



Public Health
Prevent. Promote. Protect.

Department of: HEALTH

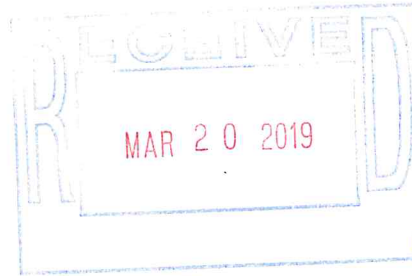
Phone: (609) 265-5548
Fax: (609) 265-3152
Email: bchd@co.burlington.nj.us
www.co.burlington.nj.us/health

**Board of Chosen Freeholders
County of Burlington
New Jersey**



Physical Address:
15 Pioneer Boulevard
Westampton, NJ 08060

Mailing Address:
49 Rancocas Road
P.O. Box 6000
Mount Holly, NJ 08060-6000



FEBRUARY 19, 2019

President and Members
Board of Health
TABERNACLE TWP

Re: Septic Repair Application REP10-19
BLOCK 701 LOT 2.01
DENNY
TABERNACLE TWP

Gentlemen:

Pursuant to instructions a **final** inspection of the repair/restoration to the 2-15-2019.

Our findings indicated that the repair/restoration of said system was found to be in substantial compliance with the approved application and plans.

Should you have any questions you may contact the undersigned.

Sincerely,

SARA ZUCCARELLO, PRINCIPAL
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST 609-265-5568

bk

c: Construction Code Official
owner
file



Public Health
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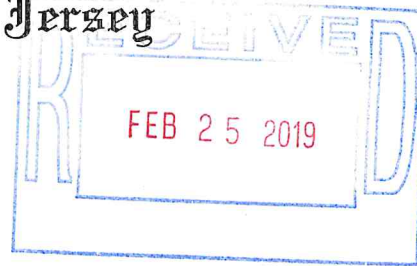
Department of: HEALTH

Phone: (609) 265-5548
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FEBRUARY 7, 2019

MR DENNY
598 JACKSON RD
ATCO NJ 08004

**Board of Chosen Freeholders
County of Burlington
New Jersey**



Physical Address:
15 Pioneer Boulevard
Westampton, NJ 08060

Mailing Address:
49 Rancocas Road
P.O. Box 6000
Mount Holly, NJ 08060-6000

Re: Septic Repair Application REP10-19
BLOCK 701 LOT 2.01
TABERNACLE TWP

Gentlemen:

Your application for the repair/restoration of the existing septic system on the property referenced above has been approved. Any defective parts, upon being repaired or replaced, are to be left exposed in order that a representative from this Department may inspect and approve the work performed, when required. Where possible, a request for such inspection shall be made to this Department no later than 72 hours prior to the date of repair. It is the applicant's responsibility to obtain any applicable municipal permits.

NO CHANGE IN THE PLAN SHALL TAKE PLACE WITHOUT PRIOR APPROVAL FROM THIS DEPARTMENT.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and/or installer of the system are made aware of this approved plan prior to the beginning of any repairs. It is also your responsibility to insure that the system is repaired in strict accordance with this approved plan. Any unauthorized deviation from the plan will render this application NULL AND VOID, and could result in legal action being instituted in municipal court against all parties concerned.

Should you have any questions, you may contact the undersigned.

Sincerely,

SARA ZUCCARELLO, PRINCIPAL
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST 609-265-5568

bk
c

Construction Code Official
Board of Health
file

Rep 10-19 2-6-19

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD, WESTAMPTON
PO BOX 6000 MOUNT HOLLY, NEW JERSEY 08060

APPLICATION FOR APPROVAL TO REPAIR OR REPLACE COMPONENTS TO EXISTING SEPTIC SYSTEM

1. Location of Project:
Municipality: Tabernacle Twp. Block: 701 Lot: 2.01
Street Address: 13 Peggy's Lane Zip: 08088
2. Name of Applicant (print): Wayne Denny
3. Applicant's Present Address: 598 Jackson Rd 4. Phone Number: 609-703-0109
5. Type of Facility: ☒ Residential ☐ Commercial/Institutional
6. Name of Installer (print): Cedar Creek Excavating, LLC 7. Phone Number: 609-703-0109
8. I hereby certify that the information furnished above on this Septic Repair/Replace application is true. I am aware that false swearing is a crime in this state and subject to prosecution.
- Signature of Owner/Applicant Digitally signed by Wayne Denny Date 2/6/19
- Signature of Installer Digitally signed by Wayne Denny Date 2/6/19

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>2/7/19</u>	Signature of Authorized Agent <u>[Signature]</u>
Name & Title <u>Sara Zuccanello PE, RCHS</u>	

GENERAL INFORMATION:

Reason for Repair Replace deteriorated D-BoxHow Old Is System Unknown Has System Had Any Previous Malfunction? ☐ Yes ☒ No

If Yes, Briefly Explain Type of Malfunction and When It Occurred _____

Number of Bedrooms 4Is Property for Sale? ☐ Yes ☒ No

Check Off All Components Of System To Be Replaced:

☐ Distribution Laterals☐ Filter Fabric☐ Stone☒ D-Box☐ Tank

Enlargement and/or soil replacement is not allowed under a repair approval. The services of a N.J. Licensed Engineer must be employed for soil Evaluation and application submitted to this Department for any enlargement and/or soil replacement of septic systems.

Removal of bio-mat build-up is allowed under a repair application.

Repairs to cesspools are not allowed.

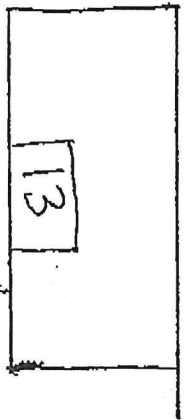
Include a sketch with this application showing the lot and approximate location of system.

Rev/1/2016

APPROVED	
AS BEING IN SUBSTANTIAL COMPLIANCE	
BY <u>[Signature]</u>	
DATE <u>2/7/19</u>	
BURLINGTON COUNTY HEALTH DEPARTMENT	
COUNTY NUMBER <u>Rep 10-19</u>	

Not
to
Scale

Pearl's Lane



← Tank
1,200

Box
←

Driveway

← Trees

APPROVED
AS BEING IN SUBSTANTIAL COMPLIANCE
WITH CHAPTER 199, P.L. 1954
BY Agucanelli
DATE 2/7/19
BURLINGTON COUNTY HEALTH
DEPARTMENT
COUNTY NUMBER ReDIO-19