TOWNSHIP of HOPEWELL

MERCER COUNTY

DEPARTMENT OF HEALTH

201 Washington Crossing Pennington Road
Titusville, New Jersey 08560-1410
Phone: 609.737.0120 Fax: 609-737-6836 www.hopewelltwp.org

Public Health
Prevent. Promote. Protect.

December 6, 2012

COPY

Mr. & Mrs. Simon
14 Creek Rim Drive
Titusville, NJ 08560

RE: Block 99.01, Lot 13 (14 Creek Rim Drive) Solid Waste Complaint

Dear Mr. & Mrs. Simon,

This office has received a complaint regarding solid waste place on the curb at the above referenced property. A site inspection was conducted on 12-4-2012 and it was confirmed that solid waste materials are present on the curb.

Hopewell Township Ordinance 16-7.2(a)-17 prohibits, "placement of solid wastes at curb for more than five days prior to scheduled pick up date. All items must be removed after the fifth day if not collected due to weather or the fault of the hauler. Nonpayment of contractor for these services is not an acceptable reason for allowing items to remain."

Please assure arrangements are made to facilitate the removal and proper disposal of these materials. This office will conduct a follow-up site inspection on or after December 17, 2012 to confirm the materials are removed. Failure to have the solid waste addressed at that time may result in administrative action including summons to municipal court for violation of the above referenced ordinance.

Your attention to this matter is appreciated. You may contact this office at 609-737-0120 to discuss this matter. Our office hours are Monday through Friday, 8:30-4:30.

Sincerely,

Robert B. English
Registered Environmental Health Specialist

Block:	99.01	Prop Loc:	14 CREEK RIM DRIVE	Owner:	SIMON MICHAEL S & GALE	Square Ft:	2286
Lot:	13	District:	06 HOPEWELL TWP 08525	Street:	14 CREEK RIM DRIVE	Year Built:	1970
Qual:		Class:	2	City State:	TITUSVILLE NJ Zip: 08560	Bldg:	3

Additional Information

Prior Block:	00099 1	Acct Num:		Addl Lots:		EPL Code:	00 00 000
Prior Lot:	00013	Mtg Acct:		Land Desc:	2.18 AC	Statute:	54:4-3.30
Prior Qual:		Bank Code:	00000	Bldg Desc:	1SF 2AG	Initial:	000000Further: 000000
Updated:	09/05/08	Tax Codes:	F03	Class4Cd:		Desc:	
Zone:	R100	Map Page:	24	Acreage:	2.180	Taxes:	(57): 13524.22 (58): 0.00

Sale Information

Sale Date:	01/04/89	Book:	02474Page: 00874	Price:	388000 NU#:	Ratio:	0.00

TAX-LIST-HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed
2012	SIMON MICHAEL S & GALE	259900	0	557700
.	14 CREEK RIM DRIVE	297800	.	.
.	TITUSVILLE NJ 08560	557700	.	.
2011	SIMON MICHAEL S & GALE	288400	0	586200
.	14 CREEK RIM DRIVE	297800	.	.
.	TITUSVILLE NJ 08560	586200	.	.
2010	SIMON MICHAEL S & GALE	288400	0	586200
.	14 CREEK RIM DRIVE	297800	.	.
.	TITUSVILLE NJ 08560	586200	.	.

CHANGE-HISTORY

Date	Change Detail
01/16/07	Mod4 additional lots=[-1]
10/15/09	land value=[288400] impr value=[297800] totl value=[586200]
12/13/11	Year built=[1970] land value=[259900] impr value=[297800] totl value=[557700]

STATE WELL PERMIT MUST BE SECURED PRIOR TO BOARD OF HEALTH APPROVAL OF APPLICATION

Office Use Only

Permit No. _____

Date: _____

Fee Received _____

BOARD OF HEALTH OF HOPEWELL TOWNSHIP
ROUTE 546, TITUSVILLE, NEW JERSEY 08560

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT AN INDIVIDUAL WATER SUPPLY AND SYSTEM OR ALTER AN EXISTING WATER SUPPLY SYSTEM.

SECTION A

Owners Name (print) R. TOFT, Furman

Present Address 14 Creek Rim Dr. Telephone _____

Location of property for which this application is made same Block 99.01 Lot 13

Name of Contractor or well driller Walter R Tibbs Inc.

Address 1650 Pennington Rd Telephone 882-3107

Contractor _____ signature Owner _____ signature

SECTION B

Inspection of construction was made on the following date 11-25-88

Length of Casing 52' Method of grouting of annular space _____

Installation and construction of well is certified to be in accordance with Hopewell Township Ordinance and N.J.D.E.P. Standards for Construction of Public non-community and non-public water systems.

X (Gary) Inspector

SECTION C

WELL DATA AS COMPLETED

N.J. State well drilling permit # 27-09968 dated 11-23-88

Length of casing (to extend 12" min. above Final Grade)	52 ft.
Depth	400 ft.
Water level below top of casing	52 ft.
Drawdown at End of Test	115 ft.
Estimated capacity of well	4 gpm
Length of pumping test	3.5 hrs hr.

I certify that the above information is correct and the well has been drilled, sealed, and disinfected according to the latest Hopewell Township Ordinance.

12-5-88 Dated _____ Well driller 614 License #

Pump Data

Type of Pump Submersible

Manufacturer Goulds

Model 5ES

Horse power 3/4

Number of Stages 14

Lowest Possible Setting 380 ft.

Actual Pump Setting 380 ft.

Depth of jet below top of casing _____ ft.

Tank Data

Type of Tank 82 gal galv.

Capacity 82 gal.

Manufacturer Una

Type of Pipe plastic

I certify the above information is correct and the installation has been in accordance with manufacturer specifications and all required codes.

This must be completed and filed prior to issuance of a certificate of occupancy.

RECEIVED
JAN 6 1989
HOPEWELL TOWNSHIP HEALTH DEPT

_____ Pump Installer 614 License No.

Form DWR-138
11/85

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

WELL RECORD

Well Permit No. 27 - 09968
27.14.852

Driller: Please use the space below for the log description. Note water bearing zones or geological formation.

Are samples available? ☐ Yes ☑ No

Drilling Method Rotary

Type of Rig Schramm

Aquifer/Geo. Fm. Red + Blue argillite

LOG 6

0 - 9' Brown Blue clay
9' - 400' Red + Blue argillite

DEP USE ONLY

Storet Hydrogeo Code _____
USGS Hydrogeo Code _____
Depth to Bedrock _____ ft.
Bedrock Lith. Code _____
Bedrock Fm. Code _____

Completed by _____
Date ____ / ____ / ____

Thick.	Lith.	Fm.

GWPI No. ____ - _____ NJPDES No. _____ - ____

Latitude ____ ° ____ ' ____ " Longitude ____ ° ____ ' ____ "

Lat-Long Accuracy ☐ 1" ☐ 5" ☐ 10" ☐ 20"

USGS Quadrangle _____

Drainage Basin Code _____ County/Municipality Code _____

OTHER FILES: ☐ Lithologic Log ☐ Samples Available ☐ Aquifer Test ☐ Water Level Data
☐ Geophysical Logs ☐ Water Chemistry ☐ Pollution Case

Checked by _____ Date ____ / ____ / ____

RECEIVED
JAN 6 1989
HOPEWELL TOWNSHIP HEALTH DEPT.

Form DWR-138
11/85

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

WELL RECORD

Well Permit No. 27 – 0994B
Atlas Sheet Coordinates 27 : 14 : B52

OWNER IDENTIFICATION - Owner [illegible]
Address 14 CREEK RIVER DR
City [illegible] State NJ Zip Code

WELL LOCATION - If not the same owner please give address. Owner's Well No.
Address 14 Creek River Dr.
County Mercer Municipality [illegible] Lot No. 13 Block No. [illegible]

WELL USE Domestic Status Replacement

WATER USE Domestic Average 300 gals. daily Maximum 600 gals. daily

WELL CONSTRUCTION
BOREHOLE DIMENSIONS
Date well completed 10 / 5 / 88
Depths: Total 400 ft. Finished 400 ft.
Diameter: Top 6 in. Bottom 6 in.
Land Surface Elevation at well 150 ft. Elevation was determined using Topographic map
Casing Height (stick-up) above land surface 2 ft.

	DEPTH TO TOP (FT.)	LENGTH (FT.)	DIAMETER (IN.)	TYPE AND MATERIAL *Screens: Note Slot Size(s)*
Casing 1		52'	6"	Std. w/ perforations
Casing 2				
Casing 3				
Screen 1				
Screen 2				
Tail Piece				
Gravel Pack				
Grout				
Grouting Method		Cement Grout – Bottom - Top		

WELL FLOWS NATURALLY _____ gals. per min. at _____ ft. above the land surface.
Water rises to _____ ft. above the land surface.

RECORD OF TEST Test Date 10 / 5 / 88
Static water-level before pumping 52 ft. below land surface. Water level 115 ft. below land surface after 36 hrs. of pumping.
Water level was measured using Depth Gage Drawdown 63 ft.
Discharge rate measured using Bucket Discharge Rate 7 gals. per min.
Well was pumped using Submersible Specific Capacity _____ gals. per min. per ft. of drawdown
Observed effects on nearby wells None
Water Quality (taste, odor, color, etc.) Good

PERMANENT PUMPING EQUIPMENT Installed by Walter P. Travis, Inc. Pump Type Submersible
Mfrs. Name Goulds Model 5E3
CAPACITY: Pump delivers 5 GPM at 30 PSI pressure.
POWER: 3/4 HP at 3450 RPM Power Source Electric
DEPTHS: Pump 380 ft. Footpiece _____ ft. Airline _____ ft.
FLOW METER: Model _____ installed on _____ in. diameter pipe.

CONTRACTOR - Name of Drilling Contractor WALTER P. TRAVIS, INC.
Address 1650 Pennington Rd
City Ewing State N.J. Zip Code 08618
Name of Driller Doug Travis License No. 610

Signature of Contractor [signature] Date 1 / 6 / 89

COPIES: White - DEP Canary - Driller Pink - Owner Goldenrod - Health Dept.

STATE WELL PERMIT MUST BE SECURED PRIOR TO BOARD OF HEALTH APPROVAL OF APPLICATION

Office Use Only

Permit No. 114437

Date: Nov 3, 1988

Fee Received $50.00

Ck#1877

Deepen well

BOARD OF HEALTH OF HOPEWELL TOWNSHIP
ROUTE 546, TITUSVILLE, NEW JERSEY 08560

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT AN INDIVIDUAL WATER SUPPLY AND SYSTEM OR ALTER AN EXISTING WATER SUPPLY SYSTEM.

SECTION A

Owners Name (print) R. Furman

Present Address 14 Creek Rim Dr Telephone

Location of property for which this application is made Same Block 22.01 Lot 13

Name of Contractor or well driller Walter R Travis Inc.

Address 1650 Pennington Rd Telephone 882-3107

Contractor Jerry Travis (signature) Owner R. Furman (signature)

SECTION B

Inspection of construction was made on the following date Not Inspected

Length of Casing _____ Method of grouting of annular space _____

Installation and construction of well is certified to be in accordance with Hopewell Township Ordinance and N.J.D.E.P. Standards for Construction of Public non-community and non-public water systems.

_____
Inspector

SECTION C

WELL DATA AS COMPLETED

N.J. State well drilling permit # 27-09958 dated 11-16-1988

Length of casing (to extend 12" min. above Final Grade)	32' ft.
Depth	390 ft.
Water level below top of casing	55 ft.
Drawdown at End of Test	390' ft.
Estimated capacity of well	1 gpm
Length of pumping test	1 hr.

I certify that the above information is correct and the well has been drilled, sealed, and disinfected according to the latest Hopewell Township Ordinance.

11-15-88 (Dated) Jerry Travis (Well driller) 614 (License #)

Pump Data

Type of Pump Submersible

Manufacturer Goulds

Model 5ES

Horse power 3/4

Number of Stages 14

Lowest Possible Setting 360' ft.

Actual Pump Setting 360' ft.

Depth of jet below top of casing _____ ft.

Tank Data

Type of Tank 82 gal. Galv.

Capacity 82 gal. gal.

Manufacturer Ulca

Type of Pipe plastic

I certify the above information is correct and the installation has been in accordance with manufacturer specifications and all required codes.

This must be completed and filed prior to issuance of a certificate of occupancy.

RECEIVED JAN 6 1989 HOPEWELL TOWNSHIP HEALTH DEPT

Jerry Travis (Pump Installer) 614 (License No.)

HOPEWELL TOWNSHIP HEALTH DEPARTMENT
Route 546 & Scotch Road, Titusville, N.J. 08560
(609)737-0120

November 10, 1988

FIRMAN

Mr. R. Furman
14 Creek Rim Drive
Titusville, N.J. 08560

Re: Block 99.01, Lot 13
Well Application/Deepening of Well

Dear Mr. Furman:

Enclosed is your permit to deepen a well at the above referenced property.

Upon completion of the well, your well driller will conduct the required water availability test per township ordinance 16-6. 4 hour test minimum, eight hour recommended.

Additional casing recommended to a minimum of fifty (50) feet or more.

Water quality testing for bacteria and nitrates is required.

Very truly yours,

Gary A. Guarino
Senior Sanitarian

GAG:sak

DWR-133 (5/85)

Mail to

Water Allocation
CN 029
Trenton, N.J. 08625

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
TRENTON, N.J.

Permit No. 27-09968

PERMIT TO DRILL WELL

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

27.14.8 .52

Owner R. Toft

Address 14 Creek Rim Dr
Titusville N.J.

Name of Facility Same

Address Same

Driller Walter P. Travis Inc.

Address 1650 Pennington Rd
Trenton N.J.

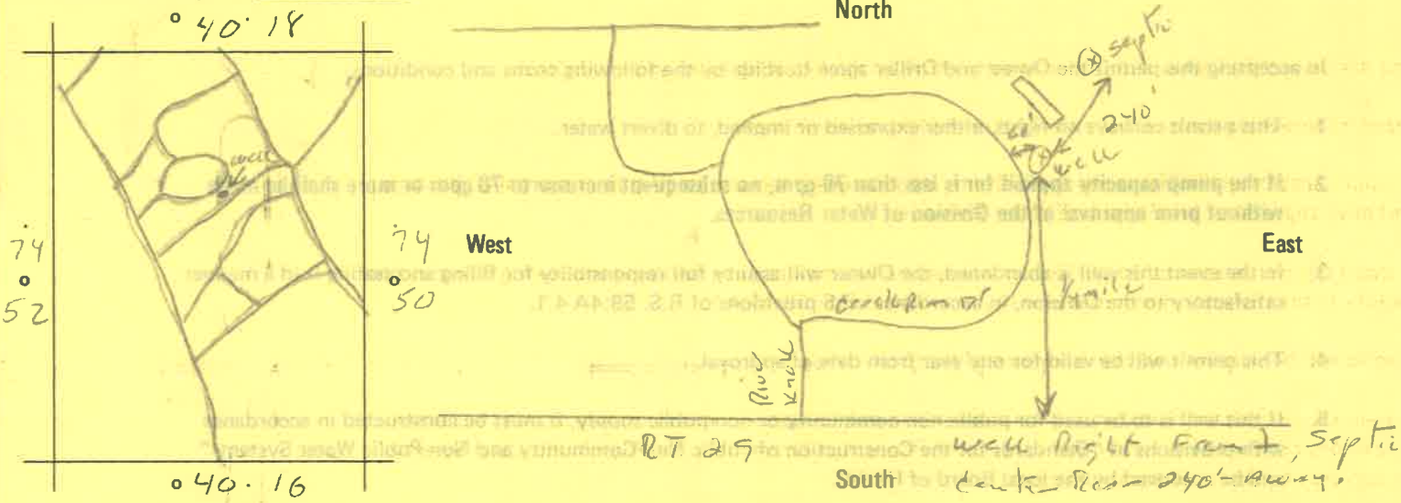
Diameter of Well	6 Inches	Proposed Depth of Well	300 Feet
Proposed Capacity of Pump	5 GPM	Method of Drilling (cable-tool, rotary, etc.)	
Use of Well (See Reverse)	Replacement		

LOCATION OF WELL

Lot #	Block #	Municipality	County
13	59.01	Hopewell Twp	Mercer

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

State Atlas Map No. 27



SEE REVERSE SIDE for IMPORTANT PROVISIONS AND REGULATIONS pertaining to this permit. APPROVAL of this permit is made SUBJECT TO acceptance of and compliance with the following ADDITIONAL CONDITIONS.

- ☐ Pinelands - Well must be drilled over 100' deep or a clay layer at least 4' in thickness must be encountered.
- ☐ It is necessary that Geophysical Logs of this well be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ Authorization by rule under N.J.A.C. 7:14A-1 et seq.
- ☐ Samples of cuttings required every _____ feet or change in material.
- ☐ The results of a volatile organic scan mut be obtained prior to using the water and submitted to _____.
- ☐ **Domestic Potable Water Supply** - The service line for water from the public community water supply system shall be turned off at the curb cock, and the meter shall be removed by the water purveyor.
- ☐ **Domestic Irrigation Supply** - No piping from the well for which the permit applies shall enter any building.
- ☐ **Industrial/Commercial Supply** - A physical connection permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10-1 et seq., and a vigorous cross connections control program shall be instituted and maintained within the premises.
- ☐ **Heat Pump Wells** - Wells must be 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ _____

This Space for Approval Stamp

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

NOV 23 1988

RECEIVED
NOV 29 1988
HOPEWELL TOWNSHIP HEALTH DEPT.

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

Date 11-18-88

Signature of Owner R. Toft

COPIES: Water Allocation – White Health Dept. – Yellow Owner – Blue Driller – White

DWR-133 (5/85)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
TRENTON, N.J.

Permit No. 27-09958

Mail to

Water Allocation
CN 029
Trenton, N.J. 08625

PERMIT TO DRILL WELL

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

27.14.8.29

Owner R. Furman

Address 14 Creek Rim Dr. Titusville N.J.

Driller Walter P. Travis Inc.

Address 1650 Pennington Rd Trenton N.J.

Name of Facility Same

Address Same

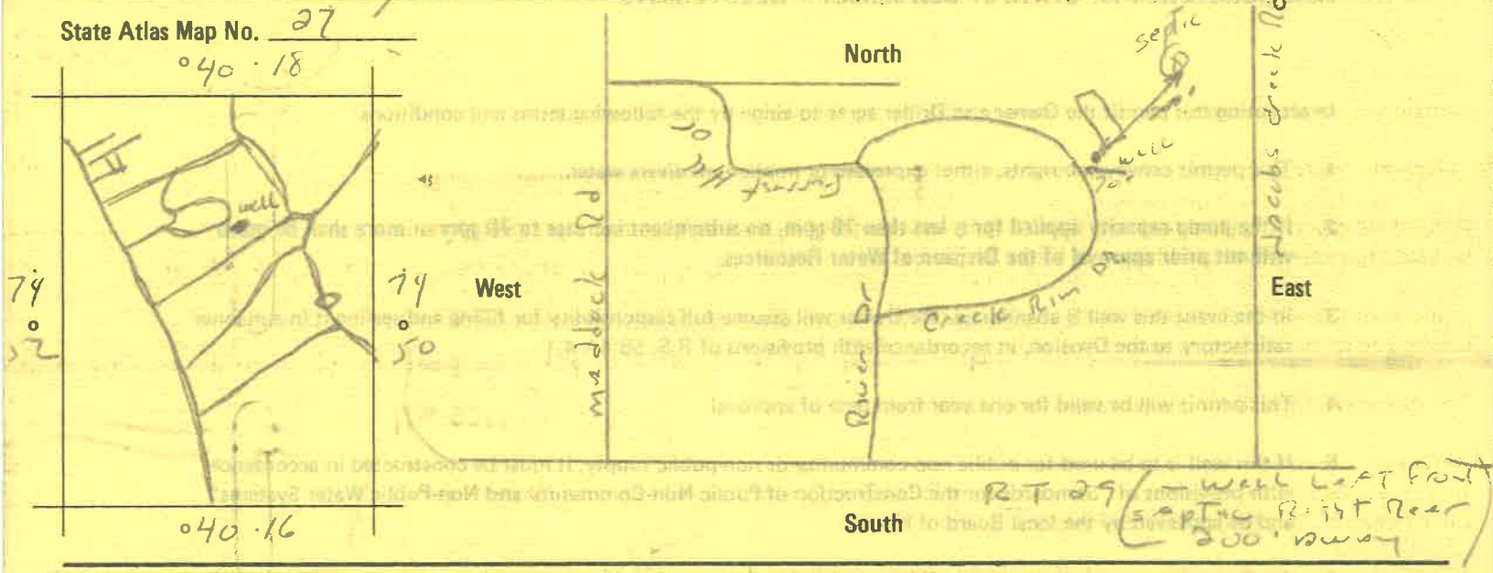
Diameter of Well	6 Inches	Proposed Depth of Well	400 Feet
Proposed Capacity of Pump	5 GPM	Method of Drilling (cable-tool/rotary,etc.)	
Use of Well (See Reverse)	Domestic - (Deepen)		

LOCATION OF WELL

Lot #	Block #	Municipality	County
13	59.01	Hopewell	Mercer

State Atlas Map No. 27

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



SEE REVERSE SIDE for IMPORTANT PROVISIONS AND REGULATIONS pertaining to this permit. APPROVAL of this permit is made SUBJECT TO acceptance of and compliance with the following ADDITIONAL CONDITIONS.

- ☐ Pinelands - Well must be drilled over 100' deep or a clay layer at least 4' in thickness must be encountered.
- ☐ It is necessary that Geophysical Logs of this well be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ Authorization by rule under N.J.A.C. 7:14A-1 et seq.
- ☐ Samples of cuttings required every _____ feet or change in material.
- ☐ The results of a volatile organic scan mut be obtained prior to using the water and submitted to _____.
- ☐ **Domestic Potable Water Supply** - The service line for water from the public community water supply system shall be turned off at the curb cock, and the meter shall be removed by the water purveyor.
- ☐ **Domestic Irrigation Supply** - No piping from the well for which the permit applies shall enter any building.
- ☐ **Industrial/Commercial Supply** - A physical connection permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10-1 et seq., and a vigorous cross connections control program shall be instituted and maintained within the premises.
- ☐ **Heat Pump Wells** - Wells must be 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ _____

This Space for Approval Stamp

WELL PERMIT APPROVED
Dept. of Environmental Protection
Water Resources/Water Allocation
NOV 16 1988

RECEIVED
NOV 21 1988
HOPEWELL TOWNSHIP HEALTH DEPT

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

Date 11-3-88

Signature of Owner R Furman

COPIES: Water Allocation – White Health Dept. – Yellow Owner – Blue Driller – White

11437

November 3 19 88

HOPEWELL TOWNSHIP HEALTH DEPARTMENT

PERMIT

PERMISSION IS HEREBY GRANTED TO R. Furman

TO Construct a water supply and system

AT Block 99.01, Lot 13

NATURE OF PROPOSED WORK To construct a water supply and system

FEE $50.00

HOPEWELL TOWNSHIP HEALTH DEPARTMENT

BY [signature]

Form 663

WELL INSPECTION REPORT

Owner Harry Feller

Address Creek Rim Drive, Tatusville, N.J.

Lot 6 Block 99A Map page 24

WELL DATA AS COMPLETED

N. J. State well drilling permit # _____ dated _____

Length of casing	30 ft.
Depth	240 ft.
Water level below top of casing	47 ft.
Depth of suction or jet below top of casing	220 ft.
Estimated capacity of well	3 gpm
Length of pumping test	1 hr.

I certify that the above information is correct and the well has been drilled, sealed, and ~~disinfected~~ according to the latest Hopewell Township Ordinance.

WALTER P. TRAVIS

Aug. 17, 1973
Dated

Jerry Travis
Well driller

Inspection of construction was made on the following dates: 3 Bags of cement used

_____ _____ _____ _____

Final construction of well and distribution system is certified to be in accordance with Hopewell Township Ordinance.

~~WALTER P. TRAVIS, INC~~

Fred L. Frank
Inspector

WATER QUALITY

Sample No.	Date
_____	Oct. 15-1973
_____	_____

Robert W. Hess
Health Dept.

1M—1-70

QUALITY CONTROL LABORATORY DIVISION
Industrial Highway, Southampton, Pa., 18966

673-4900
355-3900
(AREA CODE 215)

E. W. COOK, V.M.D
R. W. COOK, V.M.D.
A. F. ZIMMERMANN

Hopewell Township Board of Health
R.R. #1
Box 169-A
Titusville, New Jersey 08560

Bacteriological Water Analysis Report

date sampled October 9, 1973
date tested October 10, 1973
date reported October 15, 1973
sampled by
frequency
copies to

SAMPLE	Standard Plate Count per ml 24 hr, 35° C	Coliform Count per 100 ml MPN confirmed		Residual Chlorine mg/l		pH	Results *
99A-6-24	130	0					S

* S = safe for use, meets U.S. Public Health Service bacteriological standards

NS = not safe for use:

1. evidence of contamination
2. swimming pool chlorine residual low, should be 0.4 – 1.0
3. swimming pool pH low, should be over 7.2

Q C Inc.
Carl W. Cook, D.V.M.D

REMARKS

OCT 17 1973

mah

STATE WELL PERMIT MUST BE SECURED PRIOR TO BOARD OF HEALTH APPROVAL OF APPLICATION

Office Use Only

Permit No. 11437

Date: Nov 3, 1988

Fee Received $50.00

Ck #1877

Deepen well

BOARD OF HEALTH OF HOPEWELL TOWNSHIP
ROUTE 546, TITUSVILLE, NEW JERSEY 08560

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT AN INDIVIDUAL WATER SUPPLY AND SYSTEM OR ALTER AN EXISTING WATER SUPPLY SYSTEM.

SECTION A

Owners Name (print) R. Furman

Present Address 14 Creek Rim Dr Telephone

Location of property for which this application is made Same Block 99.01 Lot 13

Name of Contractor or well driller Walter P Travis Inc.

Address 1650 Pennington Rd Telephone 883-3107

Contractor Jerry Travis signature Owner R. Furman signature

SECTION B

Inspection of construction was made on the following date

Length of Casing Method of grouting of annular space

Installation and construction of well is certified to be in accordance with Hopewell Township Ordinance and N.J.D.E.P. Standards for Construction of Public non-community and non-public water systems.

Inspector

SECTION C

WELL DATA AS COMPLETED

N.J. State well drilling permit # dated

Length of casing (to extend 12" min. above Final Grade) ft.

Depth ft.

Water level below top of casing ft.

Drawdown at End of Test ft.

Estimated capacity of well gpm

Length of pumping test hr.

I certify that the above information is correct and the well has been drilled, sealed, and disinfected according to the latest Hopewell Township Ordinance.

Dated Well driller License #

Pump Data

Type of Pump

Manufacturer

Model

Horse power

Number of Stages

Lowest Possible Setting ft.

Actual Pump Setting ft.

Depth of jet below top of casing ft.

Tank Data

Type of Tank

Capacity gal.

Manufacturer

Type of Pipe

ertify the above information is correct and the installation has been in accordance with manufacturer specifications and all required
es.

must be completed and filed prior to
ance of a certificate of occupancy.

Pump Installer License No.

COMPLETE APPLICABLE SECTIONS

Application for Construction of Driveway and On Site Inspection for Drainage

Driveway Must Be Staked Before Inspection

Applications approved as per Site Plan subject to the following requirements:

1. 7 inch depth of 2½" or 1½" blend 10 ft. in from curb
2. Remove curb and replace with new concrete entrance curb. No capping of curb permitted.
3. Finish driveway entrance 1⅝" above street level. 3700 lbs. test concrete. Concrete slip must be delivered to Engineer. [Delete where inapplicable.]

Additional Requirements: _____

Approval Granted, Township Engineer _____ Date _____

Certificate of Compliance, Driveway and Surface Drainage approved by
(name) _____ on (date) _____

☐ Check Here If Driveway Permit Is Desired _____ (authorized signature)

Date March 16, 1973

SEWAGE APPLICATION

Maximum Number of Users.	Gallons per person.	Additional bedroom area available.
	150	None

Type of facilities other than bath:
Septic Tank — Liquid Capacity and Type 2 - 1,000 Gal. Reinf. Conc. Septic Tanks

Width	Length	liquid depth	distance liquid level to underside of top.
4'-0"	8'-0"	4'-4"	1'-2"

Liquid Disposal — number of trenches or bed size 2 - Disposal Beds 30'x40' each

Disposal Trench.	Width	depth	linear feet of pipe.
		36"	450

Distance between lines 4' Type of pipe 4" Bit Fiber Perf. Pipe

Description 2 Disposal Beds one for raw sewage and one for wash water. All trees must be removed in area of disposal beds

PERCOLATION TEST RESULTS

Hole No.	Time in Min. per In.	Depth	Type of Soil Encountered	Depth of each type
#1	32	36"	Topsoil	14"
#2	22	37"	Sandy Soil (fine) m/w small amount of Br. Clay	22" plus

The above fully complies with applicable State and Municipal Regulations.

Certified by John N. Wallace P.E. 15525 3/21/73
Engineer License No. Date

Date _____

WATER SUPPLY APPLICATION

Describe type of well and existing or proposed water supply system.

Estimated depth of well.	Depth and gauge of casing.	Method of sealing.

Capacity & type of storage facilities.	Treatment facilities.	Pumping equipment.

The undersigned agree to (alter) (construct) the aforesaid water supply in accordance with applicable State and Municipal regulations.

Contractor _____ Owner _____
signature signature

Application approved and fee received for:
(✓) Sewage Disposal System, authorized signature J M Fritz 5-4-73
Board of Health, Township of Hopewell date
(✓) Water Supply System, authorized signature J M Fritz 5-4-7
Board of Health, Township of Hopewell date

Certificate of Compliance:
(✓) Sewage Disposal System ~~approved after~~ inspection by (name) K. Rubash
on (date) 8/31/73
( ) Potability of water tested by (name) _____
on (date) _____ and found acceptable.
Date _____

Authorized Signature
Board of Health, Township of Hopewell