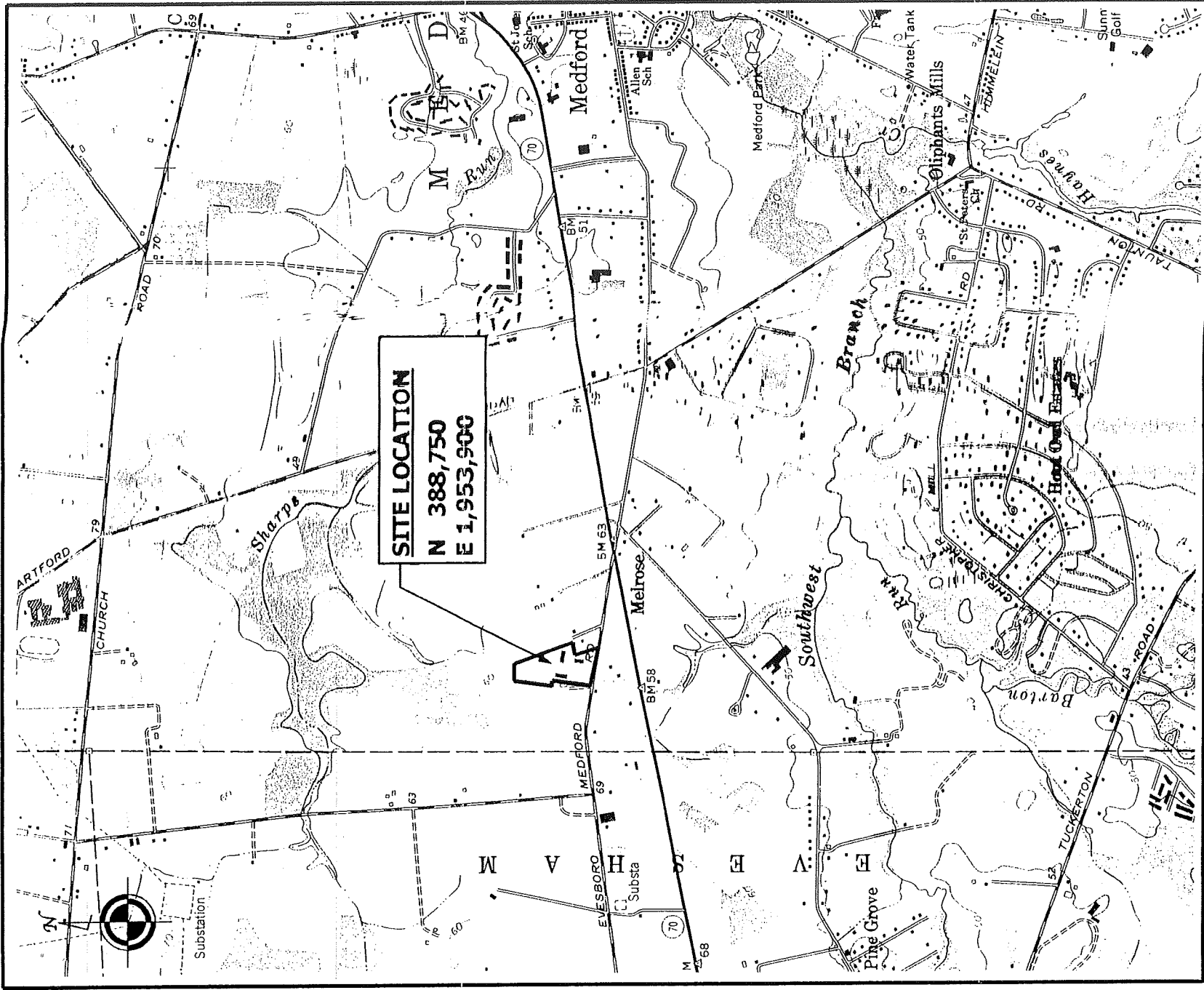
If you have any questions regarding this application, please contact me at [REDACTED]

Sincerely,
BRINKERHOFF ENVIRONMENTAL SERVICES, INC.



Sherry L. Roth
Environmental Scientist

PN: 99M018



BRINKERHOFF ENVIRONMENTAL SERVICES, INC.	Figure 1 Location Map
Freshwater Wetlands Permit Application Block 401, Lot 9.03 Medford Township, Burlington County, New Jersey	Scale: Approximately 1" = 2,000 Source: USGS 7.5 Minute Topographic Quad for Mount Holly, NJ (1981)

201/98
7000 200000

BURLINGTON COUNTY HEALTH DEPARTMENT

HIGH AND GRANT STREETS
MOUNT HOLLY, N. J. 08060

WALTER TROMMELEN, M.P.H.
Health Officer and Public Health Coordinator

March 27, 1974

President and Members
Board of Health
Medford Township

Gentlemen:

RE: Septic Application 2963
Block 401, Lot 98
Medford Industrial Park, Inc.
Medford Township

Pursuant to instructions set forth in Chapter 199,
Public Law 1954 (Revised 1963) a final inspection of the in-
dividual sewage disposal system referred to above was conducted
on March 25, 1974.

Our findings indicate that installation of said system
was made in substantial compliance with the approved applica-
tion plans and all state and local regulations.

Sincerely,

cc: Building Inspector
Owner
File

BCW/jt

Stephen J. Fegorich
Byron G. Ward
Chief Sanitary Inspector

PHONE
Ext.
AREA CODE

BOARD OF CHOSEN TREEHOLDERS
OF THE COUNTY OF BURLINGTON
MOUNT HOLLY, NEW JERSEY

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
Telephone
Area 609

August 7, 1980

President & Members
Board of Health
Medford Township

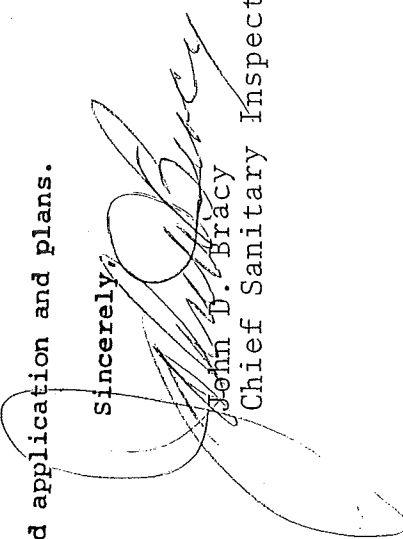
Re: Septic Application S2039-89
Block 401 Lot 9B
Medford Industrial Park
Medford Township

Gentlemen:

Pursuant to instructions set forth in Chapter 199, Public Law 1954 a final inspection of the individual subsurface sewage disposal system referred to above was conducted on 9/23/80

Our findings indicate that the installation of said system was found to be in substantial compliance with the approved application and plans.

Sincerely,

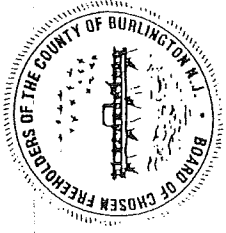

John D. Bracy
Chief Sanitary Inspector

JDB/cl

cc: Building Inspector
Owner
File

BCHD-E-24-77

Board of Chosen Freeholders
Of The County of Burlington
MOUNT HOLLY, NEW JERSEY



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

08060

CERTIFICATE OF COMPLIANCE

Part A --- General Information

Permit Number 2182-97

Tel: 
Fax: 

1 Permitted Activities (Check applicable categories):

☐ New Construction
☐ Deviation from Standards

☐ Alteration/Expansion or Change in Use
☐ Repairs to Existing System

☒ Alteration/Malfunctioning System
☐ Alteration/No Expansion or Change of Use

2. Location of Project:

Municipality Medford Twp.

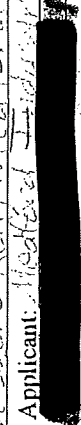
Block: 401

Lot: 903

Street Address 160 Eversboro Rd., Medford, NJ

Zip 08055

3. Name and Present Address of Applicant: Medford Industrial Park, 4401 Love Lane (same address)

Applicant's Phone Number 

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) _____

SEAL

Name (Type or Print), License # _____

Date: _____

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.

Michael J. DeJure

Authorized Signature Michael J. DeJure

Type of License Held #903

License Number 11

Name (Typed or Printed) Michael J. DeJure

Date: 12/16/97

FOR AGENCY USE ONLY

Date Received: 12/16/97

Form Determined To Be: ☒ Complete ☐ Incomplete

Date Returned _____

Date Received _____

Date Certification Approved: 12/16/97

Authorized Signature: Michael J. DeJure

BEAUMONT ENGINEERING

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

Telephone [REDACTED]

December 12, 1997

Burlington County Health Department
15 Pioneer Boulevard
Westampton, NJ 08060

Attn : Mike McQuaide

Re : Septic Application # 2182-97
16 Evesboro Road
Block - 401 Lot - 9.03
Medford Township
Job # 9738

Septic System Inspections

December 2, 1997 :

The septic bed location was excavated to a depth of 93".

December 3, 1997 :

The septic excavation 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 tests results are attached.

December 10, 1997 :

The septic tank and connecting pipes were installed in accordance with the design plan.

December 12, 1997 :

The existing cesspool was pumped, fill in with sand, and properly abandoned in place. The existing septic bed was abandoned in place.

Final grading and stabilization was in accordance with the design plan.

A 6" diameter riser was utilized above the distribution box lid.

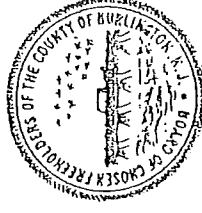


Barry J. Beaumont
N.J.P.E. #36576

Board of Chosen Freeholders
Of The County of Burlington

MOUNT HOLLY, NEW JERSEY
08060

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT



November 20, 1997

Dave Jannsen
Medford Industrial Park
16 Evesboro Rd.
Medford, NJ 08055

Re: Septic Application 2182-97
Block 401 Lot 9.03
Medford 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 11-20-98. 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 ± 93 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: 1. Proper abandonment of existing cesspool, as per NJAC 7:9A-12.8.
2. Note: 6" capped riser required above D-box.

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

cc: Board of Health
Construction Code Official
Design Engineer
File

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

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

9738

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: 401 Lot: 9.03
 Street Address 16 EVESBORO ROAD, MEDFORD, NJ Zip 08055

3. Name of Applicant (print): MEDFORD INDUSTRIAL PARK ATTN: DAVE JANSEN4. Applicant's Present Address: SAME 5. Phone number: [REDACTED]

6. Type of Facility:

- ☐ Residential ☒ Sanitary Sewage
☒ Commercial/Institutional ☐ Industrial Wastes
☐ Specify Type of Establishment: OFFICE/MANUFACTURING ☐ 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: Dave Jansen

Date

10/16/97

FOR AGENCY USE ONLY

☐ Application Denied - Reason For Denial/Citation Of Rules Violated: _____☒ Application ApprovedDate of Action 11/20/97 ☐ Application Approved Subject To Approval By NJDEPName & Title Michael J. McGuire Sr. Jr. Signature of Authorized Agent Michael J. McGuire

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. NJ 3 Business Phone [REDACTED]4. Special Site Limitations Identified (Check Appropriate Categories) (NONE)

- ☐ Flood Plains ☐ Bedrock Outcrop ☐ Wetlands
☐ Sink Holes ☐ Sand Dunes ☐ Sleep/Slopes

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

6. Considerations Relating to Disturbed Grounds: (N/A)

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

- ☐ Filled area ☐ Excavated Area ☐ Re-graded Area
☐ Pre-existing Natural Ground Surface
 Elevation Relative to Existing Ground Surface
 c.) Suitability of Disturbed Ground

☐ Unsuitable Objects Subject to Disintegration or Change (Logging)☐ Prior Test Performed - % Standard Proctor Density ☐ Excessively Coarse7. Hydraulic Head Test (N/A)

a.) Hydraulically Resistive 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): (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 10-9-97Signature of Professional Engineer Barry BeaumontLicense # 36576

(please seal this form)

BARRY J. BEAUMONT

#9738

SOIL LOG & INTERPRETATION - Form 2B

Municipality MEDFORD Block 401 Lot 9.031. Log Number TP-1Method (Check One): ☒ Profile Pit ☐ Boring

2. Soil Log

DATE SOIL LOG CONDUCTED 10/3/97

Depth

Munsell Color Name & Symbol; Estimated Textural Class; Estimated

(inches)

Volume % Coarse Fragment, if present; Structure; Moist or Dry

Top-Bottom

Consistence; Mottling - Abundance, Size & Contrast, if present

SOIL TEST PITS

Block - 401 Lot - 9.03

Medford Township

Witnessed : Mike McQuaide, B.C.H.D.

October 3, 1997

Job #9738

TEST PIT #1 (ELEV. = 68.7)

0" - 12"	BR (10YR 5/3) SANDY LOAM; SUBANGULAR BLOCKY, FRIABLE.
12" - 25"	LT OL BR (2.5Y 5/4) SANDY LOAM; SUBANGULAR BLOCKY, FRIABLE.
25" - 51"	OL BR (2.5Y 4/4) SANDY CLAY LOAM; SUBANGULAR BLOCKY, FRIABLE.
51" - 57"	OL (5Y 5/4) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE.
57" - 72"	OL (5Y 5/3) LOAMY SAND TO SAND; WEAK SUBANGULAR BLOCKY, FRIABLE.
72" - 90"	PALE OL (5Y 6/3) LOAMY SAND TO SAND; WEAK SUBANGULAR BLOCKY, FRIABLE.
90" - 120"	OL (5Y 4/3) FINE LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE; WITH MANY, MEDIUM, DISTINCT, LT OL GR (5Y 6/2) & YEL BR (10YR 6/6) MOTTLES THROUGHOUT.
120" - 132"	OL (5Y 4/3) LOAM; SUBANGULAR BLOCKY, FRIABLE (NON-HR); WITH MANY, MEDIUM, DISTINCT, LT GR (5Y 6/1) & ST BR (7.5YR 4/6) MOTTLES THROUGHOUT.

GROUND WATER : 132"

SEASONAL HIGH WATER TABLE : 90" (ELEV. = 61.2)

3. Ground Water observations:

☒ Seepage - Indicate Depth 132"
☐ Pit/Boring Flooded - Depth after Hours

4. Soil Limiting Zones (Check Appropriate Categories):

☐ Fractured Rock substratum - Depth to Top <u> </u>	☐ Massive Rock Substratum - Depth to Top <u> </u>
☐ Excessively Coarse Horizon - Depth Top to Bottom <u> </u>	☐ Excessively Coarse Substratum - Depth to Top <u> </u>
☐ Hydraulically Restrictive Horizon-Depth Top to Bottom <u> </u>	☐ Hydraulically Restrictive Substratum - Depth to Top <u> </u>
☐ Perched Zone of Saturation - Depth Top to Bottom <u> </u>	☒ Regional Zone of Saturation - Depth to Top <u>90"</u>

5. Soil Suitability Classification: T

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 BraumDate 10-9-97Signature of Professional Engineer Barry Braum

(please seal this form)

Barry BraumLicense # 36576

9738

SOIL LOG & INTERPRETATION - Form 2B

Municipality MEDFORDBlock 401Lot 9.031. Log Number TP-2Method (Check One): ☒ Profile Pit☐ Boring

2. Soil Log

Depth

(inches)

Top-Bottom

DATE SOIL LOG CONDUCTED 10/3/97

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. = 68.5)

0"	- 7"	OL BR (2.5Y 4/3) SANDY LOAM; SUBANGULAR BLOCKY, FRIABLE.
7"	- 15"	LT OL BR (2.5Y 5/4) FINE SANDY LOAM; SUBANGULAR BLOCKY, FRIABLE.
15"	- 24"	DK YEL BR (10YR 4/4) SANDY LOAM; SUBANGULAR BLOCKY, FRIABLE.
24"	- 46"	OL BR (2.5Y 4/4) SANDY CLAY LOAM; ANGULAR BLOCKY, SLIGHTLY FIRM IN PLACE.
46"	- 65"	OL (5Y 4/3) LOAM; SUBANGULAR BLOCKY, FRIABLE; ALTERNATING WITH PALE OL (5Y.6/3) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE.
65"	- 105"	OL (5Y 4/3) LOAMY SAND; SUBANGULAR BLOCKY, FRIABLE; WITH SOME OL (5Y 4/3) SANDY LOAM; NODULES; SUBANGULAR BLOCKY, FRIABLE; WITH COMMON, MEDIUM, DISTINCT, BR (7.5YR 4/4) & OL GR (5Y 5/2) MOTTLES AT 88" ON.
105"	- 132"	OL BR (2.5Y 4/3) LOAM; SUBANGULAR BLOCKY, FRIABLE; WITH MANY, MEDIUM; DISTINCT, BR (7.5YR 4/3) & PALE OL (5Y 6/3) MOTTLES THROUGHOUT.

GROUND WATER : NOT ENCOUNTERED
SEASONAL HIGH WATER TABLE : 88" (ELEV. = 61.2)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 <u>88</u> " |

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 10-9-97

Signature of Professional Engineer

License # 36576

(Please seal this form)

9738

SOIL PERMEABILITY DATA - Form 3A

Municipality MEDFORD Block 401 Lot 9.03

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.				
TUBE PERMEAMETER 1112				
		A	65"	4.6 I.P.H.
		B	65"	6.7 I.P.H.

* 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☐ Slowest of Replicates ☐ Single Replicate

3. Type of Limiting Zone Identified

N/A

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

ADDITIONAL 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 BeaumontDate 10/3/97

Signature of Professional Engineer

Barry BeaumontLicense # 36576

(please seal this form)

BARRY J. BEAUMONT

TUBE PERMEAMETER TEST DATA - Form 3B

9738 JJS

B-401 L-9.03 MEDFORD

1. Test Number 1112 Replicate (Letter) A Date Collected 10/3/972. Material Tested: ☐ Fill ☒ Test in Native Soil - Indicate Depth 65"3. Type of Sample: ☒ Undisturbed ☐ Disturbed4. Sample Dimensions: Inside radius of Sample Tube, R, in cm. 1.91 cm
Length of Sample, L, in inches 3.35 "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/A6. Standpipe Used: ☐ NO ☒ YES
Indicate internal radius, cm r = 0.55 cm7. Height of Water Level Above Rim of Test Basin, in Inches:
At the Beginning of Each Test Interval, H₁ 5.25 "
At the End of Each Test Interval, H₂ 4.25 "

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
0:00	0:46	0.77
0:00	0:45	0.75
0:00	0:45	0.75
0:00	0:46	0.77

9. Calculation of Permeability: $(60) \left(\frac{0.3025}{3.6481} \right) \left(\frac{3.35}{0.77} \right) \ln \left(\frac{5.25}{4.25} \right) = 4.6 \text{ I.P.H.}$

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

$$= 60 \text{ min/hr} \times \frac{1}{1} \times \frac{1}{1} \times \ln \left(\frac{5.25}{4.25} \right)$$

$$= 4.6 \text{ I.P.H.}$$

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 Perry Beaumont Date 10-9-97Signature of Professional Engineer Perry Beaumont License # 36576
(please seal this form) BEAUMONT

TUBE PERMEAMETER TEST DATA - Form 3B

9738 JJS

B-401 L-9.83 MEDFORD

1. Test Number 112 Replicate (Letter) B Date Collected 10/3/972. Material Tested: ☐ Fill ☒ Test in Native Soil - Indicate Depth 65"3. Type of Sample: ☒ Undisturbed ☐ Disturbed4. Sample Dimensions: Inside radius of Sample Tube, R, in cm. 1.91 cm
Length of Sample, L, in inches 4.00"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/A6. Standpipe Used: ☐ NO ☒ YES
Indicate internal radius, cm 1 = 0.55 cm7. Height of Water Level Above Rim of Test Basin, in Inches:
At the Beginning of Each Test Interval, H₁ 5.50"
At the End of Each Test Interval, H₂ 4.50"

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>0:36</u>	<u>0.60</u>
<u>0:00</u>	<u>0:36</u>	<u>0.60</u>
<u>0:00</u>	<u>0:36</u>	<u>0.60</u>

9. Calculation of Permeability: $(60) \left(\frac{0.3025}{3.6481} \right) \left(\frac{4.00}{0.60} \right) \ln \left(\frac{5.50}{4.50} \right) = 6.7 \text{ I.P.H.}$

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

$$= 60 \text{ min/hr} \times \frac{1}{1} \times \frac{1}{1} \times \ln \left(\frac{1}{1} \right)$$

$$= 6.7 \text{ I.P.H.}$$

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 10-9-97Signature of Professional Engineer Barry Beaumont License # 36576
(please seal this form) BARRY J. BEAUMONT

9738

GENERAL DESIGN DATA - Form 4

1. Volume of Sanitary Sewage, gal. 750 GPD☐ Residential: No. of Dwelling Units _____ Total No. of Bedrooms _____☒ 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
50 EMP. x 15 GPD = 750 GPD (SEE DESIGN PLAN)

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: EXIST. DISPOSAL FIELD TO BE REPLACED

3. System Components:

a.) Grease Trap Capacity, gals _____

Show Calculation Used _____

b.) Septic Tank Capacities, gals:

☒ first (single) compartment TANK compartment 1000 GAL (EXISTING)☒ second compartment TANK compartment 1000 GAL☐ third compartment _____

c.) Effluent Distribution

Method: ☒ Gravity Flow☐ Gravity Dosing☐ Pressure Dosing

Dosing Device:

☐ Pump☐ Siphond.) Dosing Tank Capacities, gals: Total Capacity, N/A Dose Volume _____ Reserve Capacity _____e.) Laterals: Number 7 LATS Total Length 53' EACH = 371' Pipe Size 4" Ø Spacing 3'-0"f.) Connecting Pipe: Size 4" Ø Length 8', 23'

g.) Manifold: Size _____ Length _____

h.) Disposal Field: Type of Installation SRB - SOIL REPLACEMENT, BOTTOM LINEDDesign Permeability (Percolation rate) 6-20 I.P.H. SELECT FILL☐ Trenches: Width _____ Total Length _____☒ Bed: Area 24' x 59' = 1416 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 Beaumont
Barry J. Beaumont

License #

3657610-9-97

BEAUMONT ENGINEERING

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

Telephone 

November 17, 1997

Burlington County Health Department
15 Pioneer Boulevard
Westampton, NJ 08060

Attn : Mike McQuaide

Re : Proposed Septic System Alteration
J & S Precision Products
Block - 401 Lot - 9.03
Medford Township

Maximum Design Sewage Flow for proposed septic system :
* Facility operates for only one shift

1) Office use : (15 employees)(15 gpd/emp) = 225 gpd

or : (50 ft x 35 ft)(0.125 gal/ sqft) = 218.75 gpd

Design office flow : 225 gpd

2) Design industrial : (35 employees)(15 gpd/emp) = 525 gpd

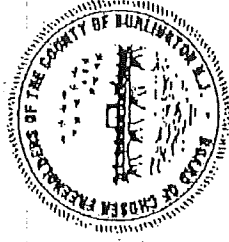
Total Design sewage flow : 225 gpd + 525 gpd = 750 gpd

Note : Per Medford Township requirements, the distribution box must have a 6" diameter inspection port with cap that extends to finished grade.



Barry J Beaumont, P.E. #36576

Board of Chosen Freeholders
County of Burlington
New Jersey



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

JULY 24, 2002

Mount Holly, N.J. 08060

Tel: [REDACTED]
Fax: [REDACTED]

MEDFORD INDUSTRIAL PARK
16 EVESBORO RD
MEDFORD NJ 08055

Re: Septic Application 4062-02
Block 401 Lot 9.03
MEDFORD TWP.

☒ 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 7-24-03.

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 _____ 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:

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

bk

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

Sincerely,

Michael C. Gavio
Principal Sanitary Inspector

BURLINGTON COUNTY HEALTH DEPARTMENT
WOODLANE ROAD
MOUNT HOLLY, NEW JERSEY 08060APPLICATION 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
☐ Deviation from Standards
☐ Alteration/Expansion or Change in Use
☐ Repairs to Existing System
☐ Alteration/Malfunctioning System
☒ Alteration/No Expansion or Change of Use
2. Location of Project:
Municipality MEDFORD Block: 401 Lot: 9.03
Street Address 16 EVERBROOK ROAD, MEDFORD, NJ Zip 08055
3. Name of Applicant (print): MEDFORD INDUSTRIAL PARK
4. Applicant's Present Address: (SAME ADDRESS) 5. Phone number: [REDACTED]
6. Type of Facility:
☐ Residential
☒ Commercial/Institutional
☐ Specify Type of Establishment: OFFICE/WAREHOUSE
☐ Sanitary Sewage
☐ Industrial Wastes
☐ Other - Specify _____
7. Type of Wastes to be discharged:
☒ Sanitary Sewage
☐ Industrial Wastes
☐ Other - Specify _____
8. Other Approvals/Certification/Waivers/Exemptions (Attach to Application)
☐ Pinelands Commission
☐ NJDEP - Bureau of Flood Plain Management
☐ U.S. Army Corps of Engineers
☐ 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 Del H [Signature] Date 7/10/02

FOR AGENCY USE ONLY

☐ Application Denied - Reason For Denial/Citation Of Rules Violated: _____☒ Application Approved☐ Application Approved Subject To Approval By NJDEPDate of Action 7/24/02 Signature of Authorized Agent M.C. GAVIN, P.E.

Name & Title _____

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print) BARREY J. BEAUMONT OF BEAUMONT ENGINEERING
2. Business Address of Site Evaluator 88 WABUN TRAIL, MEDFORD LKS, NJ 3. Business Phone [REDACTED]
4. Special Site Limitations Identified (Check Appropriate Categories) (None) 08055
☐ Flood Plains ☐ Bedrock Outcrop ☐ Wetlands
☐ Sink Holes ☐ Sand Dunes ☐ Steep Slopes
☐ Excessively Stony ☐ Disturbed Ground
☐ 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
b.) Pre-existing Natural Ground Surface
Elevation Relative to Existing Ground Surface _____
c.) Suitability of Disturbed Ground
☐ Unstable: Objects Subject to Disintegration or Change in Volume
☐ 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 _____
c.) Piezometer B: Depth to Bottom _____ Depth of Water Level _____
d.) Witnessed by _____
Signature _____ Date _____
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 _____

THIS PLAN FOR A SEWERAGE FACILITY IS
CERTIFIED
TO BE IN SUBSTANTIAL COMPLIANCE WITH
THE PROVISIONS OF CHAP 199 P.L. 1954 AND
THE STANDARDS FOR CONSTRUCTION AS
PROMULGATED BY THE NJDEP AND THOSE
PROMULGATED BY LOCAL ORDINANCE.

BY M.C. Gavin DATE 7/24/02
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER 4062-02

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 Barrey J. Beaumont Date 7-5-02
Signature of Professional Engineer Barrey J. Beaumont License # 36576
(please seal this form)

GENERAL DESIGN DATA - Form 4

1. Volume of Sanitary Sewage, gal. 750 GPD Total No. of Bedrooms _____
- ☐ Residential: No. of Dwelling Units _____
- ☒ 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
ORIGINAL DESIGN VALUES = 50 EMPLOYEES X 15 GPD/EMP = 750 GPD
EXISTING OFFICE/WAREHOUSE WITH APPROX. 26 EMPLOYEES.
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 EXISTING DUPLEX PUMP CHAMBER
 b.) Describe Nature of Alteration or Repairs: WITH RECURRING PROBLEMS IS TO BE REPLACED WITH SIMPLEX PUMP CHAMBER.
3. System Components:
- a.) Grease Trap Capacity, gals. N/A
 Show Calculation Used _____
- b.) Septic Tank Capacities, gals: ☒ first (single) compartment 2000 GAL (EXISTING - PER ORIGINAL DESIGN)
☐ second compartment _____
☐ third compartment _____
- c.) Effluent Distribution
- Method: ☐ Gravity Flow ☒ Gravity Dosing ☐ Pressure Dosing
 Dosing Device: ☐ Pump ☐ Siphon
- PROPOSED d.) Dosing Tank Capacities, gals: Total Capacity, 1500 GAL. Dose Volume 350 GAL Reserve Capacity 879 GAL ±
L → e.) Laterals: Number 7 LATS Total Length 97' EACH Pipe Size 4" Ø Spacing 4.0' (EXISTING LATERALS)
 f.) Connecting Pipe: Size 4" Ø Length 10' ±
 g.) Manifold: Size N/A Length _____
- h.) Disposal Field: Type of Installation MSR - EXISTING SYSTEM
 Design Permeability (Percolation rate) _____
- ☐ Trenches: Width _____ Total Length _____
☒ Bed: Area 30' X 100' (EXISTING)
- 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 Beaumont
BARRY J. BEAUMONT

License # 36576

7-5-02

BEAUMONT ENGINEERING

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

Telephone [REDACTED]

Proposed Septic Alteration

July 5, 2002

Applicant : Medford Industrial Park
16 Evesboro Road

Medford, NJ 08055
[REDACTED]

Site Location : 16 Evesboro Road
Block - 401 Lot - 9.03
Medford Township

Design Calculations

The site contains four existing commercial buildings. One of the buildings (#3) contains a mixture of office and warehouse uses. It is served by an on-site septic system consisting of a 2000 gallon septic tank, a 600 gallon $\pm$ duplex pump chamber, and a 30' x 100' gravity dosing disposal bed. The duplex pumps alternately dose into two distribution boxes located at the head of the disposal bed. Due to maintenance problems with the duplex pump arrangement, the applicant is proposing to install a simplex pump chamber with quick disconnect couplings. This simplified arrangement should have fewer potential problems, and the pump could receive any necessary maintenance without someone having to enter the pump chamber. The size of the 1500 gallon proposed pump chamber will allow for the required 24 hour reserve capacity.

Design Sewage Flow

The existing 79' x 165' building contains four tenants with a mix of office and warehouse space. A majority of the space is utilized as warehouse with a total of approximately 26 employees. Since the original septic system was designed to accommodate 50 employees, this value will be used in the calculations.

$$\text{sewage volume} = 50 \text{ emp.} \times 15 \text{ gpd/emp.} = 750 \text{ gpd}$$

Volume of distribution network

laterals (4" dia., 7 lats , 97' each) ; volume = 443 gal.
delivery line (2" dia., 25') ; volume = 4.1 gal

Dose Volume (K3 soils - from original design)

min. volume = $0.75 V = 0.75(443 \text{ gal}) = 332 \text{ gal.}$
max. volume = $1.0 Q = 1.0 (750 \text{ gal}) = 750 \text{ gal.}$
dose volume used = 350 gal

On - Off Switch Distance

$V_d = 350 \text{ gal.}, \quad V_{cp} = 4.1 \text{ gal.}, \quad V_{pd} = 5 \text{ gal.}$
Tank area = $(a)(b) = (5.21)(3.38) = 55.32 \text{ sq. ft.}$
 $d = (350 \text{ gal} + 4.1 \text{ gal} + 5.0 \text{ gal})(1 \text{ cu.ft.} / 7.48 \text{ gal})(12" / 1') / 55.32 \text{ sq.ft.} = 10.5 "$

Reserve Capacity

$Vol = (25.5")(1' / 12")(7.48 \text{ gal/cu.ft.})(55.32 \text{ sq.ft.}) = 879 \text{ gal.}$

Head Calculations

distribution box inlet elevation = 98.5
pump chamber off switch elevation = 92.4
elevation head = $98.5 - 92.4 = 6.1'$
pressure at distal end = 2.5'
required pumping rate = $350 \text{ gal} / 15 \text{ min} = 23.3 \text{ gpm}$
friction losses = $25' (1.1' / 100') = 0.3' \text{ (@ } 25 \text{ gpm)}$

total head losses = $6.1' + 2.5' + 0.3' = 8.9'$
pump required : Goulds #3887 - WS03 11B; 1/3 hp



Barry J. Beaumont, P.E. #36576
7-5-02

D
 W
 W
 L
 T
 R
 W
 C

BY M. C. Davis DATE 7/24/02
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER 4062-02

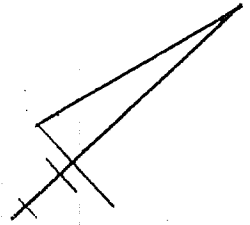


MEDFORD INDUSTRIAL PARK
BLCK-401 LOT-9,03

SCALE: 1" = 200'

Harry Jesperson

P.E. # 36576



EXISTING

BUILDING

(F.F. = 100.0, B.M.)

401
9.02

S

EXISTING 2000 GAL. SEPTIC
TANK IS TO BE UTILIZED
INV. (OUT) = 96.0 ±

99

98

97

P

PROPOSED 1500 GAL. PUMP
CHAMBER WITH SIMPLEX PUMP
& 2" Ø DELIVERY LINE

98

PROP "Y"
CONNECTION

P

96

95

97

96

401
9.03

EXISTING DUPLEX PUMP
CHAMBER IS TO BE
PUMPED, FILLED IN WITH
SAND & ABANDONED IN
PLACE.

EXISTING 30' x 100' DISPOSAL
BED

95

PROPOSED SEPTIC ALTERATION

SCALE: 1" = 30'

REFERENCE: SEWAGE DISPOSAL DESIGN BY
SHAW, O'DONNELL & HORNER, ASSOC.,
INC. SIGNED BY J.R. O'DONNELL
NUPLS # 84-89, DATED: 3-30-80,
FOR: MEDFORD INDUSTRIAL PARK.

Barry J. Beal

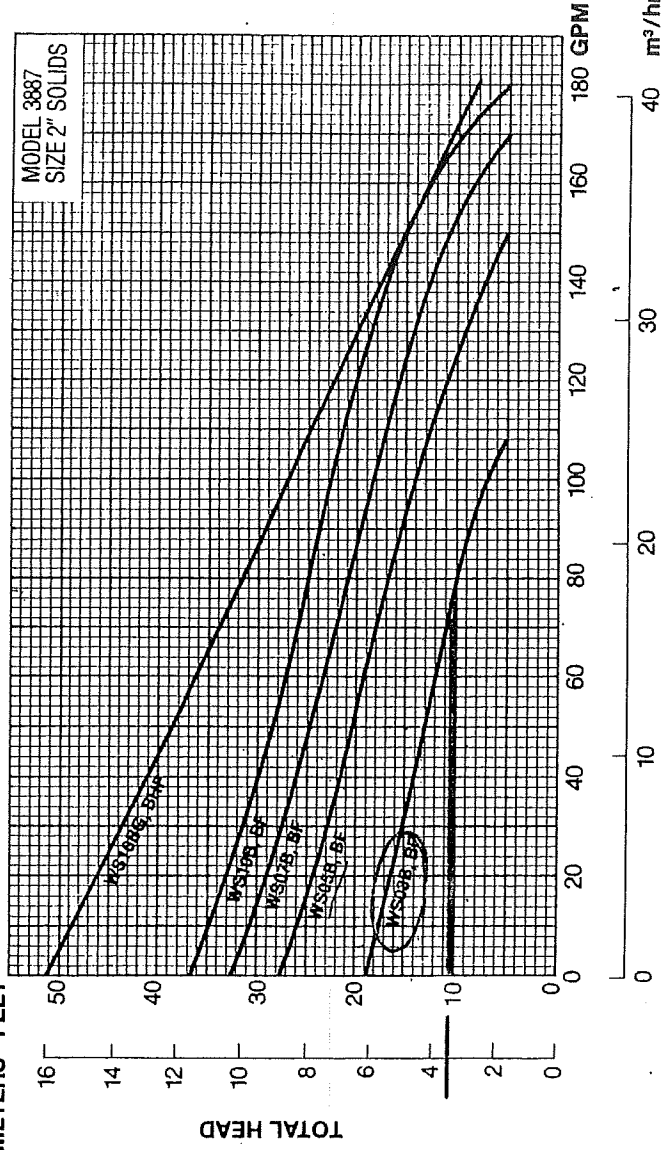
BARRY J. BEALMONT
NUPE # 3657L

7-5-02

Performance
Curve

Submersible
Sewage Pumps

METERS FEET



PUMP: GOULDS # 3887-WS03 11B, 1/3 HP

GOULDS PUMPS, INC.
SOMER FALLO NEW YORK 10408

PUMP CHAMBER:

Internal tank area - 55.32 Ft²

- 413 ± gallons/foot
 - 350 ± gallons/dose (net dose volume)
 - adapted from 1500 gallon modified Septic Tank as manufactured by J.F.Gillespie, Inc., Vineland, NJ
- NOTE:
- All controls for operation and alarms mount in dwelling.
 - Junction Box must be located outside of the Dosing Tank.
 - Keep inverts of tank openings above the seasonal high water table.
 - The alarm and its switches shall not be on the same electrical circuit as the pump and its switches. The alarm shall consist of an audible and visible alarm which can be readily seen and heard by residents of the building served.
 - Switches shall be able to withstand the humid and corrosive atmosphere in the dosing tank. Mercury or weighted float type switches are to be used.
 - The delivery line is to be pitched back towards the dosing tank @ 1/4" per foot in order to facilitate draining of the delivery line between doses.
 - This tank will not float when empty under design seasonal high water table conditions.
 - A precast reinforced concrete tank is to be used. This tank shall conform to: ACI 318 - 4.5.1 for frost resistance
ACI 318 - 4.5.2 for water tightness
 - "Quick Disconnect" couplings shall be used to facilitate removal of the pump.
 - Backfill around pump chamber is to be placed in 8" lifts.

MEDFORD INDUSTRIAL PARK

Block - 401 Lot - 9.03
MEDFORD TOWNSHIP

Barry J Beaumont

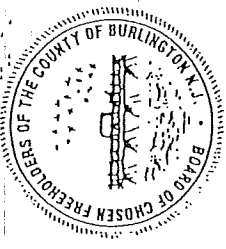
BARRY J BEAUMONT
P.E. # 36576

Board of Chosen Freeholders
Of The County of Burlington
MOUNT HOLLY, NEW JERSEY

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

08060

JUNE 2, 2003



Tele: [REDACTED]
Fax: [REDACTED]

President & Members
Board of Health
MEDFORD TWP.

Re: Well Application 81-01 A & B
Block 401 Lot 9.03
MEDFORD INDUSTRIAL PARK
MEDFORD 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 above was conducted on 5-16-02.

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. *

*
SODIUM EXCEEDED RECOMMENDED UPPER LIMIT OF 50mg/L. THIS IS SIGNIFICANT FOR CONSUMERS REQUIRING A LOW SODIUM DIET.

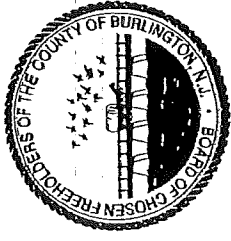
Sincerely,

MICHAEL C GAVIO
PRINCIPAL SANITARY INSPECTOR
[REDACTED]

cc: Construction Code Official
Owner
file

Board of Chosen Freeholders
Of The County of Burlington
MOUNT HOLLY, NEW JERSEY

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



CERTIFICATE OF COMPLIANCE

Part A --- General Information

Permit Number 81-01 (A) SEPTIC BED #1

Telephone: [REDACTED]
Fax: [REDACTED] #01-13

1 Permitted Activities (Check applicable categories):

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

2. Location of Project:

Municipality MEDFORD Block: 4-01 Lot: 9.03

Street Address 16 EVESBORO ROAD, MEDFORD NJ Zip 08055

3. Name and Present Address of Applicant: MEDFORD INDUSTRIAL PARK
Applicant's Phone Number 16 EVESBORO ROAD

MEDFORD, NJ 08055
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

Name (Type or Print), License # BARRY J. BEAUMONT, P.E. #36576 SEAL

Date: 5-15-03

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: 5/19/03

Form Determined To Be:

☒ Complete

☐ Incomplete

Date Returned

Date Received

Date Certification Approved: 5/19/03

Authorized Signature: [Signature] P.S.I.

PART A MUST BE COMPLETED.

EITHER PART B OR C MUST BE COMPLETED

BEAUMONT ENGINEERING

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

Telephone 

May 15, 2003

Burlington County Health Department
15 Pioneer Boulevard
Westampton, NJ 08060

Attn : Mike Gavio

Re : Septic System Application #81-01 (A)
Medford Industrial Park - Septic Bed #1
Block - 401 Lots - 9.03
Medford Township

Septic System Inspections

January 16, 2002 :

The septic bed location was excavated to depth of 78" 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). The septic bed contains 30" of fill material (extending 2 feet beyond the limits of the disposal field) 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.

May 15, 2003 :

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

BCHD Application Number 81-01(A) Date _____BLOCK-401 LOT-9,03 (#0113)
SEPTIC BED #1

SOIL PERMEABILITY DATA - Form 3A

Municipality MEDFORD TWP. Block 401 Lot 9,03

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*
<u>TUBE PERMEAMETER</u>	<u>0113 (BED 1)</u>	<u>A</u>	<u>LEVEL OF INFILTRATION</u>	<u>11.7 I.P.H.</u>
		<u>B</u>	<u>" "</u>	<u>13.3 I.P.H.</u>

* 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.

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

3. Type of Limiting Zone Identified

N/A

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

Barry BeaumontDate 1-16-82

Signature of Professional Engineer

Barry BeaumontLicense # 36576

(please seal this form)

BARRY J. BEAUMONT

TUBE PERMEAMETER TEST DATA - Form 3B

Block-401 SEPTIC BED #1
 LOT-9,03
 MEDFORD

1. Test Number 0113 (BED 1) Replicate (Letter) A Date Collected 1-16-02

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 3.90"

5. Bulk Density Determination (Disturbed Samples Only) (N/A)

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 r = 0.49 cm

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

At the Beginning of Each Test Interval, H_1 6.55"

At the End of Each Test Interval, H_2 4.55"

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>0:29</u>	<u>0.48</u>
<u>0:00</u>	<u>0:29</u>	<u>0.48</u>
<u>0:00</u>	<u>0:29</u>	<u>0.48</u>

9. Calculation of Permeability: $(60) \left(\frac{0.2401}{3.6481} \right) \left(\frac{3.90}{0.48} \right) \ln \left(\frac{6.55}{4.55} \right) = 11.7 \text{ I.P.H.}$

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

$$= 60 \text{ min/hr} \times \frac{1}{1} \times \frac{1}{1} \times \ln \left(\frac{1}{1} \right)$$

$$= 11.7 \text{ I.P.H.}$$

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 _____

Signature of Professional Engineer Barry Beaumont License # 36576
 (please seal this form)

TUBE PERMEAMETER TEST DATA - Form 3B

BLOCK-401 SEPTIC BED #1

LOT-9.03

MEDFORD

1. Test Number 0113 (BED 1) Replicate (Letter) B Date Collected 1-16-022. Material Tested: ☒ Fill ☐ Test in Native Soil - Indicate Depth: _____3. Type of Sample: ☒ Undisturbed ☐ Disturbed4. 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 _____
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 $r = 0.49 \text{ cm}$ 7. Height of Water Level Above Rim of Test Basin, in Inches:
At the Beginning of Each Test Interval, H_1 6.70"
At the End of Each Test Interval, H_2 4.70"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>0:24</u>	<u>0.40</u>
<u>0:00</u>	<u>0:24</u>	<u>0.40</u>
<u>0:00</u>	<u>0:24</u>	<u>0.40</u>

9. Calculation of Permeability: $(60) \left(\frac{0.2401}{3.6481} \right) \left(\frac{3.80}{0.40} \right) \ln \left(\frac{6.70}{4.70} \right) = 13.3 \text{ I.P.H.}$

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

$$= 60 \text{ min/hr} \times \frac{1}{3.6481} \times \frac{1}{0.40} \times \ln \left(\frac{6.70}{4.70} \right)$$

$$= 13.3 \text{ I.P.H.}$$

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 _____Signature of Professional Engineer Barry Beaumont License # 36576
(please seal this form)

BARRY W. BEAUMONT

SEPTIC BED #2

SOIL PERMEABILITY DATA - Form 3A

Municipality MEDFORD TWP. Block 401 Lot 9.03

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*
<u>TUBE PERMEABLE 0113 (BED 2)</u>	<u>A</u>	<u>A</u>	<u>LEVEL OF INFILTRATION</u>	<u>14.8 I.P.H.</u>
	<u>B</u>	<u>B</u>	<u>" "</u>	<u>12.9 I.P.H.</u>

* 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.

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

3. Type of Limiting Zone Identified

N/A

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

Barry BeaumontDate 2-21-02

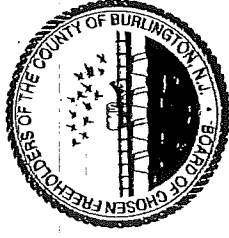
Signature of Professional Engineer

Barry BeaumontLicense # 36576

(please seal this form)

BARRY J. BEAUMONT

Board of Chosen Freeholders
Of The County of Burlington
MOUNT HOLLY, NEW JERSEY



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

08060

CERTIFICATE OF COMPLIANCE

Telephone: [REDACTED]
Fax: [REDACTED]

01-13

Part A --- General Information

Permit Number 81-01(B) SEPTIC BED # 2

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: 401 Lot: 9.03

Street Address 16 Evesboro Road, Medford, NJ Zip 08055

3. Name and Present Address of Applicant: MEDFORD INDUSTRIAL PARK
Applicant's Phone Number 16 Evesboro Road, Medford, NJ 08055

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 Beaumont

Name (Type or Print), License # BARRY J. BEAUMONT, P.E. # 36576 SEAL

Date: 5-15-03

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: 5/19/03

Form Determined To Be: ☒ Complete ☐ Incomplete

Date Returned _____

Date Received _____

Date Certification Approved: 5/19/03

Authorized Signature: William C. [Signature] P.E.

PART A MUST BE COMPLETED.

EITHER PART B OR C MUST BE COMPLETED

BEAUMONT ENGINEERING

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

Telephone: [REDACTED]

May 15, 2003

Burlington County Health Department
15 Pioneer Boulevard
Westampton, NJ 08060

Attn : Mike Gavio

Re : Septic System Application #81-01 (B)
Medford Industrial Park - Septic Bed #2
Block - 401 Lots - 9.03
Medford Township

Septic System Inspections

February 21, 2003 :

The septic bed location was excavated to depth of 58" 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). The septic bed contains 50" of fill material (extending 2 feet beyond the limits of the disposal field) 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.

May 15, 2003 :

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

81-01 (B) June
BLOCK-401 LOT-9,03
MEDFORD TWP. (SEPTIC BED #2)

TUBE PERMEAMETER TEST DATA - Form 3B

1. Test Number 0113 (BED 2) Replicate (Letter) A Date Collected 2-21-02

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 3.60"

5. Bulk Density Determination (Disturbed Samples Only): (N/A)

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), grams/cc _____

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 6.25"
At the End of Each Test Interval, H₂ 4.25"

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>0:22</u>	<u>0.37</u>
<u>0:00</u>	<u>0:22</u>	<u>0.37</u>
<u>0:00</u>	<u>0:22</u>	<u>0.37</u>

9. Calculation of Permeability: $(60) \left(\frac{0.2401}{3.6481} \right) \left(\frac{3.60}{0.37} \right) \ln \left(\frac{6.25}{4.25} \right) = 14.8 \text{ I.P.H.}$

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

$$= 60 \text{ min/hr} \times \frac{1}{1} \times \frac{1}{1} \times \ln \left(\frac{6.25}{4.25} \right)$$

$$= 14.8 \text{ I.P.H.}$$

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 2-21-02
Signature of Professional Engineer Barry Beaumont License # 36576
(please seal this form) BARRY J. BEAUMONT

TUBE PERMEAMETER TEST DATA - Form 3B

BLOCK-401 LOT-9,02

MEDFORD TWP. (SEPTIC BED #2)

1. Test Number 0113 (BED 2) Replicate (Letter) B Date Collected 2-21-022. Material Tested: ☒ Fill ☐ Test in Native Soil - Indicate Depth: _____3. Type of Sample: ☒ Undisturbed ☐ Disturbed4. Sample Dimensions: Inside radius of Sample Tube, R, in cm. 1.91 cm
Length of Sample, L, in inches 4.00 "5. Bulk Density Determination (Disturbed Samples Only): (N/A)
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 $r = 0.49 \text{ cm}$ 7. Height of Water Level Above Rim of Test Basin, in Inches:
At the Beginning of Each Test Interval, H_1 6.50 "
At the End of Each Test Interval, H_2 4.50 "

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>0:27</u>	<u>0.45</u>
<u>0:00</u>	<u>0:27</u>	<u>0.45</u>
<u>0:00</u>	<u>0:27</u>	<u>0.45</u>

9. Calculation of Permeability: $(60) \left(\frac{0.2401}{3.6481} \right) \left(\frac{4.00}{0.45} \right) \ln \left(\frac{6.50}{4.50} \right) = 12.9 \text{ I.P.H.}$

$$\begin{aligned} K, (\text{in/hr}) &= 60 \text{ min/hr} \times r^2/R^2 \times L(\text{in})/T(\text{min}) \times \ln(H_1/H_2) \\ &= 60 \text{ min/hr} \times \frac{1}{3.6481} \times \frac{4.00}{0.45} \times \ln \left(\frac{6.50}{4.50} \right) \\ &= 12.9 \text{ I.P.H.} \end{aligned}$$

10. Defects in the sample (Check appropriate items):

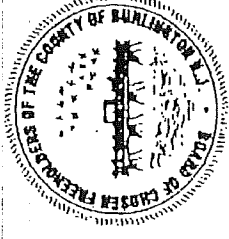
☒ None	☐ Cracks	☐ Worm Channels	☐ Root Channels	☐ Soil/Tube Contact
☐ Large Gravel		☐ Large Roots	☐ Dry Soil	☐ Smearing
☐ Compaction		☐ Other - Specify _____		

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 2-21-02Signature of Professional Engineer Barry Beaumont License # 36576
(please seal this form) BARRY J. BEAUMONT

C-9.

Board of Chosen Freeholders
County of Burlington
New Jersey



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

August 7, 2001

ATTENTION: DAVE JANNSEN
MEDFORD INDUSTRIAL PARK
16 EVESBORO RD
MEDFORD NJ 08055

Re: [REDACTED]
[REDACTED]

Re: Well Application 81-01
Block 401 Lot 9.03
MEDFORD TWP.

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 5-16-02.

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

Our office shall be notified three (3) working days in advance of starting installation. The installation must be inspected by a representative of this Department. The well inspection shall include but not be limited to the following:

WELL LOCATION; WELL SEAL; PROPER VENTING; WATER SUPPLY LINE; STORAGE TANK; INSTALLATION OF TREATMENT SYSTEM & METHOD OF BACKWASH DISPOSAL when

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 Certified Laboratory. The analytical report shall identify the property by the block, lot and county application number. Also, the responsible laboratory official shall certify that the laboratory has drawn the raw sample. Further, a WELL RECORD accurately completed and prepared by the well driller is required and shall be submitted on NJDEP FORM DWR-138, which shall serve as certification of construction.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to ensure that your building contractor, plumber, and the installer of the system are made aware of the approved application prior to the beginning of any construction. It is also your responsibility to ensure that the system is installed in strict accordance with this approved application. Any discrepancy between the water system's installation and the certified well application shall be submitted as a as-built in accordance with NJAC 7:10-12.40(b). Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

Michael C. Gavio
Principal Sanitary Inspector

bk

cc: Board of Health
Construction Code Official
Well Driller

BURLINGTON COUNTY HEALTH DEPARTMENT

15 Pioneer Blvd., P.O. Box 6000, Westampton, NJ 08060

APPLICATION FOR CERTIFICATION OF A PROPOSED INDIVIDUAL WATER SUPPLY SYSTEM

☒ NEW CONSTRUCTION

If property will also be served by a septic system, no action will take place until both applications have been received

☐ ALTERATION*

☐ REPLACEMENT **

☐ EMERGENCY (no water) **

FOR COUNTY USE ONLY

County No. 81-01

Date Received 7/25/01

INSTRUCTIONS TO THE APPLICANT:

Four (4) copies of the application must be submitted. Only clear, legible copies will be accepted. The white copy must be original. Only one copy will be returned to the owner after approval. Each copy of the application must be accompanied by a surveyor's plot plan or sketch (preferably drawn to scale) showing all pertinent distances and locations of the proposed system.

(SKETCH MAY BE OMITTED IF SUBMITTED IN CONJUNCTION WITH NEW CONSTRUCTION AS BEING IN SUBSTANTIAL COMPLIANCE WITH

☐ Dimensions of lot with property lines labeled

☐ Location of proposed water supply system

☐ Location of all existing water and sewerage facilities within 150 ft. radius of well & proximity to storm drains or other sources of pollution (200 ft. radius for public non-pressure supply)

☐ Location of fuel storage tank, if any

☐ Any other data which may affect the system should be included

BY David J. Janssen DATE 8/16/01

COUNTY NUMBER 81-01

NOTE: The Health Department shall issue or deny certification of this application within fifteen (15) days after receipt. The certification will not be issued until the property has been physically inspected by a representative of this department.

OWNER OF PROPERTY Medford Industrial Park PHONE [REDACTED]

MAILING ADDRESS 16 Evesboro Rd - Medford, NJ 08055

MUNICIPALITY Medford BLOCK 401 LOT 903

STREET ADDRESS 1100 430 Miles Road

LOCATION: Give directions to property from Mt. Holly, to include landmarks & distances in order that the inspector may locate the site.

WELL HEAD: ☒ Pitless Well Cap ☐ Sanitary Well Seal

TYPE OF BUILDING TO BE SERVED: ☐ Individual Dwelling (non-public) ☐ Other-Specify Office - (WAREHOUSE)

IS MUNICIPAL WATER LOCATED WITHIN 200 FEET OF PROPERTY LINE? YES ☐ NO ☐

NJDEP PERMIT NO. 31600658

Distance from Supply Line to Building Sewer 50' min

Depth of Well 150'

Diameter of Well 4"

Type of Casing PVC

Pressure Line 1"

Suction Line ---

Type of Screen PVC

Size of Annular Space 8 3/4

Grouting Material Ben-tonite

Grouting Method Tremie

Type of Pump & Capacity Submersible - 20 GPM

Type of Storage Facility & Capacity 220 gal.

Method and Substance Used for Disinfection Induced Chlorine

Method of Venting Well - Describe Venturi cap on pitless

Type of Water Treatment System (if required) Underground - bending new water mineral capacitor

Method of Backwash Disposal To be done by others.

(Sodium content of finished water not to exceed 50 mg/l)

*DESCRIPTION OF WORK TO BE PERFORMED: ---

** Existing well shall either be properly sealed or a permit for change of well use must be obtained from NJDEP. Evidence of either must be submitted to this department prior to final certification.

The undersigned agrees to construct the described water supply system in accordance with the provisions of the New Jersey Safe Drinking Water Act Regulations (NJAC 7-10-12) and those established by local ordinance, where said local ordinance prescribes higher standards than those promulgated by NJDEP.

Certified by:

NAME OF WELL DRILLER Calvin Robbins Water Well Serv. Inc. LICENSE NO. 111-1183

MAILING ADDRESS P.O. Box 705 Egg Harbor City, NJ 08245 PHONE NO. [REDACTED]

NAME OF PUMP INSTALLER Alvin Janssen LICENSE NO. ---

(if other than driller)

SIGNATURE OF DRILLER Calvin Robbins

SIGNATURE OF OWNER or AUTHORIZED AGENT David Janssen

SIGNATURE OF PUMP INSTALLER Alvin Janssen

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

(SEPTIC BED #1)

2. Location of Project:
-
- Municipality
- MEDFORD
- Block:
- 401
- Lot:
- 9103

Street Address 16 MEDFORD-EVESBORO ROAD, MEDFORD, NJ Zip 08055

3. Name of Applicant (print):
- MEDFORD INDUSTRIAL PARK

4. Applicant's Present Address:
- 16 EVESBORO ROAD, MEDFORD, NJ
5. Phone number
- 080-555-0855

6. Type of Facility: 7. Type of Wastes to be discharged
- SEWAGE

☒ Residential☒ Commercial/Institutional (OFFICE/WAREHOUSE)☐ Specify Type of Establishment: _____☒ Sanitary Sewage☐ Industrial Wastes☐ Other SEWAGE

OWNERS & INSPECTOR

8. Other Approvals/Certification/Waivers/Exemptions (Attach to Application)

☐ Pinelands Commission (N/A)☐ NJDEP - Bureau of Flood Plain Management☐ U.S. Army Corps of Engineers

SPECIAL NOTIFICATION REQUIREMENTS MUST

9. I hereby certify that the information furnished above on Form 1 of this application is true and correct, and that the information is not false or misleading. I am aware that false or misleading information is a crime in this State and subject to prosecution.

Signature of Applicant Act 7/24/01 Date 4/24/01

FOR AGENCY USE ONLY

☐ Application Denied - Reason For Denial/Citation Of Rules Violated: _____☒ Application ApprovedDate of Action 8/6/01 ☐ Application Approved Subject To Approval By NJDEPSignature of Authorized Agent M.C. GAVIO, P.S.I.Name & Title M.C. GAVIO, P.S.I.

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print):
- BARRY J. BEAUMONT OF BEAUMONT ENGINEERING

2. Business Address of Site Evaluator:
- 88 WABUN TRAIL, MEDFORD LKS., NJ 3. Business Phone: 08055

4. Special Site Limitations Identified (Check Appropriate Categories) (NONE)

☐ 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: (N/A)

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

☐ Filled area ☐ Excavated Area ☐ Re-graded Area

b.) Pre-existing Natural Ground Surface

Elevation Relative to Existing Ground Surface

c.) Suitability of Disturbed Ground

☐ Unsuitable: Objects Subject to Disintegration or Collapse☐ 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 _____

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

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 Beaumont Date 4-16-01Signature of Professional Engineer Barry Beaumont

(please seal this form)

Barry J. BeaumontLicense # 36576

THIS PLAN FOR A SEWERAGE FACILITY IS

CERTIFIED☐ Subsurface Drains ☐ Other - Specify _____

TO BE IN SUBSTANTIAL COMPLIANCE WITH

THE PROVISIONS OF CHAP 199 P.L. 1954 AND

THE STANDARDS FOR CONSTRUCTION AS

BROUGHT ABOUT BY THE NJDEP AND THOSE

PREMULGATED BY LOCAL ORDINANCE.

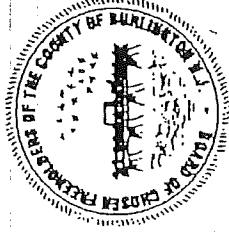
BY M.C. Gavio DATE 8/6/01

BURLINGTON COUNTY HEALTH DEPARTMENT

COUNTY NUMBER 81-01(A)

Signature _____ Date _____

Board of Chosen Freeholders
County of Burlington
New Jersey



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

August 7, 2001

Tele: [REDACTED]

Fax: [REDACTED]

ATTENTION DAVE JANNSEN
MEDFORD INDUSTRIAL PARK
16 EVESHORO RD
MEDFORD NJ 08055

Re: Septic Application 81-01 (A)
Block 401 Lot 9.03
MEDFORD TWP.
SEPTIC BED #1

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 5-16-02.

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 78 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.

☒ 30 inches of fill extending 2' PLUS 3.1 SLIPS 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: **ENGINEER MUST CERTIFY TO ALL PHASES OF SYSTEM INSTALLATION.**

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

bk

cc: Board of Health, Design Engineer

Construction Code Official

Design Engineer

File

Michael C. Gavio

Principal Sanitary Inspector

#01-13 (BED #4)

SOIL LOG & INTERPRETATION - Form 2B

Municipality MEDFORD

Block

401Lot 9.03

1. Log Number TP-1 Method (Check One): ☒ Profile Pit ☐ Boring
2. Soil Log DATE SOIL LOG CONDUCTED 3-15-01
Depth Munsel Color Name & Symbol; Estimated Textural Class; Estimated
(inches) Volume % Coarse Fragment, if present; Structure; Moist or Dry
Top-Bottom Consistence; Mottling - Abundance, Size & Contrast, if present

SOIL TEST PITS

March 15, 2001

Job # 01-13

Block - 401 Lot - 9.03 (Proposed septic bed #1)
Medford Township

Witnessed : Waived by Mike McQuaide; Burlington County Health Dept.

Test Pit #1 (Elev. = 65.3)

0" - 9" Ol br (2.5y 4/4) loam; subangular blocky, friable.
9" - 19" Ol br (2.5y 4/3) loam; subangular blocky, friable.
19" - 43" Ol br (2.5y 4/3) sandy clay loam; subangular blocky, friable; with many,
coarse, distinct, st br (7.5yr 4/6) & ol gr (5y 4/2) mottles at 35" on.
43" - 90" Ol (%y 4/3) loamy sand to sandy loam; weak subangular blocky, friable;
with common, medium, distinct, yel br (10yr 5/8) mottles throughout.
90" - 120" Lt ol br (2.5y 5/4) fine sandy loam; subangular blocky, friable; with
common, medium, distinct, st br (7.5yr 4/6) & gr br (2.5y 5/2) mottles
throughout.

Ground water : 43"

Seasonal high water table : 35" (Elev. = 62.4-)

3. Ground Water observations:

- ☒ Seepage - Indicate Depth 43"
☐ 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 35"

5. Soil Suitability Classification: IIW

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 BeaumontDate 4-16-01

Signature of Professional Engineer

Barry BeaumontLicense # 36576

(please seal this form)

BARRY J. BEAUMONT

CHD Application Number _____ Date #01-13 (BED #1)

SOIL LOG & INTERPRETATION - Form 2B

Municipality MEDFORDBlock 401 Lot 9.03

1. Log Number TP-2 Method (Check One): ☒ Profile Pit ☐ Boring
2. Soil Log DATE SOIL LOG CONDUCTED 3-15-01
- Depth (inches) Munsel Color Name & Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, if present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size & Contrast, if present
- Top-Bottom

Test Pit #2 (Elev. = 64.9)

0" - 8" Ol br (2.5y 4/4) sandy loam; to loam; subangular blocky, friable.

8" - 18" Ol br (2.5y 4/3) sandy loam to loam; subangular blocky, friable.

18" - 27" Lt ol br (2.5y 5/4) loam; subangular blocky, friable.

27" - 54" Lt ol br (2.5y 5/4) sandy clay loam; subangular blocky, friable; with common, medium, distinct, st br (7.5yr 4/6), yel br (10yr 5/8) & ol gr (5y 4/2) mottles throughout.

54" - 74" Ol gr (5y 4/2) loamy sand to sandy loam; subangular blocky, friable; with few, fine, distinct, lt ol br (2.5y 5/6) mottles throughout.

74" - 120" Ol (5y 5.4) fine loamy sand; weak subangular blocky, friable; with common, medium, distinct, ol gr (5y 4.2) & yel br (10yr 5/8) mottles throughout.

Ground water : 43"

Seasonal high water table : 27" (Elev. = 62.7)

3. Ground Water observations:

- ☒ Seepage - Indicate Depth 43"
- ☐ 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 27"

5. Soil Suitability Classification: IIW

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 BeaumontDate 4-16-01Signature of Professional Engineer Barry BeaumontLicense # 36576BARRY J. BEAUMONT

SOIL PERMEABILITY DATA - Form 3A

#01-13 (BED #1)

Municipality MEDFORDBlock 401 Lot 9.03

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

N/A

Test Number

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 BeaumontDate 4-16-01

Signature of Professional Engineer

Barry BeaumontLicense # 36576

(please seal this form)

BARRY J. BEAUMONT

01-13 (BED # 1)

GENERAL DESIGN DATA - Form 4

1. Volume of Sanitary Sewage, gal. 300 GPD (PROPOSED SEPTIC BED # 1)
☐ Residential: No. of Dwelling Units Total No. of Bedrooms
☒ 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
PROPOSED OFFICE/WAREHOUSE - MAXIMUM EMPLOYEES = 20 (UNIT # 1)

2. Alterations or Repairs (N/A)
 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. N/A
 Show Calculation Used
- b.) Septic Tank Capacities, gals: ☒ first (single) compartment 1000 GAL
☐ 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, 200 GPD Dose Volume 75 GAL Reserve Capacity 515 GAL ±
 e.) Laterals: Number 4 LATS Total Length 25.5' each = 102' Pipe Size 1 1/4" Ø Spacing 3.5'
 f.) Connecting Pipe: Size 4" Ø Length 2' ±
 g.) Manifold: Size 3" Ø Length 10.5'
 h.) Disposal Field: Type of Installation MSR - MOUNDING, SOIL REPLACEMENT
 Design Permeability (Percolation rate) 6-20 I.P.H. SELECT FILL
☐ Trenches: Width Total Length
☒ Bed: Area 15' x 30' = 450 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)

License # 365764-16-01

01-13 (BED #1)

DESIGN OF PRESSURE DOSING SYSTEM - Form 5

1. Configuration of Distribution network:

Type of manifold: ☒ End ☐ CentralDistribution Laterals: Number 4 LATS Length, ft. 25.5' Spacing, ft. 3.5'Hole Diameter, in. 1/4" Ø Hole Spacing, in. 36"Diameter of Laterals, in. 1/4" 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 9 HOLESLateral Discharge Rate, (Q x n), gpm 10.62 GPM3. Manifold Length, ft. 10.5' Manifold Diameter, in. 3" Ø4. System Discharge Rate, gpm 42.5 GPM

5a. Pump Selection:

Diameter of Delivery Pipe 2" Ø Length of Delivery Pipe 14'Friction Loss in Delivery Pipe, H_f, ft. 14' (3.29/100') = 0.5' + 3.3' NETWORK LOSSESElevation of Dosing Tank Low Water Level 61.6Elevation of Lateral Invert 67.7Elevation Head, H_e, ft. 67.7 - 61.6 = 6.1'Total Operating Head, H_t (H_p + H_f + H_e), ft. 2.5' + 0.5' + 3.3' + 6.1' = 12.4'Pump Model Goulds # 3887-W563 118 Rated Horsepower 1/3 HPPump Discharge Rate at Total Operating Head, gpm 53 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 300 GPDDesign Permeability, in/hr 6-20 I.P.H. or Percolation Rate, min/inInternal Volume of Distribution Network LATS = 6.5 GAL., D. LINE = 2.3 GAL., MANIFOLD = 3.9 GAL.Dose Volume 75 GAL TOTAL = 12.7 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 # 365764-16-01

Board of Chosen Freeholders
County of Burlington
New Jersey



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

August 7, 2001

cc: [REDACTED]

Telephone: [REDACTED]
Fax: [REDACTED]

ATTENTION DAVE JANNSEN
MEDFORD INDUSTRIAL PARK
16 EVESHORO RD
MEDFORD NJ 08055

Re: Septic Application 81-01 (B)
Block 401 Lot 9.03
MEDFORD TWP.
SEPTIC BED #2

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 5-16-02.

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 58 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.

☒ 50 inches of fill extending 2' PLUS 3' PLUS 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: **ENGINEER MUST CERTIFY TO ALL PHASES OF SYSTEM INSTALLATION.**

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

cc: ^{bk} Board of Health, Design Engineer
Construction Code Official
Design Engineer
File

Michael C. Gavio
Principal Sanitary Inspector

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

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

(SEPTIC BED #2)

2. Location of Project:

Municipality MEDFORDBlock: 401Lot: 9.03Street Address 16 MEDFORD - EVESBORO ROAD, MEDFORD, NJ Zip 08055

3. Name of Applicant (print): MEDFORD INDUSTRIAL PARK

4. Applicant's Present Address: 16 EVESBORO ROAD, MEDFORD, NJ

S. Phone number 609-261-1111

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 (N/A)
☐ NJDEP - Bureau of Flood Plain Management

SPECIAL NOTE: ALL CONTRACTORS REQUIREMENTS MUST BE COMPLETED PRIOR TO COVER-UP AND FINAL APPROVAL IS TRUE. I AM AWARE THAT FALSE SWEATING IS A CRIME

9. I hereby certify that the information furnished above on Form 1 of this application is true. I am aware that false sweating is a crime in this State and subject to prosecution.

Signature of Applicant Del. J. G. J.Date 4/24/01

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 8/6/01Signature of Authorized Agent M.C. GAVIO, P.E.

Name & Title _____

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print) BARRY J. BEAUMONT OF BEAUMONT ENGINEERING

2. Business Address of Site Evaluator 88 WABUN TRAIL, MEDFORD LKS., NJ 3. Business Phone

4. Special Site Limitations Identified (Check Appropriate Categories) (None) 08055

- ☐ 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: (N/A)

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

- ☐ Filled area ☐ Excavated Area ☐ Re-graded Area
☐ Pre-existing Natural Ground Surface

Elevation Relative to Existing Ground Surface _____

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: (N/A)

- a.) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
b.) Piezometer A: Depth to Bottom _____ Depth of Water Level _____
c.) Piezometer B: Depth to Bottom _____ Depth of Water Level _____
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 4-16-01Signature of Professional Engineer Barry BeaumontLicense # 36576

(please seal this form)

THIS PLAN FOR A SEWERAGE FACILITY IS

CERTIFIED

☐ Subsurface Drains ☐ Other - Specify _____
 TO BE IN SUBSTANTIAL COMPLIANCE WITH THE PROVISIONS OF CHAP 199 P.L. 1954 AND THE STANDARDS FOR CONSTRUCTION AS PROMULGATED BY THE NJDEP AND THOSE PHOMULGATED BY LOCAL ORDINANCE.

BY M. C. Gavio DATE 8/6/01

BURLINGTON COUNTY HEALTH DEPARTMENT

COUNTY NUMBER 81-01(B)

Signature _____

Date _____

SOIL LOG & INTERPRETATION - Form 2B

Municipality MEDFORD# 01-13 (BED # 2)Block 401 Lot 9.03

1. Log Number TP-3 Method (Check One): ☒ Profile Pit ☐ Boring
2. Soil Log DATE SOIL LOG CONDUCTED 3-15-01
- Depth Munsel Color Name & Symbol; Estimated Textural Class; Estimated
(inches) Volume % Coarse Fragment, if present; Structure; Moist or Dry
Top-Bottom Consistence; Mottling - Abundance, Size & Contrast, if present

SOIL TEST PITS

Block - 401 Lot - 9.03 (Proposed septic bed #2)

Medford Township

Witnessed : Mike McQuaide; Burlington Co. Health Dept.

March 15, 2001

Job # 01-13

Test Pit #3 (Elev. = 63.9)

0" - 9" Ol br (2.5y 4/4) sandy loam to loam; subangular blocky, friable.
9" - 30" Lt ol br (2.5y 5/4) sandy clay loam; subangular blocky, friable.
30" - 75" Ol (5y 4/3) loamy sand to sandy loam; weak subangular blocky, friable;
with common, medium, distinct, yel br (10yr 5/6) mottles throughout.
75" - 108" Ol br (2.5y 4/4) sandy loam; subangular blocky, friable; with common,
coarse, prominent, br (7.5yr 4/4) & ol gr (5y 4/2) mottles throughout.

Ground water : 36"

Seasonal high water table : 30" (Elev. = 61.4)

3. Ground Water observations:

- ☒ Seepage - Indicate Depth 36 "
☐ 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 30 "

5. Soil Suitability Classification: ILWr

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 BeaumontDate 4-16-01Signature of Professional Engineer Barry BeaumontLicense # 36576BARRY J. BEAUMONT

SOIL LOG & INTERPRETATION - Form 2B

01-13 (BED # 2)

Municipality MEDFORDBlock 401Lot 9,03

1. Log Number TP-4 Method (Check One): ☒ Profile Pit ☐ Boring
2. Soil Log DATE SOIL LOG CONDUCTED 3-15-01
Depth Munsel Color Name & Symbol; Estimated Textural Class; Estimated
(inches) Volume % Coarse Fragment, if present; Structure; Moist or Dry
Top-Bottom Consistence; Mottling - Abundance, Size & Contrast, if present

Test Pit #4 (Elev. = 64.1)

0" - 8" Ol br (2.5y 4/4) sandy loam to loam; subangular blocky, friable.
8" - 26" Lt ol br (2.5y 5/4) sandy clay loam; subangular blocky, friable.
26" - 32" Ol (5y 4/4) loam to sandy clay loam; subangular blocky, friable; with common, medium, distinct, ol gr (5y 5/2) & dk yel br (10yr 4/6) mottles throughout.
32" - 53" Ol (5y 4/3) loamy sand to sandy loam; subangular blocky, friable.
53" - 100" Ol (5y 4.3) fine sandy loam; subangular blocky, friable; with ol (5y 4/4) fine sandy loam nodules; subangular blocky, friable; and with common, medium, distinct, st br (7.5yr 4/4) & ol gr (5y 4/2) mottles throughout.

Ground water : 43"

Seasonal high water table : 26" (Elev. = 61.9)

3. Ground Water observations:

- ☒ Seepage - Indicate Depth 43"
☐ 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 26"

5. Soil Suitability Classification: ILWR

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 BeaumontDate 4-16-01Signature of Professional Engineer Barry BeaumontLicense # 36576BARRY J. BEAUMONT

SOIL PERMEABILITY DATA - Form 3A

#01-13 (BED #2)

Municipality MEDFORDBlock 401 Lot 9.03

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 *
<u>SEPTIC BED SIZE IS BASED ON PERMEABILITY OF</u>				
<u>IN-PLACE SELECT FILL.</u>				

* 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

N/A

Test Number

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 BeaumontDate 4-16-01

Signature of Professional Engineer

Barry BeaumontLicense # 36576

(please seal this form)

BARRY J. BEAUMONT

GENERAL DESIGN DATA - Form 4

#01-13 (BED #2)

1. Volume of Sanitary Sewage, gal. 375 GPD☐ Residential: No. of Dwelling Units _____ Total No. of Bedrooms _____☒ 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
PROPOSED OFFICE/WAREHOUSE: MAXIMUM EMPLOYEES = 25 (UNIT #2)2. Alterations or Repairs (N/A)
DESIGN FLOW = 25 EMP. X 15 GPD/EMP = 375 GPD

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. N/A

Show Calculation Used _____

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

c.) Effluent Distribution

Method: ☐ Gravity Flow☒ Gravity Dosing☒ Pressure Dosing

Dosing Device:

☐ Pump☐ Siphond.) Dosing Tank Capacities, gals: Total Capacity, 200 GAL. Dose Volume 24 GAL. Reserve Capacity 504 GAL. ±e.) Laterals: Number 4 LATS Total Length 23.5' EACH = 114' Pipe Size 1 1/4" Ø Spacing 3.5'f.) Connecting Pipe: Size 4" Ø Length 6' ±g.) Manifold: Size 3" Ø Length 10.5'h.) Disposal Field: Type of Installation MSR - MOUND SOIL REPLACEMENTDesign Permeability (Percolation rate) 6-20 I.P.H. SELECT FILL☐ Trenches: Width _____ Total Length _____☒ Bed: Area 15' x 34' = 510 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

Barry J. BeaumontLicense # 36576

(please seal this form)

Barry J. Beaumont4-16-01

#01-13 (BED #2)

DESIGN OF PRESSURE DOSING SYSTEM - Form 5

1. Configuration of Distribution network:

Type of manifold: ☒ End ☐ CentralDistribution Laterals: Number 4 LATS Length, ft. 28.5' Spacing, ft. 3.5'Hole Diameter, in. 1/4" Ø Hole Spacing, in. 36"Diameter of Laterals, in. 1 1/4" 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 10 HOLESLateral Discharge Rate, (Q x n), gpm 11.80 GPM3. Manifold Length, ft. 10.5' Manifold Diameter, in. 3" Ø4. System Discharge Rate, gpm 47.2 GPM

5a. Pump Selection:

Diameter of Delivery Pipe 2" Ø Length of Delivery Pipe 27'Friction Loss in Delivery Pipe, H_f, ft. 27'(3.98'/100') = 1.1' + 3.3' NETWORK LOSSESElevation of Dosing Tank Low Water Level 62.1Elevation of Lateral Invert 66.9Elevation Head, H_e, ft. 66.9 - 62.1 = 4.8'Total Operating Head, H_t (H_p + H_f + H_e), ft. 2.5' + 1.1' + 3.3' + 4.8' = 11.7'Pump Model Goulds # 3887-WS63 11B Rated Horsepower 1/3 HPPump Discharge Rate at Total Operating Head, gpm 60 GPM5b. 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 _____

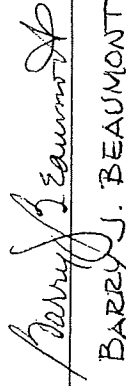
6. Dose Volume:

Design Volume of Sewage, gal/day 375 GPDDesign Permeability, in/hr 6-20 I.P.H. or Percolation Rate, min/in _____Internal Volume of Distribution Network LATS = 7.3 GAL., D. LINE = 4.4 GAL., MANIFOLD = 3.9 GAL.Dose Volume 94 GAL. TOTAL = 15.6 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)

License # 365764-16-01

BARRY J. BEAUMONT

TBLHAZMATNOTIFICATIONSOEM

NJDEP CASE NUMB ER	MUNICIPALITY	MTPD CASE NUMB ER	INCIDENT DATE	FIRST NAME	LAST NAME	NUMERIC	STREET	STATE	AREA CODE	PHONENUM BER	INCIDENT NUMBER	INCIDENT STREET	INCIDENT TYPE	CHEMICAL S OR SUBSTANCES INVOLVED	CLEAN UP STATUS
14-08-30-0226-41	Medford	14-09675	08/30/2014	PSEG			Miller Rd/ Evesboro Medford	NJ				Miller Rd/Evesboro Medfordq	Transformer leaked oil @ 12 gall	Oil Transformer non- PCB	Pending