

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

April 3, 1997

Tele: (609) 265-5548
Fax: (609) 265-5541

Pat McElroy
12 Ave "A"
Tabernacle, NJ 08088

Re: Sepuc Application 2064-97
Block 603 Lot 1.03
Tabernacle Twp.

APR 08 1997

Dear Sir:

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 4-3-98. 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 81 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:

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 C. Gavio
Senior Sanitary Inspector

bk
cc: Board of Health
Construction Code Official
Design Engineer
file



Commemorate the Past - Celebrate the Future with Burlington County

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

- 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
- Location of Project:

Municipality Tabernacle Twp Block: 603 Lot: 1.03
 Street Address 12 Avenue "A", Tabernacle, NJ Zip 08088
- Name of Applicant (print): Phil McElroy
- Applicant's Present Address: 12 Ave "A", Tabernacle, NJ 08088 5. Phone number: 609-859-3398
- Type of Facility:

☒ Residential	7. Type of Wastes to be discharged:
☐ Commercial/Institutional	☒ Sanitary Sewage
☐ Specify Type of Establishment: _____	☐ Industrial Wastes
	☐ Other - Specify _____
- Other Approvals/Certification/Waivers/Exemptions (Attach to Application)

☐ Pinelands Commission	☒ U.S. Army Corps of Engineers
☐ NJDEP - Bureau of Flood Plain Management	☐ Other - Specify _____
- 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

Date 3/8/97

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 <u>4/2/97</u>	Signature of Authorized Agent <u>M.C. Gayio</u>
Name & Title <u>M.C. GAYIO, SEN. SAN. INSP.</u>	

GENERAL SITE EVALUATION DATA - Form 2A

- Name of Site Evaluator (print) South Jersey Engineers
- Business Address of Site Evaluator 9 Holden Road, Cherry Hill, NJ 3. Business Phone 609-667-8053
- Special Site Limitations Identified (Check Appropriate Categories): 08034

☐ Flood Plains	☐ Bedrock Outcrop	☐ Wetlands	☐ Excessively Stony	☐ Disturbed Ground
☐ Sink Holes	☐ Sand Dunes	☐ Steep Slopes	☒ Other - Specify <u>Existing churning & ISDS/Well</u>	
- Soil Logs - Enter on form 2B - Use one sheet for each soil log
- Considerations Relating to Disturbed Ground:
 - Type of Disturbance (Check appropriate categories):

☐ Filled area	☐ Excavated Area	☐ Re-graded Area	☐ Subsurface Drains	☒ Other - Specify _____
--------------------------------------	---	---	--	---
 - Pre-existing Natural Ground Surface
 Elevation Relative to Existing Ground Surface _____ Method of Identification _____
 - Suitability of Disturbed Ground

☐ Unsuitable: Objects Subject to Disintegration or Change in Volume	☒ Excessively Coarse
☐ Proctor Test Performed - % Standard Proctor Density = _____	
- Hydraulic Head Test:
 - Hydraulically Restrictive Horizon: Depth Top to Bottom _____
 - Piezometer A: Depth to Bottom _____ Depth of Water Level (24hrs) _____
 - Piezometer B: Depth to Bottom _____ Depth of Water Level (24hrs) _____
 - Witnessed by _____ Signature _____ Date 4/2/97
- Attachments (Check items included):

☒ 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

Date 3/5/97Signature of Professional Engineer
(please seal this form)License # 28106

SOIL LOG & INTERPRETATION - Form 2B

Municipality TABERNACLE Block 603 Lot 1.031. Log Number T.P.# 1Method (Check One): ☒ Profile Pit ☐ Boring

2. Soil Log

DATE SOIL LOG CONDUCTED 2/21/97

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

Witnessed by: MIKE GAVIO

0"-5"Dk.Gray(10Yr4/1)fine sandy loam;weak;sub-angular blocky;friable.

5"-32"Br.Ylw.(10Yr6/8)fine loamy sand;weak;sub-angular blocky;friable.

32"-46"Light Ol.Br.(2.5Y5/6)medium and coarse loamy sand;single grain;loose.

46"-68"Ol.Ylw.(2.5Y6/8)fine loamy sand;weak;sub-angular blocky;friable.

68"-85"Strong Br.(7.5Yr5/6)fine loamy sand;weak;sub-angular blocky;friable.

85"-108"Rd.Ylw.(7.5Yr6/8)fine and medium loamy sand;weak;sub-angular blocky;friable,with few,medium,distinct Strong Br.(7.5Yr5/8)mottles 96".

108"-119"Pale Ylw.(2.5Y7/4)fine loamy sand;weak;sub-angular blocky;friable.

119"-132"Ylw.Rd.(5Yr5/6) + Ylw.(2.5Y8/6)sandy clay;moderate;massive;firm.(HR)

3. Ground Water observations:

☒ Seepage - Indicate Depth N.E.☐ 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 119"☐ Perched Zone of Saturation - Depth Top to Bottom _____☒ Regional Zone of Saturation - Depth to Top 96"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

Vincent C. TalleDate 2/21/97

Signature of Professional Engineer

7717

(please seal this form)

License # 28106

SOIL LOG & INTERPRETATION - Form 2B

Municipality TABERNACLE Block 603 Lot 1.031. Log Number T.P. # 2Method (Check One): ☒ Profile Pit ☐ Boring

2. Soil Log

DATE SOIL LOG CONDUCTED 2/21/97

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

Witnessed by: MIKE GAVIO

0"-7"Dk.Gray(10Yr4/1)fine sandy loam;weak;sub-angular blocky;friable.

7"-18"Ylw.Br.(10Yr5/4)fine loamy sand;weak;sub-angular blocky;friable.

18"-40"Br.Ylw.(10Yr6/8)fine loamy sand;weak;sub-angular blocky;friable.

40"-51"Ylw.Br.(10Yr5/8)fine sandy loam;moderate;sub-angular blocky;friable.

51"-97"Strong Br.(7.5Yr5/8)fine and medium loamy sand;weak;sub-angular blocky;friable.

97"-112"Rd.Ylw.(7.5Yr7/8)fine loamy sand;single grain;loose,with common,coarse,distinct Dk.Gray(10Yr4/1)mottles 99".

112"-132"Light Gray(10Yr7/2) + Rd.Ylw.(7.5Yr6/8)sandy clay;moderate;massive;firm.(HR)

3. Ground Water observations:

☒ Seepage - Indicate Depth N.E.☐ 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 112"☐ Perched Zone of Saturation - Depth Top to Bottom _____☒ Regional Zone of Saturation - Depth to Top 99"

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

Vincent C. TalleDate 2/21/97

Signature of Professional Engineer

PH

(please seal this form)

License # 28106

SOIL PERMEABILITY DATA - Form 3A

Municipality Tebracke Twp Block 603 Lot 1.03

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.

Summary of Data - Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
<u>Select Fill or Mixed Native Soil to be tested for permeability = 6-20 in/hr</u>				
<u>when properly compacted in place.</u>				
<u>Zone of Disposal reduction to 2' is requested. Zone of Disposal soils meet</u>				
<u>required criteria for reduction.</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 in/hr
- ☐ Average of Test Replicates ☐ Single Replicate
- ☐ Slowest of Replicates

3. Type of Limiting Zone Identified

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 _____

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

Date 3/5/97

Signature of Professional Engineer
(please seal this form)

License # 28106

GENERAL DESIGN DATA - Form 4

1. Volume of Sanitary Sewage, gal. 650
- ☒ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4
- ☐ 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

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: New ISDS per NJAC 7:9A

3. System Components:

a.) Grease Trap Capacity, gals _____
Show Calculation Used _____

b.) Septic Tank Capacities, gals: ☒ first (single) compartment 1000 (Existing tank capacity estimated.
☐ second compartment _____ Tank to be cleaned and
☐ third compartment _____ inspected during installation
to determine adequacy.

c.) Effluent Distribution

Method: ☒ Gravity Flow ☐ Gravity Dosing ☐ Pressure Dosing

Dosing Device: ☐ Pump ☐ Siphon

d.) Dosing Tank Capacities, gals: Total Capacity _____ Dose Volume _____ Reserve Capacity _____

e.) Laterals: Number 7 Total Length 266 Pipe Size 4" Spacing 3'

f.) Connecting Pipe: Size 4" Length 40'±

g.) Manifold: Size D-BOX Length _____

h.) Disposal Field: Type of Installation SRB
Design Permeability (Percolation rate) 6-20 in/hr (Select Fill or (Max) Native Soil)

☐ Trenches: Width _____ Total Length _____

☒ Bed: Area 1056

i.) Seepage Pits: Design Percolation Rate _____
Number of Pits _____ Total Percolating Area Provided _____

4. Attachments (Check items included):

- ☒ 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)

7/17 3/5/97 License # 29106