

Zoning Complaints

Date 3/14/08

Location

YARD FARM
Street Address 171 PENNY AVE
Block 27 Lot 36
Property Owner Robert VAND
Telephone Number _____

Complaining Witness

Name Tom DODD TOWNSHIP
Address _____
Telephone Number _____

Nature of Complaint

INFESTATION. RATS.
IN SHOUTEN HOUSE.

Ordinance Section Numbers

Action Taken

WAITING FOR COUNTY HEALTH
DEPT. REPORT.

FAX COMMUNICATION

HUNTERDON COUNTY DEPARTMENT OF HEALTH

RT. 12, COUNTY COMPLEX, BLDG 1, P.O. BOX 2900
FLEMINGTON, NJ 08822-2900
908-788-1351 Fax: 908-782-7510

Today's Date: 3/14/08 Time: 1530

To: ANTHONY SKIBINSKY

PROPERTY CODE / ZONING INSPECTOR

From: DANIEL WYCKOFF, REHS
HCHD

Number of Pages (including this cover sheet): 5

Comments:

SEE if ELIMINATING DEBRIS will RID
THE INSECTS AND RODENTS BEFORE PRECIPITATION
USE.

Fax Number:



(of recipient)

Information Sent:

Yes

No

NOTE: If you do not receive copies of all the pages, or if they are illegible, please call (908) 788-1351 or fax to (908) 782-7510.

Confidentiality Notice: This message is intended only for the use of the individual or entity designated above, is confidential and may contain information that is legally privileged or exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, copying or use of or reliance upon the information contained in and transmitted with this facsimile transmission by or to anyone other than the recipient designated above by the sender is not authorized and strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return it to the sender by U.S. Mail, or destroy it if authorization is granted by the sender. Thank you.

faxsheet

HUNTERDON COUNTY HEALTH DEPARTMENT
Rt. 12 County Complex, Bldg #7
PO BOX 2900
Flemington, New Jersey 08822-2900
(908) 788-1351

RETAIL FOOD ESTABLISHMENT SPOT CHECK FORM

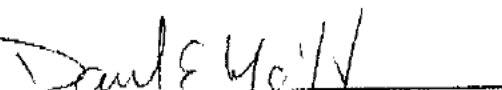
NAME OF ESTABLISHMENT: YARD'S Custom Butchering LICENSE # N/A
LOCATION: 171 Pennsylvania Ave. TOWNSHIP Raritan TEL. [REDACTED]
MAILING ADDRESS: 171 Pennsylvania Ave, Flemington
OWNER: Jason L. Yard Smith
DATE: 3/14/08 REASON: UNSANITARY CONDITIONS / VERMIN PRESENT
TIME: 11:45AM
☐ FOOD/SWAB SAMPLE ☐ FOLLOW UP OF INSPECTION
☒ COMPLAINT Date _____
☐ OTHER ☒ WALK-THRU INSPECTION

COMMENTS:

THE USE AS A PRIVATE "CUSTOM BUTCHER" SLAUGHTER HOUSE WAS AN
APPROVED USE PER ZONING OFFICIAL OF RARITAN TWP.
HCHD INSPECTED FACILITY IN 12/01/06 PRIOR TO THE
START OF DEER SEASON, 2006. A LETTER WAS RECEIVED
STATING THAT THE FACILITY WOULD NOT CONDUCT RETAIL
SALE OF MEAT PROCESSED AT THE FACILITY, JUST THE
BUTCHERING SERVICE. IN DECEMBER, 2006 THIS TYPE
OF FACILITY DID NOT FALL WITHIN THE JURISDICTION
OF THE HUNTERDON COUNTY HEALTH DEPARTMENT. IT WAS NOT

MANAGER/OWNER COMMENTS: A LICENSED RETAIL FOOD ESTABLISHMENT
YARD'S CUSTOM BUTCHERING PROVIDES A PRIVATE SERVICE FOR
PERSONAL USE.


Signature of Owner/Representative


Health Department Representative

WHITE = ORIGINAL

CANARY = LOCAL BOARD OF HEALTH

PINK = HCHD

Name (Individual, Facility, Establishment, etc.)

YARDS Custom Ditching

Date

3/14/08

Municipality

Baird Township

Item

No.

Remarks

THE FACILITY WAS NOT OPEN AND HAD BEEN
CLOSED FOR SEVERAL WEEKS ACCORDING TO THE
CONTACT: JACOB YARD

THE FREQUENT VIOLATIONS OF THE PUBLIC HEALTH
NUISANCE ^{CODE} ~~ACT~~ OF NEW JERSEY WERE OBSERVED

2.1 THE FOLLOWING MATTERS, THINGS, CONDITIONS ARE
DECLARED TO BE A NUISANCE AND INJURIOUS
TO THE HEALTH OF THE INHABITANTS OF THIS
MUNICIPALITY:

a) THE EXISTENCE OR PRESENCE OF ANY ACCUMULATION
OF GARBAGE, REFUSE, MANURE OR ANIMAL OR
VEGETABLE MATTER WHICH MAY ATTRACT FLIES
AND TO WHICH FLIES MAY HAVE ACCESS OR IN
WHICH FLY LARVAE OR PUPAE BREED OR EXIST

1) DEPOSITING, ACCUMULATING OR MAINTAINING ANY
MATTER OR THING WHICH SERVES AS FOOD
FOR INSECTS OR RODENTS AND TO WHICH THEY
MAY HAVE ACCESS.

Signature of Individual Completing Form

Signature of Owner of Facility, Establishment, etc.; if required

WHITE COPY = ESTABLISHMENT

CANARY COPY = LOCAL HEALTH DEPARTMENT

PINK COPY = INSPECTING OFFICIAL

PAGE 2 OF 4 PAGES

Name (Individual, Facility, Establishment, etc.)

YARDS Custom Butchering

Municipality

RADTAP TOWNSHIP

Date

3/11/08

Item No.

Remarks

IN ORDER TO ABATE (correct) 2.14) THE Following
MUST BE Accomplished:

- THE SPATTERED ANIMAL BLOOD IN THE
WALLS OF THE PROCESSING ROOM MUST BE
REMOVED AND THE WALL PROPERLY CLEANED
AND SANITIZED

- THE TWO DE COMPOSING DEER CARCASSES
IN THE WALK-IN REFRIGERATOR/STORAGE AREA
MUST BE REMOVED AND PROPERLY DISCARDED.

- THE WALK-IN STORAGE AREA MUST BE
CLEANED AND SANITIZED.

ANY AND ALL BAGS CONTAINING THE REMAINS
OF ANIMALS MUST BE REMOVED FROM THE
PROPERTY AND PROPERLY DISPOSED WITHIN.

PROOF OF THE PROPER DISPOSAL OF THE REMAINS
MUST BE PROVIDED:

RECEIPTS FROM LAND FILL MUST BE
PROVIDED AS PROOF BY: 3/25/08

Signature of Individual Completing Form

Signature of Owner of Facility Establishment, etc. if required

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Name (Individual, Facility, Establishment, etc.)

WARDS CUSTOM BUTCHERING

Date

3/14/08

Municipality

RANTON TOWNSHIP

Item

No.

Remarks

A WALK THROUGH INSPECTION OF THE FACILITY TO VERIFY THAT THE CARCASSES HAVE BEEN REMOVED AND FACILITY HAS BEEN PROPERLY CLEANED AND SANITIZED WILL BE CONDUCTED ON 3/25/08

THE LIVE STOCK ARE INTENDED FOR SALE AT AUCTION ON 3/18/08

RECEIPTS SHOWING THE SALE OF THE ANIMALS AT AUCTION MUST BE PRESENTED.

THESE VIOLATIONS SHALL BE CORRECTED AND ACTION STEPS MUST BE TAKEN TO PREVENT SUCH CONDITION FROM RE OCCURRING ANY TIME IN THE FUTURE.

Signature of Individual Completing Form

Signature of Owner of Facility, Establishment, etc., if required

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