Sosa, Jessica

Collector

From: Amin, Ami
Sent: Wednesday, May 15, 2024 2:41 PM
To: Masser, Michelle; Stachnick, Christie; Jennifer Blouse; Susan Grebe; Strain, Mary; Downer, Susan; Deiling, Angela; Lismary Espinal; Marchione, John; Judith O'Brien; Caruso, Melissa
Cc: Gouveia, Susan; Sosa, Jessica; Jigna Mistry
Subject: RE: OPRA request - OPRA Request - 46 Stephens Mill Rd Mt Olive NJ

Taxes are current and there are no liens on this property in our system. We do not service Sewer for this property.

-----Original Message-----
From: Masser, Michelle <clerk@mtolivetwp.org>
Sent: Wednesday, May 15, 2024 2:28 PM
To: Stachnick, Christie <cstachnick@mtolivetwp.org>; Jennifer Blouse <jblouse@mtolivetwp.org>; Susan Grebe <sgrebe@mtolivetwp.org>; Strain, Mary <mstrain@mtolivetwp.org>; Downer, Susan <sdowner@mtolivetwp.org>; Deiling, Angela <adeiling@mtolivetwp.org>; Lismary Espinal <lespinal@mtolivetwp.org>; Marchione, John <jmarch@mtolivetwp.org>; Judith O'Brien <jobrien@mtolivetwp.org>; Caruso, Melissa <mcaruso@mtolivetwp.org>
Cc: Gouveia, Susan <sgouveia@mtolivetwp.org>; Sosa, Jessica <jsosa@mtolivetwp.org>; Amin, Ami <aamin@mtolivetwp.org>; Jigna Mistry <jmistry@mtolivetwp.org>
Subject: FW: OPRA request - OPRA Request - 46 Stephens Mill Rd Mt Olive NJ

Please see attached OPRA.

Susan Gouveia

Michelle Masser
Township Clerk
Mount Olive Township
204 Flanders Drakestown Road
PO Box 450
Budd Lake, N.J. 07828
Office Phone: 973-691-0900 EXT. 7291
Fax: 973-691-2080
clerk@mtolivetwp.org

-----Original Message-----
From: Peter Ciurczak <opra+request-61812-a01b384b@requests.opramachine.com>
Sent: Wednesday, May 15, 2024 1:30 PM
To: Masser, Michelle <clerk@mtolivetwp.org>
Subject: OPRA request - OPRA Request - 46 Stephens Mill Rd Mt Olive NJ

Dear Mount Olive Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued	5/20/2013
Control Number	29990
Permit Number	20130452
Permit Issue Date	4/23/2013
Certificate Number	20130452

Identification

Work Site Location: 46 STEPHENS MILL ROAD MOUNT OLIVE, NJ Block: 7900 Lot: 5.04 Qual:

Owner in Fee: BURKE, VAUGHN

Owner Address: 46 STEPHENS MILL ROAD HACKETTSTOWN NJ 07840

Telephone:

Contractor: KOPE ELECTRIC

Address: PO BOX 470 LEBANON NJ 08833

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: - Alterations/GAS GENERATOR(PROPANE)

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00

Check Number:

Collected By:

Construction Official

Date Printed: 5/15/2024

U.C.C. F260 (rev. 08/05)

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	2/12/2014
Control Number	29991
Permit Number	20131082
Permit Issue Date	9/20/2013
Certificate Number	20131082

Identification

Work Site Location: 46 STEPHENS MILL ROAD MOUNT OLIVE, NJ Block: 7900 Lot: 5.04 Qual:

Owner in Fee: BURKE, VAUGHN

Owner Address: 46 STEPHENS MILL ROAD HACKETTSTOWN NJ 07840

Telephone:

Contractor AIRATECH LLC

Address 133 LAKE SHORE DRIVE ROCKAWAY NJ 07866

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: - FURNACE/LPG GAS REPLACEMENT

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
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☐ **Temporary Certificate of Compliance**
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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 5/15/2024

U.C.C. F260 (rev. 08/05)

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	3/26/2015
Control Number	33600
Permit Number	20150172
Permit Issue Date	2/26/2015
Certificate Number	20150172

Identification

Work Site Location: 46 STEPHENS MILL ROAD MOUNT OLIVE, NJ Block: 7900 Lot: 5.04 Qual:

Owner in Fee: BURKE, VAUGHN

Owner Address: 46 STEPHENS MILL ROAD HACKETTSTOWN NJ 07840

Telephone:

Contractor: RAdata Inc.

Address: 27 Ironia Rd. Unit 2 Flanders NJ 07836

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: - Alterations/ WATER TREATMENT

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 5/15/2024

U.C.C. F260 (rev. 08/05)

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	12/17/2012
Control Number	29381
Permit Number	20121276
Permit Issue Date	12/12/2012
Certificate Number	20121276

Identification

Work Site Location: 46 STEPHENS MILL ROAD MOUNT OLIVE, NJ Block: 7900 Lot: 5.04 Qual:

Owner in Fee: BURKE, VAUGHN

Owner Address: 46 STEPHENS MILL ROAD HACKETTSTOWN NJ 07840

Telephone:

Contractor: MC GARRY ELECTRIC LLC

Address: PO BOX 54 BUDD LAKE NJ 07828

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: - Alterations/(2) EXHAUST FANS IN UPSTAIRS BATHROOM

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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☐ **Temporary Certificate of Compliance**
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This certificate has an expiration date of:
Conditions to be met:

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This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 5/15/2024

U.C.C. F260 (rev. 08/05)

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	1/21/2010
Control Number	16228
Permit Number	20050002
Permit Issue Date	1/3/2005
Certificate Number	20050002

Identification

Work Site Location: 46 STEPHENS MILL RD MOUNT OLIVE, NJ Block: 7900 Lot: 5.04 Qual:

Owner in Fee: STEPHENS MILL ESTATES

Owner Address: PO BOX 224 KENVIL,NJ NJ 07847

Telephone:

Contractor STEPHENS MILL ESTATES

Address PO BOX 224 KENVIL,NJ NJ 07847

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: - Tank Installation for propane ust

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 5/15/2024

U.C.C. F260 (rev. 08/05)

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued	12/30/2004
Control Number	13686
Permit Number	20030991
Permit Issue Date	10/7/2003
Certificate Number	20030991

Identification

Work Site Location: 46 STEPHENS MILL RD MOUNT OLIVE, NJ Block: 7900 Lot: 5.04 Qual:

Owner in Fee: STEPHENS MILL ESTATES

Owner Address: PO BOX 224 KENVIL,NJ NJ 07847

Telephone:

Contractor: Stevens Mill Estates/Wyatt Lineburg

Address: POB 224 Kenvil NJ 07847

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: - New Single Family

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
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☐ **Temporary Certificate of Compliance**
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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $40.00
Check Number: 2384
Collected By: pm

Construction Official

Date Printed: 5/15/2024

U.C.C. F260 (rev. 08/05)

TOWNSHIP OF MOUNT OLIVE
Planning/Zoning/Code Enforcement

ZONING PERMIT #17-060

A. APPLICANT
Name: Michael Opsosnick
Address: 84 Upper Hibernia Road
Rockaway, NJ 07866
Phone:

B. OWNER
Name: Vaugh Burke
Address: 46 Stephens Mill Road
Hackettstown, NJ 07840
Phone:

Relationship to Owner: Same

Block: 7900 Lot: 5.04
Zoning: RRAA

C. FINDINGS:

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Install new 7 1/2 foot x 7 1/2 foot hot tub on the property known as 46 Stephens Mill Road, also known as Block 7900, Lot 5.04. The location of the hot tub is depicted on the attached survey submitted by the applicant prepared by Christopher Lantelme dated August 12, 2009. Building coverage and lot coverage equal 2 percent and 10 percent respectively. The adopted standards are 5 percent and 15 percent respectively.

(X) Use permitted by ordinance.
(X) Proposed structure will not encroach upon required setbacks, height requirement, or exceed maximum allowable building coverage.

D. CONDITIONS AND/OR COMMENTS

APPLICANT SHALL OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT AND CONSTRUCTION OFFICIAL.

PLEASE NOTE: This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits by municipal, county, state or federal agencies.

Time Limit: This Zoning permit is subject to revisions to applicable development ordinances. This permit is valid for one year from the date of the approved signature.

APPROVED BY

Andrei Alexeev
Zoning Officer

FEE PAID $25.00

4/20/2017
Date

c: Gary Lindsey, Construction Code Official
Trevor J. Weigle, Health Officer
Jack Marchione, Tax Assessor

Mailing Address: P.O. Box 450, Budd Lake, NJ 07828
Physical Address: 204 Flanders-Drakestown Rd., Budd Lake, NJ 07828
(973) 691-0900 (Fax) 973-691-0550 (email: planning@mtolivetwp.org)
www.mountolivetownship.com

TOWNSHIP OF MOUNT OLIVE
HEALTH DEPARTMENT

BOARD OF HEALTH
ORDINANCE NO. 4-88
CODE OF THE TOWNSHIP
OF MOUNT OLIVE

No. 51-2023

LICENSE TO OPERATE
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

ISSUED TO: ***VAUGHN BURKE***
NAME OF OWNER/OPERATOR

46 STEPEHENS MILL ROAD HACKETTSTOWN, NJ 07840	***7900***	***5.04***
PROPERTY ADDRESS	BLOCK	LOT

ISSUED ON: **3/2/2023** **EXPIRATION DATE:** **6/3/2025**

THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF PERMITTING THE OWNER OF THE PROPERTY NOTED ABOVE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM AT THE LOCATION NOTED ABOVE IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 445-6 OF THE CODE OF THE TOWNSHIP OF MOUNT OLIVE.

Trevor J. Weigle
HEALTH OFFICER

TOWNSHIP OF MOUNT OLIVE

No. 37-16

MORRIS COUNTY NEW JERSEY

Received from: *VAUGHN BURKE*

THE SUM OF **FIFTEEN DOLLARS AND 00 CENTS**

Being the amount for license for the purpose of License to Operate ISDS

46 Stephens Mill Road Hackettstown, NJ 07840 ~~(Blk 5010 Lot 19)~~ 7900 / 5.04

as per requirements of Chapter 312 of the Mount Olive 6

Date of Issue February 17, 2016 Date of Expiration December 30, 2018

FOR THE BOARD OF HEALTH

TOWNSHIP OF MOUNT OLIVE
HEALTH DEPARTMENT

BOARD OF HEALTH
ORDINANCE NO. 4-88
CODE OF THE TOWNSHIP
OF MOUNT OLIVE

No. 238-19

LICENSE TO OPERATE
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

ISSUED TO: ***VAUGHN BURKE***
NAME OF OWNER/OPERATOR

46 STEPHENS MILL ROAD HACKETTSTOWN, NJ 07840	***7900***	***5.04***
PROPERTY ADDRESS	BLOCK	LOT

ISSUED ON: **8/16/2019** **EXPIRATION DATE:** **7/18/2022**

THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF PERMITTING THE OWNER OF THE PROPERTY NOTED ABOVE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM AT THE LOCATION NOTED ABOVE IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 445-6 OF THE CODE OF THE TOWNSHIP OF MOUNT OLIVE.

Trevor J. Weigle
HEALTH OFFICER

No. 186-08

TOWNSHIP OF MOUNT OLIVE

MORRIS COUNTY NEW JERSEY

Received from Milo Schaffer

THE SUM OF Ten Dollars and 00/100

being the amount received for license for the purpose of License to Operate ISDS

46 Stephens Mill Rd. Flanders, NJ 07836 7400/5.04

as per requirements of Chapter 312 of the Mount Olive Code 6

Date of Issue July 22, 2008 Date of Expiration August 30, 2010

Frank P. Wilpert

FOR THE BOARD OF HEALTH

TOWNSHIP OF MOUNT OLIVE

No. 43-13

MORRIS COUNTY NEW JERSEY

Received from: *VAUGHN BURKE*

THE SUM OF **TEN DOLLARS AND 00 CENTS**

Being the amount for license for the purpose of License to Operate ISDS

46 Stephens Mill Rd., Hackettstown, NJ 07840 (blk. 7900 / lot 5.04)

as per requirements of Chapter 312 of the Mount Olive 6

Date of Issue Feb. 13, 2013 Date of Expiration Feb. 5, 2016

Frank P. Wilpert

FOR THE BOARD OF HEALTH

THIS DEPARTMENT WILL NOT CONDUCT FINAL INSPECTIONS OF SEPTIC SYSTEMS UNTIL AN AS-BUILT DRAWING IS RECEIVED BY THIS OFFICE.

No. 25-03

TOWNSHIP OF MT. OLIVE

BOARD OF HEALTH
P.O. BOX 450, RTE. 46
BUDD LAKE, NEW JERSEY 07828

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In Accordance with Chapter 199 Public Laws of 1954 as Adopted by Ordinance of the Board of Health

WAM
Lic. #1-03
2004 L2C
04 R1

Permission is hereby granted to: Stephens Mill Estates, Inc.
NAME OF OWNER OR CONTRACTOR

1572 Sussex Tpk, Randolph, NJ 07869
ADDRESS

☒ Locate and construct or to ☐ Alter

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name (if any) _____

Location: Section _____ Block No. 7900 Lot. No. 5.04 Street Stephens Mill Road

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage Disposal System Number 1447

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Mt. Olive and the Ordinances of the Board of Health of the Township of Mt. Olive.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH
MT. OLIVE TOWNSHIP

Frank P. Wilpert
HEALTH OFFICER

Date of Issue: July 28, 2003

Fee: $150.00 New
$75.00 Alteration

ALL COMPONENT PARTS OF SEPTIC SYSTEM SHALL BE NOT LESS THAN 100' FROM ALL WELLS AND WATER COURSES.

pd 10/29/01
Rec 164305 √202
№ 1447
PD'75 RE REVIEW FI
C4H 2343
7/28/0

Board Of Health - Township of Mount Olive
Morris County, New Jersey

INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

New Construction X Alteration _____ Date Submitted 10/16/2001

Location of Property: Block 7900 Lot 5.04 Size of Lot 3.00 AC.

Street STEPHENS MILL ROAD Tax Map No. 79

Name of Owner STEPHENS MILL ESTATES, INC. Phone No. (973) 769-4865

Address 1572 SUSSEX TPK., RANDOLPH, NJ 07869
(Street) (Town) (State) (Zip Code)

Signature of Installer [signature] Mt.Olive License No. 01-03

WAM

INSTRUCTIONS

This application for a Permit to Locate and Construct shall comply to N.J.D.E.P. "Standards for the Construction of Individual Sub-Surface Sewage Disposal Systems" and to Mt. Olive Township Ordinances and must be accompanied by the following:

- **A soil log and soil permeability test report form supplied by the Board of Health.**
- **A complete check list form supplied by the Board of Health.**
- **A scale drawing (1" to 50' minimum) of the lot showing the location and size of all existing and proposed buildings, driveways, streams, ponds, wells, drains, ditches, easements, permeability tests, soil logs, topography, distances to sewage system, future expansion area, interceptor drains if needed, wooded and open areas (designated wetlands, flood zone area).**
- **Detailed plans of the disposal system including cross sections and profiles.**
- **TWA or N.J.P.D.E.S. approval from the D.E.P., if applicable.**

DESIGN DATA

Type of Building: Commercial _____ Single Family Dwelling X No. of Bedrooms 4

Building other than Single Family Dwelling: Type and Use N/A

Occupancy: Persons per Day - Estimated Quantity of Sewage 650 gallons per day

SEPTIC TANKS (Minimum requirement-two (2) septic tanks for each system)

No. of Tanks 2 Capacity of Each 1000 4 Bedrooms or less: 1,000 gals,

Material CONCRETE (METAL TANKS NOT PERMITTED)

GARBAGE DISPOSAL: Yes _____ No X If yes, state septic tank capacity increase _____

DISPOSAL BEDS/TRENCHES

Design 650 GAL/ DAY

Proposed size: 1056 SF sq.ft.

Length 48' Width 28' (ENCLOSE) sq. ft.

Fill Material: SELECT FILL

Permeability and/or class rate at bottom of bed or trench K3

Depth of permeability test 77"

SEEPAGE PITS

(If permitted by special approval of the Board of Health)

Number of Pits _____

Proposed Size _____ sq.ft.

Percolation Rate _____

Depth of Percolation Test _____

WATER SUPPLY FOR THIS PROPERTY

Public _____ Private X Spring _____ Other _____

If private water supply is to be constructed, complete a Mt. Olive Township Individual Well Water Supply Application Form. An approved well permit from the Department of Environmental Protection is also required.

CERTIFICATE OF QUALIFIED PERSON

I hereby certify that the information furnished on 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 seq.) and the Mount Olive Township Ordinance and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature [signature] P.E. License No. _____ Date 10/16/2001

Firm FERRIERO ENGINEERING, INC. Telephone No. (908) 879-6209

Address PO BOX 571, 180 MAIN ST., CHESTER, NJ 07930

(Seal)

NO WATER SAMPLES OR INSPECTIONS WILL BE TAKEN UNTIL A WELL LOG INFORMATION SHEET IS RECEIVED BY THIS OFFICE

No. 24-02

TOWNSHIP OF MT. OLIVE

BOARD OF HEALTH
P.O. BOX 450
BUDD LAKE, NEW JERSEY 07828

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL WATER SUPPLY

5/26/04 THE WELL LINE INSPECTION WAS FOUND SATISFACTORY
MV

Permission is hereby granted to: Dan Ballentine WEll Drilling Inc.
NAME OF N.J. LICENSED WELL DRILLER

Stevens Mill Estates, Inc., PO Box 224, Kenvil, NJ 07847
OWNER'S NAME & ADDRESS

☒ locate and construct ☐ alter
AN INDIVIDUAL WATER SUPPLY

at Block No. 7900 Lot No. 5.04 Street Stephens Mill Rd.

In accordance with the provisions of Chapter 111 of the Mt. Olive Code, and the N.J.D.E.P. Standards for "The Construction of Public and Community and Non-Public Water Systems."

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Water Supply System will operate properly.

BOARD OF HEALTH
MT. OLIVE TOWNSHIP

Frank P. Waldpeit
HEALTH OFFICER

Date of Issue: March 22, 2002

Date of Expiration: March 22, 2003

FEE: $125.00 - New Water Supply
$100.00 - Alter Water Supply

THE INDIVIDUAL WATER SUPPLY SHALL NOT BE LESS THAN 100' FROM ANY SEPTIC SYSTEMS.

MOUNT OLIVE TOWNSHIP BOARD OF HEALTH
P.O. BOX 450
BUDD LAKE, NJ 07828
973-691-0900

Paid 125.00 3/4/10 ck #21.

APPLICATION FOR A PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL NON-PUBLIC OR COMMUNITY NON-PUBLIC WATER SUPPLY SYSTEM

NEW XXX FEE $125.00 ALTERATION _____ FEE $100.00

OWNER Stevens Mill Estates Inc.

ADDRESS P.O. Box 224, Kenvil, N.J. 07847

WELL LOCATION _____ SECTION _____ BLOCK 7900 LOT 5.04

STREET Stephens Mill Road

NAME & ADDRESS OF **WELL DRILLER** Dan Ballentine Well Drilling Inc. P.O. Box 178, Port Murray, N.J. 07865-0178

N.J. D.E.P. LICENSE NO. #J-782

NAME & ADDRESS OF **PUMP INSTALLER** Sentry Pump Co., Inc. P.O. Box 45, Hopatcong, N.J. 07843

N.J. D.E.P. LICENSE NO. Frank Neggers PI#1982 ~~Bruce McCurdy PI#1978~~

TYPE OF WELL OR SOURCE Domestic

ESTIMATED DEPTH 250' +/-

METHOD OF SEALING _____ ie

PUMPING EQUPMENT _____

NUMBER OF REALTY IMPROVE

SIZE OF PROPOSED WATER MAI

ESTIMATED DAILY WATER DEM P.M.

DESCRIBE TYPE OF ALTERATIOI pe drilled.

0170 ISSUE THE WELL PMT

THANKS BOB

BEFORE A CERTIFICATE OF OC ATER SYSTEM MUST BE TAKEN AND WELL LOG MUS ALL

THINGS TO DO BEFORE SAMPLING OF PLICATION:

1) Well lines and plumbing must be s ng:
Procedure:
a)Place a minimum of ½ gallon of
b)Turn faucets on until chlorine odor is detected.
c)Let bleach water sit in lines at least 12 hrs.
d)Pump well until chlorine odor disappears.
e)Call Health Dept., 973-691-0900 ext.332 or 335 for water sample.

...ize of lot.
b)Location of building.
c)Location of proposed well.
d)Location of sewage facilities within 100' of water supply.
e)N.J. DEP well permit.

Signature of Well Driller _____

Signature of Property Owner _____

DWR-133
2/99

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

Permit No. 25596 89

MAIL TO:
NJDEP
BUREAU OF WATER ALLOCATION
PO BOX 426
TRENTON, NJ 08625-0426

PERMIT TO DRILL WELL 27

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

COORD #: 25.01.794

Property Owner Stevens Mill Estates Inc.

Address P.O. Box 224
Kenvil, N.J. 07847

Driller Dan Ballentine Well Drilling En

Address P.O. Box 178, Port Murray Rd.
Port Murray, N.J. 07865-0178

Name of Facility same

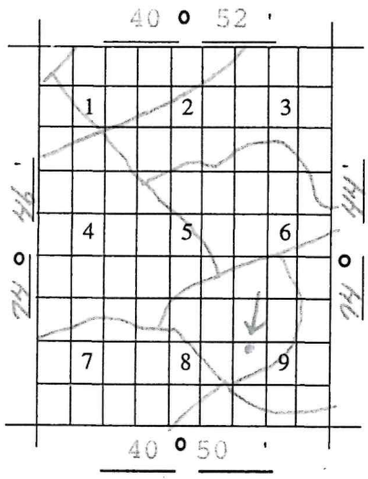
Address Stephens Mill Road
Mount Olive Township, N.J.

Diameter of Well	6 Inches	Proposed Depth of Well	260 Feet
Proposed Capacity of Pump	10 GPM	Method of Drilling (Cable-tool, Rotary, etc.)	Rotary
Use of Well (See Reverse)	Domestic-New		
Drinking Water Supply?	XXXX yes (see #6 on reverse)		no

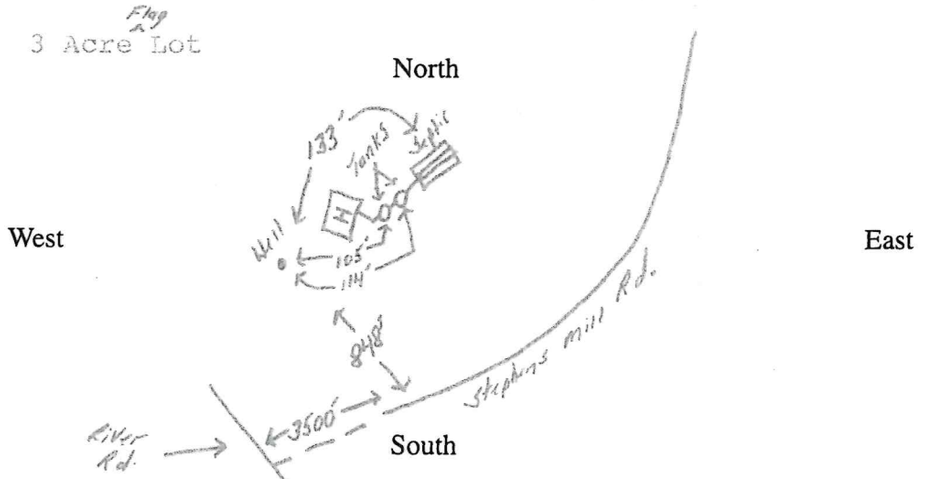
LOCATION OF WELL

Lot #	Block #	Municipality	County
5.04	7900	Mt. Olive	Morris

State Atlas Map No. 25



Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, 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.

- ☒ **DOMESTIC/PUBLIC NON-COMMUNITY/NON-PUBLIC** Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et seq.
- ☐ **PUBLIC COMMUNITY Water Supply** Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1 et seq.
- ☐ **CLOSED LOOP GEOTHERMAL** - see attached conditions.
- ☐ **OPEN LOOP GEOTHERMAL HEAT PUMP WELLS** - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ **INDUSTRIAL SUPPLY** - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- ☐ **IRRIGATION SUPPLY** - A physical connection control permit may be required pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- ☐ **REPLACEMENT WELL** - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment.
- ☐ IRRIGATION PURPOSES ONLY ☐ TEST PURPOSES ONLY
- ☐ PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84 (a)4.v. are met.
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:10-12.12 have not been met - see attached condition(s).
- ☐ The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:19-2 et seq.
- ☐ _____

This Space for Approval Stamp

WELL PERMIT APPROVED
N.J. D.E.P.
FEB 28 2002
BUREAU OF WATER ALLOCATION

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

Date 02/25/02 Signature of Driller _____ Registration No. #J-782

Signature of Property Owner _____

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

MOUNT OLIVE TOWNSHIP BOARD OF HEALTH
P.O. BOX 450
BUDD LAKE, NJ 07828
973-691-0900

pd 125 3/4/10 rr.

APPLICATION FOR A PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL NON-PUBLIC OR COMMUNITY NON-PUBLIC WATER SUPPLY SYSTEM

NEW XXX ALTERATION ____
FEE $125.00 FEE $100.00

OWNER Stevens Mill Estates Inc.

ADDRESS P.O. Box 224, Kenvil, N.J. 07847

WELL LOCATION ____ SECTION ____ BLOCK 7900 LOT 5.04

STREET Stephens Mill Road

NAME & ADDRESS OF **WELL DRILLER** Dan Ballentine Well Drilling Inc. P.O. Box 178, Port Murray, N.J. 07865-0178

N.J. D.E.P. LICENSE NO. #J-782

NAME & ADDRESS OF **PUMP INSTALLER** Sentry Pump Co., Inc. ~~P.O. Box 45, Hopatcong, N.J. 07843~~

N.J. D.E.P. LICENSE NO. Frank Neggers PI#1982 ~~Bruce McCurdy PI#1978~~

TYPE OF WELL OR SOURCE Domestic

ESTIMATED DEPTH 250' +/-

METHOD OF SEALING Cement grout thru tremie

PUMPING EQUPMENT Submersible

NUMBER OF REALTY IMPROVEMENTS TO BE SERVED One

SIZE OF PROPOSED WATER MAINS 1"

ESTIMATED DAILY WATER DEMANDS AND BASIS OF ESTIMATES Min. 5 G.P.M.

DESCRIBE TYPE OF ALTERATION PROPOSED New domestic well to be drilled.

BEFORE A CERTIFICATE OF OCCUPANCY CAN BE ISSUED, SAMPLING OF THE WATER SYSTEM MUST BE TAKEN AND WELL LOG MUST SUBMITTED TO THE BOARD OF HEATLH
ALL WELLS MUST BE SAMPLED BEFORE USE

THINGS TO DO BEFORE SAMPLING OF WELL:
1) Well lines and plumbing must be sanitized.
Procedure:
a)Place a minimum of ½ gallon of bleach in well.
b)Turn faucets on until chlorine odor is detected.
c)Let bleach water sit in lines at least 12 hrs.
d)Pump well until chlorine odor disappears.
e)Call Health Dept., 973-691-0900 ext.332 or 335 for water sample.

ITEMS TO BE ATTACHED TO APPLICATION:
1) Plot plan to scale showing:
a)Size of lot.
b)Location of building.
c)Location of proposed well.
d)Location of sewage facilities within 100' of water supply.
e)N.J. DEP well permit.

Signature of Well Driller [signature]

Signature of Property Owner [signature]

TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

PERMIT

7900/5,04

FEB 19 2013

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: VAUGHN BURKE
Owner's Name
46 STEPHENS MILL RD Hackettstown NJ 07840
Street Address

Pumping Contractor: ACETA — 908 850-4917
Name of Firm — *Telephone*

Date Of Pumping: 2-13-13

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	100
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided NO

Location Of Tanks:
___ Front Yard
___ Rear Yard
X Side Yard

Liquid Level in tank is above ___ **outlet invert**
below ___ **outlet invert**
at X **outlet invert**

Type of Tank:
___ Metal
X Precast Concrete
___ Cinder Block
___ Other

Condition of Tank(s): Acceptable X
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
___ Seepage Pits
___ Bed
___ Trenches
X Unknown
___ Other

Condition of Disposal Area: Satisfactory X
Unsatisfactory ___

Comments:

Reason for Pumpout:
X Routine Maintenance
___ Surfacing on Ground
___ Plumbing Backup
___ Other (explain)

Disposal Site of Pumped Material: PJSC 600 Wilson Ave Newark, NJ
Company's Name/Address

Signature of Pumper

Tom Lee
Name(Print)

Original-Health Dept. Duplicate-Homeowner Triplicate-Pumper

TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

79001 5.04

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: VAUGHN BURKE
Owner's Name
46 STEPHENS MILL Rd HACKETTSTOWN, NJ 07840
Street Address

Pumping Contractor: KOOIZA — 908-850-4967
Name of Firm — *Telephone*

Date Of Pumping: 6-3-22

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided NONE

Location Of Tanks:
___ Front Yard
___ Rear Yard
X Side Yard

Liquid Level in tank is above ___ **outlet invert**
below ___ **outlet invert**
at X **outlet invert**

Type of Tank:
___ Metal
X Precast Concrete
___ Cinder Block
___ Other

Condition of Tank(s): Acceptable X
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
___ Seepage Pits
___ Bed
___ Trenches
X Unknown
___ Other

Condition of Disposal Area: Satisfactory X
Unsatisfactory ___
Comments:

Reason for Pumpout:
X Routine Maintenance
___ Surfacing on Ground
___ Plumbing Backup
___ Other (explain)

Disposal Site of Pumped Material: PVSC 600 Wilson Ave Newark, NJ
Company's Name/Address

Signature of Pumper

Tom Kleiza
Name(Print)

Original-Health Dept. Duplicate-Homeowner Triplicate-Pumper