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.

9/17/2018

NOTICE OF VIOLATION

Mary G. Walsh
17 Lafayette Avenue
Titusville NJ 08560

RE: Block: 108.00 Lot: 54.00 – 17 Lafayette Avenue

To Whom It May Concern,

It has come to the attention of this office that possible violations exist at the above referenced property. A site inspection or case evaluation was conducted on **9/14/2018** and conditions were confirmed that require attention. The violation noted are detailed below:

Ordinance/Statute	Description of Violation and Abatement Action Needed
16-7.2(a)-6	At the time of inspection, grass and weeds on the property were noted at a height in excess of ten (10) inches. Abatement shall consist of cutting of all grass and weeds in excess of ten (10) inches and removal of excess clippings. A routine schedule shall be established to assure the grass and weeds do not exceed the maximum permissible height throughout the remainder of the growing season.
16-7.2(a)-9	At the time of inspection, accumulations of solid waste were noted on the property. Abatement shall consist of removal and proper disposal of all solid wastes on the property.

Based on the findings of inspection, the above noted abatement actions must be completed. To assure compliance, a representative of this office will conduct a reinspection on or after **9/28/2018** Failure to complete the abatements as ordered may result in summons to municipal court. Also, the Township may elect to abate the condition and assess the costs of abatement as a tax lien against the property as permitted by Hopewell Township Municipal Ordinances 16-7.6 and 16-7.7.

Your attention to this matter is appreciated. If you have any questions or concerns you would like to discuss, please contact the Health Department at (609) 737-0120. Our office hours are Monday - Friday, 8:30am to 4:30pm.

Very Truly Yours,

Robert English
Health Officer

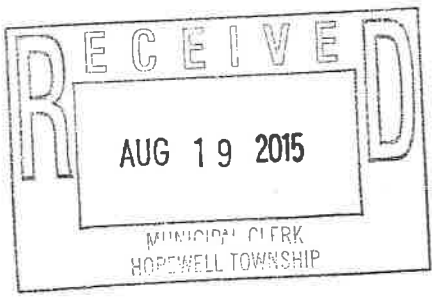
C.R. English

PHELAN HALLINAN DIAMOND & JONES, PC
400 Fellowship Road Suite 100
Mt. Laurel, NJ 08054
856-813-5500
Fax: 856-813-5501

Notification to Municipal Clerk of Filing of Action to Foreclose on a Mortgage

August 17, 2015

HOPEWELL TOWNSHIP MUNICIPAL CLERK
201 WASHINGTON CROSSING PENNINGTON
TITUSVILLE, NJ 08560



Property Owners:	MARY G. WALSH
Property Address:	17 LAFAYETTE AVENUE TITUSVILLE, NJ 08560-1624
Block/Lot No.:	108 / 54

Dear Sir or Madam:

Please be advised that a summons and complaint in an action to foreclose on a mortgage has been filed against the above property.

The full name and contact information for the In-State representative of the creditor who is responsible for the care, maintenance, security and upkeep of a property for the creditor is:

Mark Childs
Altisource
161 2nd St
Bordentown, NJ 08505
(770)-612-7007

The name and contact information of an individual located within the state, whose authorized to accept service of process on behalf of the creditor is:

Phelan Hallinan Diamond & Jones, PC
400 Fellowship Road, Suite 100
Mt. Laurel, NJ 08054
Phone: 856-813-5500
Fax: 856-813-5501

The name and contact information for the creditor's representative responsible for receiving complaints of property maintenance and code violations is:

Mark Childs
Altisource
161 2nd St
Bordentown, NJ 08505
(770)-612-7007

This property is not an affordable housing unit pursuant to the "Fair Housing Act."

Thank you for your attention to this notice.

Very truly yours,

Phelan Hallinan Diamond & Jones, PC

New Search | Mercer County Property Info

Block:	108	Prop Loc:	17 LAFAYETTE AVE	Owner:	WALSH MARY G	Square Ft:	904
Lot:	54	District:	1106 HOPEWELL TOWNSHIP	Street:	17 LAFAYETTE AVE	Year Built:	1920
Qual:		Class:	2	City State:	TITUSVILLE NJ 08560	Style:	

Additional Information

Prior Block:		Acct Num:		Addl Lots:		EPL Code:	0 0 0
Prior Lot:		Mtg Acct:		Land Desc:	.15 AC	Statute:	
Prior Qual:		Bank Code:	0	Bldg Desc:	1SF	Initial:	000000 Further: 000000
Updated:	12/13/11	Tax Codes:	F03	Class4Cd:	0	Desc:	
Zone:	R50	Map Page:	2401	Acreage:	0.15	Taxes:	5395.98 / 0.00

Sale Information

Sale Date:	10/19/04	Book:	4881 Page: 249	Price:	210000	NU#:	0

Sr1a	Date	Book	Page	Price	NU#	Ratio	Grantee
More Info	10/19/04	4881	249	210000		55.76	WALSH MARY G

TAX-LIST HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed	Property Class
2018	WALSH MARY G	125000	0	194100	2
	17 LAFAYETTE AVE	69100			
	TITUSVILLE NJ 08560	194100			
2017	WALSH MARY G	125000	0	194100	2
	17 LAFAYETTE AVE	69100			
	TITUSVILLE NJ 08560	194100			
2016	WALSH MARY G	125000	0	194100	2
	17 LAFAYETTE AVE	69100			
	TITUSVILLE NJ 08560	194100			
2015	WALSH MARY G	125000	0	194100	2
	17 LAFAYETTE AVE	69100			
	TITUSVILLE NJ 08560	194100			

*Click Here for More History

Hand Delivered - 9/14/2018
@ time of Insp.

9/17/2018 - Regular Mail
→ Owner of Record.
→ Mark Childs ⇒ Alt Source.

C. R. English

PHELAN HALLINAN DIAMOND & JONES, PC
400 Fellowship Road, Suite 100
Mt. Laurel, NJ 08054
856-813-5500
Fax: 856-813-5501

Notification of Transfer of Title Following Sheriff's Sale or Deed in Lieu of Foreclosure

February 12, 2018

MUNICIPAL CLERK
201 WASHINGTON CROSSING PENNINGTON
TITUSVILLE, NJ 08560

Former Owners:	MARY G. WALSH
Property Address:	17 LAFAYETTE AVENUE TITUSVILLE, NJ 08560-1624
Block/Lot No.:	108 / 54

Dear Sir or Madam:

Please be advised that on 01/31/2018 title to the above referenced property was transferred by virtue of a Sheriff's Sale.

The owner of the property is:

U.S. BANK TRUST, N.A., AS TRUSTEE FOR LSF9 MASTER PARTICIPATION TRUST C/O CALIBER HOME LOANS, INC. 13801 WIRELESS WAY OKLAHOMA CITY, OK 73134-0330

The Registered Agent authorized to accept service on behalf of the owner is:

Garden State Property Services
2 Hollywood Blvd N Suite 8
Forked River, NJ 08731
609-756-0377

(Optional for out of state Creditors)
The full name and contact information of the In-State representative who is responsible for the care, maintenance, security and upkeep of the property for the owner is:

Garden State Property Services
2 Hollywood Blvd N Suite 8
Forked River, NJ 08731
609-756-0377

Thank you for your attention to this notice.

Very truly yours,

Phelan Hallinan Diamond & Jones, PC

Permit No. 24098

06-01-2004

HOPEWELL TOWNSHIP HEALTH DEPARTMENT
201 Washington Crossing - Pennington Road
Titusville, New Jersey 08560
TEL. (609) 737-0120 FAX (609) 737-2770

PERMIT

Applicant Charles & Alice Rowe Block 108 Lot 54

To Alteration/Replacement of an existing Sewage Disposal System: y

Location 17 Lafayette Avenue

Fee $ 200.00

24 Hour Inspection Notification Required
This Permit is NOT Transferable

Authorized by
Hopewell Township Health Department

Permit is not transferable
Permit valid for 2 years from issue date

24698

STANDARD FORMS FOR
SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY Hopewell TWP

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

Form 1 - General Information

1. Type of Permit Needed (Check applicable categories):

   ✓ New Construction ___ Alteration/No Expansion or Change of Use

   ___ Alteration/Expansion or Change in Use

   ✓ Alteration/Malfunctioning System

   ___ Deviation from Standards ___ Repairs to Existing System

2. Location of Project:

   Municipality Hopewell Block No. 108 Lot No. 54

   Street Address 17 LAFAYETTE AVE Zip 08560

3. Name of Applicant (print): CHARLES ROWE

4. Applicant's Present Address: 17 LAFAYETTE AVE TITUSVILLE NJ 08560

5. Applicant's Phone Number: 609 737 1739

6. Type of Facility:

   ✓ Residential

   ___ Commercial/Institutional

   Specify Type of Establishment: _____

7. Type of Wastes to be Discharged:

   ✓ Sanitary Sewage

   ___ Industrial Wastes

   ___ Other - Specify Type

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

___ Pinelands Commission

___ U.S. Army Corps of Engineers

___ NJDEPE - Bureau of Floodplain Management

___ Other - Specify:

9. I hereby certify that the information furnished 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 Brian Lynam (AGENT) Date: 5-25-04

FOR AGENCY USE ONLY

___ Application Denied - Reason for Denial/Citation of Rules Violated:_____

_____

X Application Approved

___ Application Approved Subject to Approval by NJDEPE

Date of Action 6/1/04 Signature of Authorized Agent _____

Name and Title_____

COUNTY/MUNICIPALITY Hopewell TWP.

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

Form 2a - General Site Evaluation Data Lot 54 Block 108

1. Name of Site Evaluator (print): VAN NOTE - Harvey Associates
2. Business Address of Site Evaluator: 777 Alexander Road Princeton NJ 08540
3. Business Phone Number of Site Evaluator: 609 987 2323
4. Special Site Limitations Identified (Check Appropriate Categories):

   ____ Floodplains ____ Bedrock Outcrops ____ 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:

   a. Type of Disturbance (Check Appropriate Categories):

      ____ Filled Area ____ Excavated Area ____ Re-graded Area

      ____ Subsurface Drains ____ Other-Specify_____

   b. Pre-existing Natural Ground Surface

      Elevation Relative to Existing Ground Surface_____

      Method of Identification_____

   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:

   a. Hydraulically Restrictive Horizon: Depth Top to Bottom_____

   b. Piezometer A: Depth to Bottom ____ Depth of Water Level (24 hrs)_____

   c. Piezometer A: Depth to Bottom ____ Depth of Water Level (24 hrs)_____

   d. Witnessed by_____ Signature_____ Date_____

8. 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 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 Evaluator Brian Fuman Date: 5-25-04

Signature of Professional Engineer _____ License # 23524

COUNTY/MUNICIPALITY Hopewell Twp.

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

Form 2b - Soil Log and Interpretation Lot 54 Block 108

1. Log Number 1 Method (Check One): ✓ Profile Pit _____ Boring

2. Soil Log

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present: Structure; Moist or Dry Consistence; Mottling - Abundance, Size and Contrast, If Present
SEE ATTACHED	

3. Ground Water Observations:

____ 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_____

5. Soil Suitability Classification:

6. I hereby certify that the information furnished on Form 2b of this application 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 Evaluator Juan Funar Date: 5-25-04

Signature of Professional Engineer [signature] License # 23524

Charles E. Rowe
Lot 54, Block 108
Hopewell Township, Mercer County, New Jersey
VNHA #35740-310-22

Soil Log # 1 / Basin Flood #1
May 13, 2004

0 - 2"	Topsoil
2" - 76"	Dark yellowish brown (10 yr 4/6) sandy loam, < 5% rounded gravel, no mottles, subangular blocky structure, moderate, moist, friable, few roots, clean smooth boundary.
76" - 110"	Grayish brown (10 yr 5/2) sandy loam, < 5% rounded gravel, common medium distinct gray (10 yr 6/1) mottles from 76" – 110", subangular blocky structure, moderate, moist, friable, no roots, clean smooth.
110"-120"	Grayish brown (10yr 5/2) sandy loam, 50% angular shale, common medium distinct gray (10 yr 6/1) mottles from 110"-120", subangular blocky structure, moderate, moist, friable, no roots, boundary not observed.

* No seepage
* Positive basin flood @ 120".

Y:\VNHADATA\PROJECTS\35740\ROWE SOIL LOG.DOC

COUNTY/MUNICIPALITY Hopewell TWP

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

Form 3a - Soil Permeability Data Lot 54 Block 108

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*
BASIN FLOOD	1	—	120"	Positive

*Test tube permeameter, pit-bailing, and piezometer test 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 - Piezometer Test Data - Number of Sheets _____

____ Form 3f - Pit-Bailing Test Data - Number of Sheets _____

__✓__ Form 3g - Basin Flooding Test Data - Number of Sheets 2

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 Evaluator Brian Tuman Date: 5-25-04

Signature of Professional Engineer _____ License # 23524

COUNTY/MUNICIPALITY Hopewell TWP

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

Form 3g - Basin Flooding Test Data

1. Test Number 1 Reference Soil Log 1 Date Tested 5-13-04

2. Depth of Pit, ft 10

3. Area of Pit, ft^2 50

4. Description of Rock Substratum Within Test Zone:

   Type of Rock Shale Bottom 10" of Pit.

   Name of Formation –

   Average Fracture Spacing 1/8"

   Type of Fractures (Check Appropriate Category):

   ____ Open (Wide), Clean - WIdth of Openings, ~~mm~~ 1/8"

   ____ Open (Wide), Infilled with Fines - Width of Openings, mm

   ____ Tight (Closed)

   Orientation of Fractures:

   ✓ Horizontal (Parallel to Pit Bottom) Or Nearly So

   ____ Inclined

   ____ Vertical (Parallel to Sides of Pit) Or Nearly So

   Hardness of Rock:

   ____ Rippable with Hand Tools

   ✓ Not Rippable with Hand Tools, Rippable by Machine

   ____ Not rippable by Machine, Explosives Used

5. Time of First Basin Flooding 11:00 AM 5-13-04

   Volume of Water Added, Gal 325

6. Result of First Basin Flooding:

   ✓ Basin Drained within 24 Hrs. - Indicate Time 7:00 PM 5/13

   ____ Basin Not Drained within 24 Hrs.

7. Time of Second Basin Flooding: 10:00 5/14

   Volume of Water Added, Gal 375

8. Result of Second Basin Flooding:

   ✓ Basin Drained within 24 Hrs. - Indicate Time 3:00 5/14

   ____ Basin Not Drained within 24 Hrs.

9. I hereby certify that the information furnished on Form 3g 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 Evaluator Brian Fuman Date: 5-23-04

Signature of Professional Engineer _____ License # 23524

COUNTY/MUNICIPALITY Hopewell TWP

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

Form 4 - General Design Data

1. Volume of Sanitary Sewage, Gal 350

___ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 2

___ 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. Described Nature of Alteration or Repairs:_____

3. System Components:

   a. Grease Trap Capacity, Gals_____

   Show Calculation Used:_____

   b. Septic Tank Capacities, Gals: ___ First (Single) Compartment_____

   ___ 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 1000 Dose Volume 115

   Reserve Capacity 665.32

   e. Laterals: Number___ Total Length___ Pipe Size___ Spacing___

f. Connecting Pipe: Size 2" Length 50'

g. Manifold: Size _____ Length _____

h. Disposal Field: Type of Installation Dry wells

Design Permeability (Percolation Rate) _____

Trenches: Width _____ Total Length _____ Bed: Area _____

i. Seepage Pits: Design Percolation Rate 6 - 20 min/in

Number of Pits _____ Total Percolating Area Provided 320.9 sq. ft provided 216.0 sq. ft required

4. Attachments (Check Items Included):

✓ General Plan of System Showing Location of All System Components

✓ X-Sections of Each System Component Including Grease Trap, 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 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 _____ Date: 5-28-04

TOWNSHIP of HOPEWELL

DEPARTMENT of HEALTH

Serving Hopewell Borough and Pennington Borough

201 WASHINGTON CROSSING PENNINGTON ROAD, TITUSVILLE, N.J. 08560

TELEPHONE 609-737-0120 / FAX 609-737-2770

June 4, 2004

Charles & Alice Rowe
17 Lafayette Avenue
Titusville, NJ 08560

Re: Block 108 Lot 54

To whom it may concern:

Your application for an alteration to an onsite subsurface sewage disposal system has been approved with the following conditions:

SEWAGE DISPOSAL PERMITS ARE VALID FOR TWO YEARS FROM DATE OF ISSUE.

1. A copy of this letter must be forwarded to your construction contractor and sewage disposal installer prior to installation of said system.

2. The sewage disposal system must be located and staked prior to installation by a licensed surveyor or professional engineer to guarantee the proper alignment of the system in the area of the soil tests, and to insure it will conform to all site restrictions as represented on the attached design.

3. An acceptable grading plan has been included and must be constructed accordingly and can only be changed with township and design engineer approval.

4. The required elevation of the sewage disposal system should be verified by the licensed professional engineer or surveyor, the builder and the plumbing contractor as it relates to the foundation height, the point where the sewer line exits the dwelling and the height of the septic tank. If this is a gravity system and the minimum height of the sewer line is not maintained, an ejector system will be required after the septic tank.

5. An onsite conference is required with your installer and a representative from this office prior to installation of any part of this system. This should avoid any problem during the installation which can be costly to all parties concerned.

6. The design engineer must be notified at the beginning of the installation. Field measures must be made for the required as-built design, and grading plan certifications. The as-built must show soil test location, distances to the tank and D-box as measured from two fixed points, also, any changes caused by site conditions, construction changes and installation problems. If this is a raised system, the as-built grading plan must be certified by the engineer that it is as designed, showing all inverts and contour lines. The as-built will provide a detailed location of the installed system so it can be located once it is covered.

7. No excavating machinery shall be permitted in the excavation during construction. A track-hoe or back-hoe must be used to dig the excavation.

Sand must be available at the start of construction to cover the bottom and to protect open fractures etc.

8. All trees within 10 feet of a conventional disposal system or within the area of the extended clay fill and sloped area of a raised disposal/mound system must be removed.

9. All phases of construction of the disposal system must be inspected by the Health Department. It is your responsibility (or your contractors) to notify the Health Department by no later than 9:00 a.m. on every day that construction is underway so inspections can be scheduled. **Systems will be dug up if not inspected by this office!**

10. A certificate of compliance will not be issued if the system is not completed and the grades certified. Raised systems must be stabilized. All systems must be seeded or sodded and have established vegetative growth.

11. All septic tanks must comply with new tank requirements and also be provided with locking manhole access lids to final grade as required by NJDEP 7:9A.

12. All sand and clay fill must be stock piled on site and certified by a licensed laboratory or by the design engineer once in place using a perc test.

Effective January 1, 1990 the New Jersey Department of Environmental Protection enacted a law requiring all Existing septic tank must be fitted with concrete risers and cast-iron manhole covers to grade.

Very truly yours,

George K. Kiesel
Environmental Health Coordinator