

ALLOWAY TOWNSHIP
P.O. BOX 425
ALLOWAY, NJ 08001
(609) 935-3716



CERTIFICATE

Date Issued 2/25/2000
Control #
Permit # 2000 F

IDENTIFICATION

Block 27 Lot 15
Work Site Location 144 Alloway-Ardine Rd
Owner in Fee/Occupant Christine Ray
Address _____
Tele. (856) 935-4740
Contractor _____
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ **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 _____.

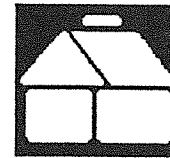
Fee \$ 2500
Paid [☒] Check No. 895
Collected by: WTP

Walter T. Loshie
CONSTRUCTION OFFICIAL

ALLOWAY TOWNSHIP
P.O. BOX 425
ALLOWAY, NJ 08001
(609) 935-3716



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 4/5/01
Date Issued
Control #
Permit # 01-019

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 27 Lot 15 & 15A
Work Site Location ALLOWAY-AULDINE RD
Owner in Fee WILLIAM & CHRISTINE RAY
Address PO. BOX 583 ALLOWAY NJ 08001
Tele. (856) 935-4740
Contractor OWNER
Address _____
Tele. (856) 935-4740 Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HORSE BARN
TACK ROOM
POLE FRAMES
18' x 60'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type:	Failure Failure Approval Initial
☐ All	_____	_____	Footings	_____
☐ Footings	_____	_____	Foundation	_____
☐ Foundation	_____	_____	Slab	_____
☐ Frame	_____	_____	Frame	_____
☐ Other	_____	_____	Barrier-Free	_____
Joint Plan Review Required:	_____	_____	Insulation	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Finishes	_____
SUBCODE APPROVAL	_____	_____	Energy	_____
☐ CO ☒ CCO ☐ CA	_____	_____	Mechanical	_____
Date: _____	_____	_____	TCO	_____
Approved by: <u>[Signature]</u>	_____	_____	Other	_____
	_____	_____	Final	_____
	_____	_____	Barrier-Free	_____

TYPE OF WORK:

- ☒ New Building 3012
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ 12.00

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 10 Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 1000 Sq. Ft.
Volume of New Structure 10000 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+ 2) \$ _____

UCC/PRO F-110 (REV 3/96)
Professional Printing
(609) 468-7933

Administrative Surcharge \$ _____
Minimum Fee \$ 15.00
DCA Training Fee \$ 1.00
TOTAL FEE \$ 16.00

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

ALLOWAY TOWNSHIP
P.O. BOX 425
ALLOWAY, NJ 08001
(609) 935-3716



**BUILDING
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

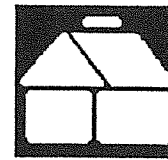
Block 27 Lot 156
Work Site Location 144 ALLOWAY ALDINE RD
ALLOWAY
Owner in Fee HENRY & CHRISTINE RAY
Address 17 ALLOWAY ALDINE RD
ALLOWAY
Tele. (856) 935-4740
Contractor SELF
Address _____
Tele. (856) 935-4740 Fax (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐	No Plans Required	____	____	Type:	Failure	Failure	Approval
☐	All	____	____	Footings	____	____	____
☐	Footings	____	____	Foundation	____	____	____
☐	Foundation	____	____	Slab	____	____	____
☐	Frame	____	____	Frame	____	____	____
☐	Other	____	____	Barrier-Free	____	____	____
Joint Plan Review Required:				Insulation	____	____	____
☐	Elec.	☐	Plumb.	Finishes	____	____	____
☐	Fire	☐	Elevator	Energy	____	____	____
SUBCODE APPROVAL				Mechanical	____	____	____
☐	CO	☐	CCO	TCO	____	____	____
☐	CA			Other	____	____	____
Date: _____				Final	____	____	____
Approved by: _____				Barrier-Free	____	____	____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Alteration \$ _____
Height of Structure _____ Ft. 3. Total (1+ 2) \$ _____
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.



Date Received _____
Date Issued 11-15-01
Control # _____
Permit # 01-097

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature CHRISTINE RAY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ENCLOSE PORCH
NO ADDITIONAL ELECTRIC
OR PLUMBING

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☒ Other ENCLOSE PORCH
☐ Demolition

FEE (Office Use Only)

\$ _____

15.00

Administrative Surcharge \$ _____
Minimum Fee \$ 15.00
DCA Training Fee \$ _____
TOTAL FEE \$ 15.00

UCC/PRO F-110 (REV 3/96)
Professional Printing
(609) 468-7933

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

ALLOWAY TOWNSHIP
P.O. BOX 425
ALLOWAY, NJ 08001
(609) 935-3716



CERTIFICATE

Date Issued 7-21-03
Control #
Permit # 03-AD
~~#152~~

IDENTIFICATION

Block 27 Lot 15
Work Site Location 144 Alloway-Aldine Road
Owner in Fee/Occupant CRISTIAN DAY
Address 13 ALLOWAY - ALDINE ROAD
PO BOX 583 - ALLOWAY 08001
Tele. ()
Contractor CHARTER
Address
Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

☒ **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.

☒ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

4 BRD Room Dwelling
CHRISTINE CAPELLI
NEW TENANT
3-ADULTS 2 CHILDREN

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ **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 _____.

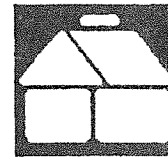
CONSTRUCTION OFFICIAL

Fee \$ PD
Paid [] Check No. _____
Collected by: _____

ALLOWAY TOWNSHIP
P. O. BOX 425
ALLOWAY, NEW JERSEY 08001
(856) 935-3716



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 9-7-06
Control #
Permit # 06-097

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 27 Lot 15 Qualification Code _____
Work Site Location 144 Alloway Aline Rd

Owner in Fee: Christine Lee Doble
Tel. (856) 935-2468 e-mail RC.DENEC@AOL.COM
Address 144 Alloway Aline Rd Alloway 08098
street municipality zip code
Contractor: MITCH LAYTON Tel. (856) 769-2560
Address 251 N. Main Rd e-mail _____
12154500 NT

Contractor License No. or Builder Registration No. 13V H01301100 Exp. Date 12-31-06
Federal Emp. ID No. _____ FAX: (_____) _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Christine Lee Doble

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition to Existing Residence
to be used AS A Living Room
Also siding to Existing Residence
24'x24' total size of Addition

TYPE OF WORK:

- ☐ New Building 5,000 x 6912
☒ Addition
☒ Rehabilitation
☐ Roofing
☒ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☒ Other _____
☐ Demolition

FEE (Office Use Only)

\$ 138.00

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 18.00
TOTAL FEE \$ 156.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____ Initial _____
☐ All	_____	_____	Footings	_____
☐ Footing	_____	_____	Footings Bonding	_____
☐ Foundation	_____	_____	Foundation	_____
☐ Frame	_____	_____	Slab	_____
☐ Other	_____	_____	Frame	_____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Barrier-Free	_____
SUBCODE APPROVAL	_____	_____	Insulation	_____
☐ CO ☐ CCO ☒ CA	_____	_____	Finishes -Base Layer	_____
Date: <u>3/13/07</u>	_____	_____	Finishes -Final	_____
Approved by: <u>H. H. H.</u>	_____	_____	Energy	_____
	_____	_____	Mechanical	_____
	_____	_____	CO	_____
	_____	_____	Other <u>Deck Footing</u>	_____
	_____	_____	Final	_____
	_____	_____	Barrier-Free	_____

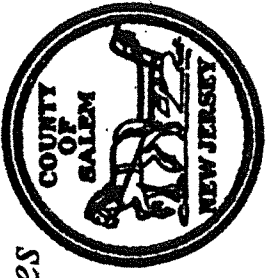
B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ 35,000.00
No. of Stories 1 2. Rehabilitation \$ 5,000.00
Height of Structure _____ Ft. 3. Total (1+ 2) \$ 40,000.00
Area — Largest Floor 54'x24' Sq. Ft.
New Bldg. Area/All Floors ADD. 576 Sq. Ft.
Volume of New Structure 6912 yd Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

Salem County Department of Health and Human Services
ENVIRONMENTAL DIVISION

110 Fifth Street, Suite 400 - Salem, New Jersey 08079
856-935-7510 ext. 8448 - 856-358-3857
Fax 856-935-8483



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

Form 1—General Information

Municipality ALLOWAY TOWNSHIP

1. Type of Permit Needed (Check and Fill-in applicable categories):

- ☐ a. New Construction
☐ b. Alteration/ No Expansion or Change in Use
☐ c. Alteration/Expansion or Change in Use
☒ d. Alteration/Malfunctioning System
☐ e. Repair (in-kind replacement)/ Malfunctioning system
☐ f. Repair (in-kind replacement) System is not malfunctioning
☐ g. Deviation from Standards
☒ h. New system installed (existing structure)

THE DESIGN ENGINEER CERTIFIES THAT HE IS
SUFFICIENTLY KNOWLEDGABLE IN THE DESIGN OF
THE ADVANCED TECHNOLOGY UTILIZED AS PART
OF THIS DESIGN AND THAT THE SYSTEM
DESIGNED MEETS ALL MANUFACTURERS MINIMUM
SPECIFICATIONS AND/OR RECOMMENDATIONS.

2. Location of Project:

Municipality ALLOWAY TWP Block No. 27 Lot No. 15
Street Address Zip 144 ALLOWAY ALDINE ROAD, WOODSTOWN, NJ 08098

APPROVED FOR 3 BEDROOMS
NO GARBAGE DISPOSAL

3. Name of Applicant (print): YUNLONG ZHAO

4. Applicant's Present Address: 866 UNITED NATIONS PLAZA, SUITE 473, NEW YORK, NY 10017

5. Applicant's Phone Number: 212-964-5339

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. If d. or e. in 1. above are checked, indicate the type of malfunction and its cause (check all that apply):

- ☐ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
 - ☐ Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
 - ☐ Seepage of sanitary sewage or effluent into portions of building below ground
 - ☐ Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
 - ☐ Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
 - ☐ Direct discharges to ground water (no zone of treatment)
- Describe the cause of the malfunction: SLOW DRAINING SYSTEM

9. Please expand on Question #1, above, by checking if any of the following apply):

- ☐ A privy, outhouse, latrine or pit toilet is present, a system must be installed,
- ☐ A system must be upgraded as part of a real property transfer,
- ☐ A cesspool has been identified during a real property transfer and a conforming system must be installed,
- ☐ A malfunctioning cesspool has been identified and a conforming system must be installed.

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

- ☐ Pinelands Commission
- ☐ Highlands Water Protection and Planning Act
- ☐ U.S. Army Corps of Engineers
- ☐ NJDEP—Bureau of Flood Plain Management
- ☐ Other—Specify:

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 [Signature] Date 4-4-14

REV 4-21-14 PER SCHID
REVIEW

FOR AGENCY USE ONLY

☐ Application Denied—Reason for Denial/Citation of Rules Violated:

☒ Application Approved PERMIT NUMBER 14-05-5420 EXPIRATION DATE MAY 20, 2016

☐ Application Approved Subject to Approval by NJDEP

Date of Action 5-19-14 Signature of Authorized Agent [Signature]

Name and Title GARY LUSTARD, SR. KETS

COUNTY/MUNICIPALITY ALCONY TWP.

Lot 15

SOUTH JERSEY ENGINEERS, L.L.C.

P.O. BOX 1406, VOORHEES, NJ 08043

(856) 651-9050

4. Special Site Limitations Identified (Check appropriate Categories): Flood Plains Bedrock Outcrops
 Wetlands Excessively Stony Disturbed Ground Sink Holes Sand Dunes Steep Slopes
X Other—Specify EXISTING CONDITIONS/SITE CONSTRAINTS

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) Existing Ground Surface

Elevation Relative to 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 B: Depth to Bottom _ Depth of Water Level (24 hrs) _

d) Witnessed by

Signature _____ Date _____

8. Attachments (Check items included):

X Site PlanX Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map

X Key Map Showing Location of Site on U.S.D.A. Soil Survey Map. Other—

Specify:

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 Soil Evaluator

4-4-14

Signature of Professional Engineer

28106

COUNTY/MUNICIPALITY

SALEM/ALLOWAY

SALEM COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY Alloway Twp (144 Alloway Aldine Road)

Form 2b - Soil Log and Interpretation

Block 27 Lot 15

1. Log Number TP#1 Method (Check One): xx Profile Pit Boring

2. Soil Log Witnessed by: Waived ELEU = 101.00
ESHWY = 97.67

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

0"-11"	brown	(10yr 5/3)	Loamy Sand; sub-angular blocky, friable
11"-40"	strong brown	(7.5yr 5/6)	medium to fine Loamy Sand; sub-angular blocky, friable, Gravel: 20%
40"-82"	pale brown	(10yr 6/3)	coarse to fine Sand/Loamy Sand; single grain, loose mottles: yellowish red (5yr 5/8) common distinct @ 40"
82"-124"	yellowish red	(5yr 7/8)	medium to fine Loamy Sand / Sandy Loam; sub-angular blocky, friable
124"-140"	bluish gray	(5pb 5/1)	Clay; firm, massive, sticky (HR)

3. Ground Water Observations:

XXX Seepage - Indicate Depth 54"
Pit/ Boring Flooded—Depth after Hours

4. Soil Limiting Zones (Check Appropriate Categories):

<u> </u>	Fractured Rock Substratum - Depth to Top
<u> </u>	Massive Rock Substratum - Depth to Top
<u> </u>	Excessively Coarse Horizon - Depth to Bottom
<u> </u>	Excessively Course Substratum - Depth to Top
<u> </u>	Hydraulically Restrictive Horizon - Depth Top to Bottom
<u>XXX</u>	Hydraulically Restrictive Substratum - Depth to Top
<u> </u>	Perched Zone of Saturation - Depth Top to Bottom
<u>XXX</u>	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 Site Evaluator Date 3/14/14
Signature of Professional Engineer License # GE28106

"SOIL LOGS ARE FOR SEPTIC SYSTEM USE ONLY AND ARE NOT TO BE USED FOR ANY OTHER PURPOSE"

SALEM COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWGE DISPOSAL SYSTEM

MUNICIPALITY Alloway Twp (144 Alloway Aldine Road)

Form 2b – Soil Log and Interpretation

Block 27

Lot 15

1. Log Number TP#2 Method (Check One): xx Profile Pit Boring

2. Soil Log Witnessed by: Waived
ELEV = 101.00
ESWT = 97.92

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

0"-11"	brown	(10yr 5/3)	Loamy Sand; sub-angular blocky, friable
11"-53"	strong brown	(7.5yr 5/6)	medium to fine Loamy Sand; sub-angular blocky, friable, Gravel: 20%
53"-79"	pale brown	(10yr 6/3)	mottles: yellowish red (5yr 5/8) common distinct @ 37"
79"-160"	bluish gray	(5pb 5/1)	coarse to fine Sand/Loamy Sand; single grain, loose
			Clay; firm, massive, sticky (HR)

3. Ground Water Observations:

XXX	Seepage – Indicate Depth	<u>48"</u>
	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 to Bottom	
	Excessively Course Substratum – Depth to Top	
	Hydraulically Restrictive Horizon – Depth Top to Bottom	
XXX	Hydraulically Restrictive Substratum – Depth to Top	<u>79"</u>
	Perched Zone of Saturation – Depth Top to Bottom	
XXX	Regional Zone of Saturation – Depth to Top	<u>37"</u>

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 Site Evaluator Date 3/14/14
Signature of Professional Engineer License # GE28106

"SOIL LOGS ARE FOR SEPTIC SYSTEM USE ONLY AND ARE NOT TO BE USED FOR ANY OTHER PURPOSE"

Form 3a. Soil Permeability Data

Block 27 Lot 15

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*
* SELECT FILL TO BE TESTED FOR PERMEABILITY = 6-20 IN/HR WHEN PROPERLY COMPACTED IN-PLACE *				
TUBE	1	A/B	100"	K4
TUBE	1	A/B	65"	K4
	TO REDUCE ZONE OF DISPOSAL #			2' MIN

* 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 filing, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number 6-20 IN/HR (SELECT FILL)

- _ Average of Test Replicates
- _ Single Replicate
- _ Slowest of Replicates

3.

Type of Limiting Zone Identified	Test Number

4. Attachments (Check items included):

- X Form 3b—Tube Permeameter Test Data—Number of Sheets 4
- _ 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 _____

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 Soil Evaluator _____ Date 4-4-14

Signature of Professional Engineer _____ License # 28106

SALEM COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY

Alloway

Form 3b. Tube Permeameter Test Data

1. Test Number Replicate Letter Date Collected

2. Material Tested Test in Native Soil - Indicate Depth

3. Type of Sample Disturbed

4. Sample Dimensions Inside Radius of Sample Tube, R, in cm
Length of Sample, in inches

5. Bulk Density Determination (Disturbed Samples Only):
Sample Weight (Wt. Tube Containing Sample - Wt. Empty Tube)
Sample Volume (L x 2.54 cm/inch x 3.14R²), cc
Bulk Density (Sample Wt./Sample Volume), grams/cc

6. Standpipe Used: Yes No
Indicate internal Radius, cm

7. Height of water Level above Rim of Test Basin in inches:
At the Beginning of Each Test Interval, H1
At the End of Each Test Interval, H2

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, T1 (min.sec)	Time, Start of Test Interval, T1 (min)	Length of Test Interval, T, (min)
0.00	4.39	4.65
0.00	4.55	4.91
0.00	4.59	4.98

9. Calculation of Permeability:

$$K, (in/hr) = 60 \text{ min/hr} \times r^2/R^2 \times L(in)/T(min) \times \ln(H1/H2)$$

$$k = 60 \text{ min/hr} \times \frac{r^2}{R^2} \times \frac{L}{T} \times \ln \frac{H1}{H2}$$

k = 14.65 4.98 x ln(3/2)

10. Defects in the Sample (Check appropriate items):

x ☐ None ☐ Cracks ☐ Worm Channels ☐ Root Channels
☐ Soil/Tube Contact ☐ Large Gravel ☐ Large Roots
☐ Dry Soil ☐ Smearing ☐ Compaction
Other—Specify _____

11. I hereby certify that the information furnished on form 3b of this application is true and accurate. I am aware that falsification of data is a violation of the Water and 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

Signature of Professional Engineer



License #

SALEM COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY

Alloway

Form 3b. Tube Permeameter Test Data

1. Test Number 1 Replicate Letter A Date Collected 3/14/2014
2. Material Tested Fill X Test in Native Soil - Indicate Depth TP2 (65")

3. Type of Sample Undisturbed X Disturbed

4. Sample Dimensions Inside Radius of Sample Tube, R, in cm 1.905
Length of Sample, in inches 3

5. Bulk Density Determination (Disturbed Samples Only):
Sample Weight (Wt. Tube Containing Sample - Wt. Empty Tube) 148.62
Sample Volume (L x 2.54 cm/inch x 3.14R²), cc 86.83
Bulk Density (Sample Wt./Sample Volume), grams/cc 1.71

6. Standpipe Used: X No Yes
Indicate Internal Radius, cm

7. Height of water Level above Rim of Test Basin in inches:
At the Beginning of Each Test Interval, H1 3.0
At the End of Each Test Interval, H2 2.0

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, T1 (min.sec)	Time, Start of Test Interval, T1 (min.sec)	Length of Test Interval, T, (min)
0.00	3.45	3.75
0.00	3.58	3.96
0.00	4.09	4.14

9. Calculation of Permeability:

$$K_i \text{ (in/hr)} = 60 \text{ min/hr} \times \frac{r^2}{R^2} \times \frac{L \text{ (in)}}{T \text{ (min)}} \times \ln \left(\frac{H1}{H2} \right)$$

$$k = 60 \text{ min/hr} \times \frac{r^2}{R^2} \times \frac{L \text{ (in)}}{T \text{ (min)}} \times \ln \left(\frac{H1}{H2} \right)$$

k = 17.62

10. Defects in the Sample (Check appropriate items):

X None Cracks Worm Channels Root Channels
Soil/Tube Contact Large Gravel Large Roots
Dry Soil Smearing Compaction
Other—Specify

11. I hereby certify that the information furnished on form 3b of this application is true and accurate. I am aware that falsification of data is a violation of the Water and 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 4/4/2014

Signature of Professional Engineer

License # GE28106

SALEM COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

MUNICIPALITY Alloway

Form 3b. Tube Permeameter Test Data

1. Test Number 1 Replicate Letter B Date Collected 3/14/2014
2. Material Tested Fill X Test in Native Soil - Indicate Depth TP2 (65")
3. Type of Sample Undisturbed X Disturbed

4. Sample Dimensions Inside Radius of Sample Tube, R, in cm 1.905
Length of Sample, in inches 3

5. Bulk Density Determination (Disturbed Samples Only):
Sample Weight (Wt. Tube Containing Sample - Wt. Empty Tube) 146.78
Sample Volume (L x 2.54 cm/inch x 3.14R²), cc 86.83
Bulk Density (Sample Wt./Sample Volume), grams/cc 1.69

6. Standpipe Used: X No Yes
Indicate Internal Radius, cm _____

7. Height of water level above Rim of Test Basin in inches:
At the Beginning of Each Test Interval, H1 3.0
At the End of Each Test Interval, H2 2.0

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, T1 (min.sec)	Time, Start of Test Interval, T1 (min.sec)	Length of Test Interval, T, (min)
0.00	4.00	4.00
0.00	4.10	4.17
0.00	4.18	4.31

9. Calculation of Permeability:

$$K, (\text{in/hr}) = 60 \text{ min/hr} \times r^2/R^2 \times L(\text{in})/T(\text{min}) \times \ln(H1/H2)$$

$$k = 60 \text{ min/hr} \times \frac{r^2}{R^2} \times \frac{L}{T} \times \ln(3/2) \times \ln(3/2)$$

k = 16.95

10. Defects in the Sample (Check appropriate items):
X None Cracks Worm Channels Root Channels
Soil/Tube Contact Large Gravel Large Roots
Dry Soil Smearing Compaction
Other—Specify _____

11. I hereby certify that the information furnished on form 3b of this application is true and accurate. I am aware that falsification of data is a violation of the Water and 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 [Signature] Date 4/4/2014
Signature of Professional Engineer [Signature] License # GE28106

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. 500 gpd
☒ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 3
Ejector Pump YES ☒ Garbage Grinder YES ☒ Expansion Attic YES ☒
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 STANDARDS

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 _____ Dose Volume _____ Reserve Capacity _____
e) Laterals: Number 5 Total Length 175' Pipe Size 4" Spacing 36"

f) Connecting Pipe: Size 4" Length 40'

g) Manifold: Size _____ Length D-BOX

h) Disposal Field: Type of Installation _____ SRB

Design Permeability (Percolation Rate) 6-20 IN/HR (SELECT FILL)

Trenches: Width _____ Total Length _____ Bed: Area 630 SF

i) Seepage Pits: Design Percolation Rate _____

Number of Pits _____ Total Percolating Area Provided _____

SEPTIC TANK TO BE REPLACED BY
FIRST COMPARTMENT OF NORWECO
SINGULAR MODEL 960-500

DISPOSAL FIELD SIZING
500 X 1.233 = 616.50 SF MIN
AS DESIGNED 18'X35' = 630 SF

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 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 _____

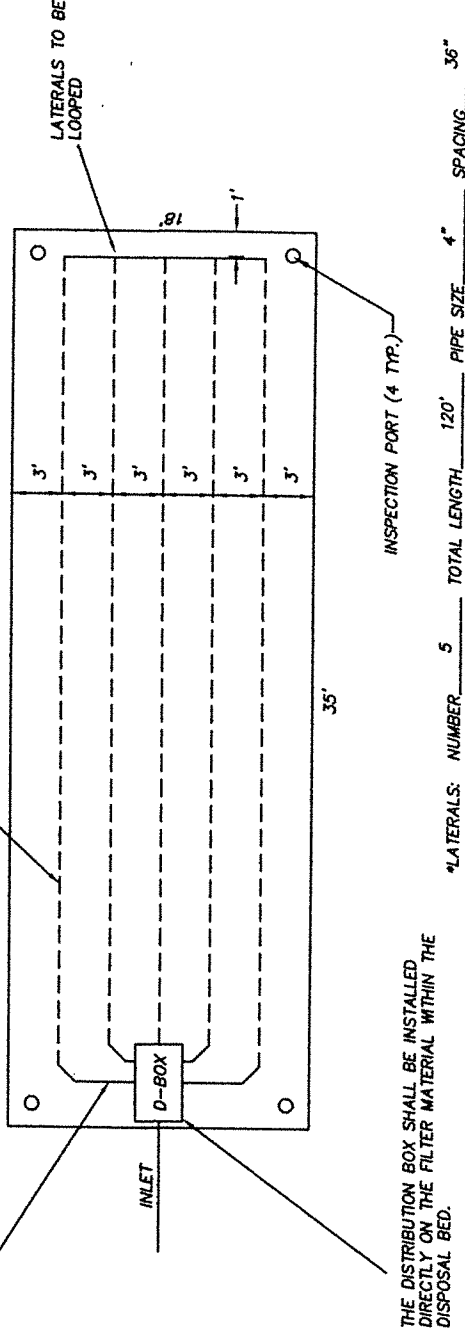
Date 4-4-14

NON-PERFORATED PIPE FROM
DISTRIBUTION BOX TO START OF
LATERALS

NOTES:

1. ALL JOINTS ARE TO BE WATERTIGHT
2. ALL HOLES TO BE IN ACCORDANCE WITH
NJAC 7:9A-10.3(d)2

4" DIA. PERFORATED PVC LATERAL (TYP.)

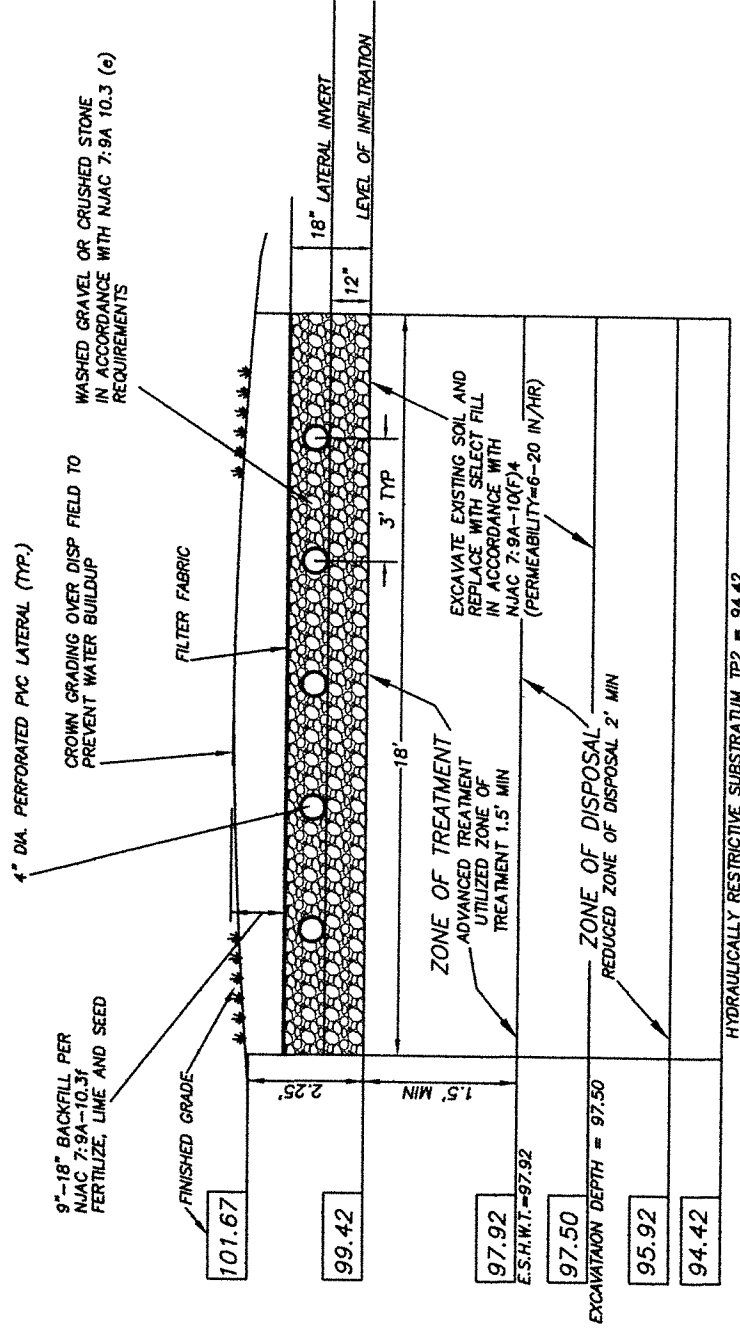


THE DISTRIBUTION BOX SHALL BE INSTALLED
DIRECTLY ON THE FILTER MATERIAL WITHIN THE
DISPOSAL BED.

DISPOSAL FIELD LATERAL SPACING DETAIL

NOT TO SCALE

EXISTING GRADES = 102.00 - 101.00



DISPOSAL FIELD CROSS SECTION DETAIL

NOT TO SCALE

NO.	REVISIONS	DRAWN	APPR	DATE

SJE

SOUTH JERSEY ENGINEERS

P.O. BOX 1408, VOORHEES, N.J. 08043

Ph (609) 651-9050 Fax (609) 651-9051

N.J. CERTIFICATE OF AUTHORIZATION NO. 340A320095400

**CONSTRUCTION DETAILS FOR
SEWAGE DISPOSAL SYSTEM**

**LOT 15 BLOCK 27
ALLOWAY TOWNSHIP**

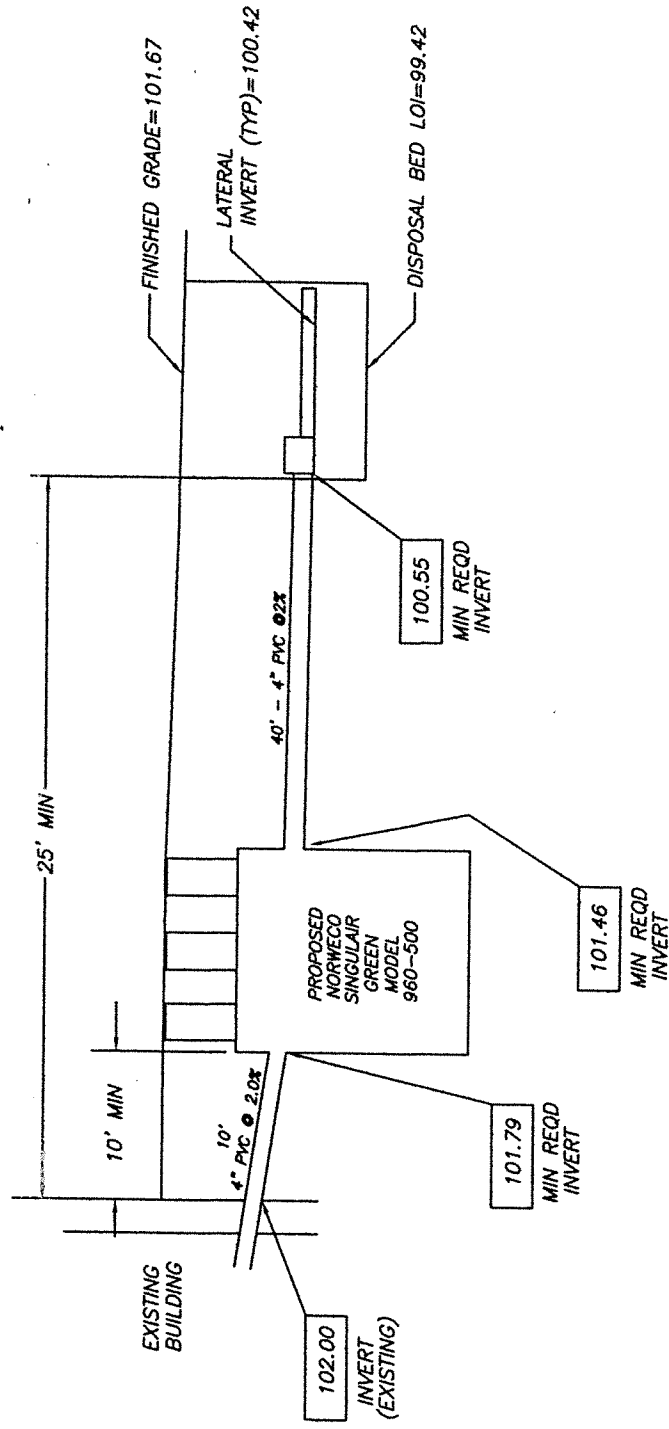
SANDFORD S. MERSKY, P.E.

PROFESSIONAL ENGINEER'S LIC. # GE28106

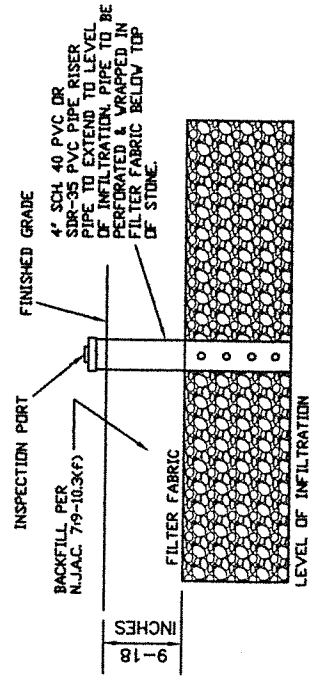
4-4-14

DATE

** NOTE: THE USE OR MIXING OF
NATIVE SOIL AS SELECT FILL IS NOT
ACCEPTABLE UNLESS APPROVED IN
ADVANCE BY DESIGN ENGINEER **



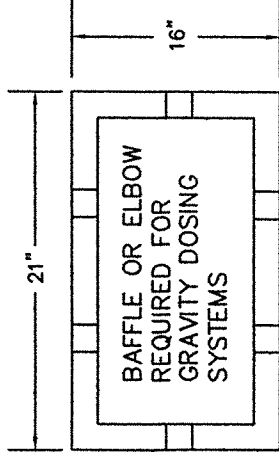
DISPOSAL SYSTEM PROFILE
NOT TO SCALE



STONE & PIPE INSPECTION PORT DETAIL
NOT TO SCALE

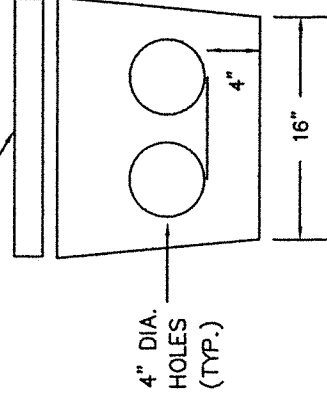
NO.	REVISIONS			DRAWN	APPR	DATE
CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM LOT 15 BLOCK 27 ALLOWAY TOWNSHIP SANDFORD S. MERSKY, P.E. PROFESSIONAL ENGINEER'S LIC. # GE28106						
SJE SOUTH JERSEY ENGINEERS P.O. BOX 1406, VOORHEES, N.J. 08043 Ph (856) 651-0050 fax (856) 651-9051 N.J. CERTIFICATE OF AUTHORIZATION NO. 240A32008400						
4-4-14						DATE

NOTE: INSTALLER TO INSURE DISTRIBUTION BOX IS LEVEL AND THAT ALL OUTLET PIPES ARE SET AT THE SAME ELEVATION. SPEED LEVELERS OR ALTERNATE METHOD TO BE USED TO INSURE THAT ALL OUTLET PIPES ARE LEVEL.

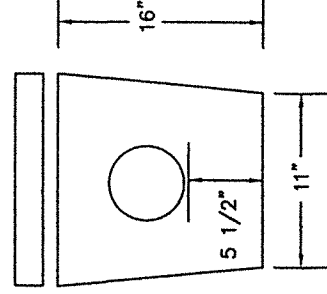


TOP VIEW

2" THICK CONCRETE LID



SIDE VIEW



END VIEW

1 INLET, 5 OUTLET W/GASKETS

Notes:

1. All dimensions are approximated.
2. 4000 PSI Concrete
3. Reinforcing - 1.6 x 1.6 WWF.

Dimensions

Length - 21"
Width - 16"
Height - 16"

As Manufactured by Mershon Concrete - Bordentown, NJ or approved equal
(1-800-MERSHON)

5 HOLE DISTRIBUTION BOX

NOT TO SCALE

THE DISTRIBUTION BOX SHALL BE SET ON A LAYER OF GRAVEL OR A CONCRETE FOOTING EXTENDING DOWNWARD BELOW THE MAXIMUM EXPECTED DEPTH OF FROST PENETRATION. WHERE GRAVEL IS USED, THE GRAVEL SHALL EXTEND A MINIMUM OF SIX INCHES BEYOND THE SIDES OF THE DISTRIBUTION BOX.

1. DISTRIBUTION BOX TO BE CONSTRUCTED IN ACCORDANCE WITH N.J.A.C. 7:9A-9.4(g).
2. ACCESS OPENINGS MUST BE ADEQUATE IN SIZE AND LOCATED TO FACILITATE REMOVAL OF ACCUMULATED SOLIDS AND INSPECTION OF THE INLET AND ALL OUTLETS.
3. ALL ACCESS OPENINGS SHALL BE EXTENDED TO WITHIN 12 TO 18 INCHES OF THE FINISHED GRADE SURFACE.
4. ACCESS OPENINGS SHALL BE CONSTRUCTED IN SUCH A MANNER AS TO PREVENT THE ENTRANCE OF SURFACE WATER.

NO.	REVISIONS		DRAWN	APPR	DATE
 SOUTH JERSEY ENGINEERS P.O. BOX 1406, VOORHEES, N.J. 08043 PH (609) 651-9050 Fax (609) 651-9051 N.J. CERTIFICATE OF AUTHORIZATION NO. 240A28098400			CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM LOT 15 BLOCK 27 ALLOWAY TOWNSHIP		
			SANDFORD S. MERSKY, P.E. PROFESSIONAL ENGINEER'S LIC. # GE28106 4-4-14 DATE		

NORWECO SINGULAR GREEN - MODEL 960-500 - TREATMENT UNIT

GENERAL NOTES:

- SINGULAR® AERATOR, AS TESTED AND ACCEPTED BY NSF.
- FALL THROUGH SINGULAR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TEN AND ONE HALF INCHES BELOW TANK TOP.
- ON DEEPER INSTALLATIONS, RISERS MUST BE USED TO EXTEND AERATOR MOUNTING RISER AND BIO-KINETIC® SYSTEM MOUNTING RISER TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
- REMOVABLE COVERS ON RISERS ARE EACH SECURED TO PREVENT UNAUTHORIZED ACCESS.
- CONTACT THE LOCAL LICENSED SINGULAR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

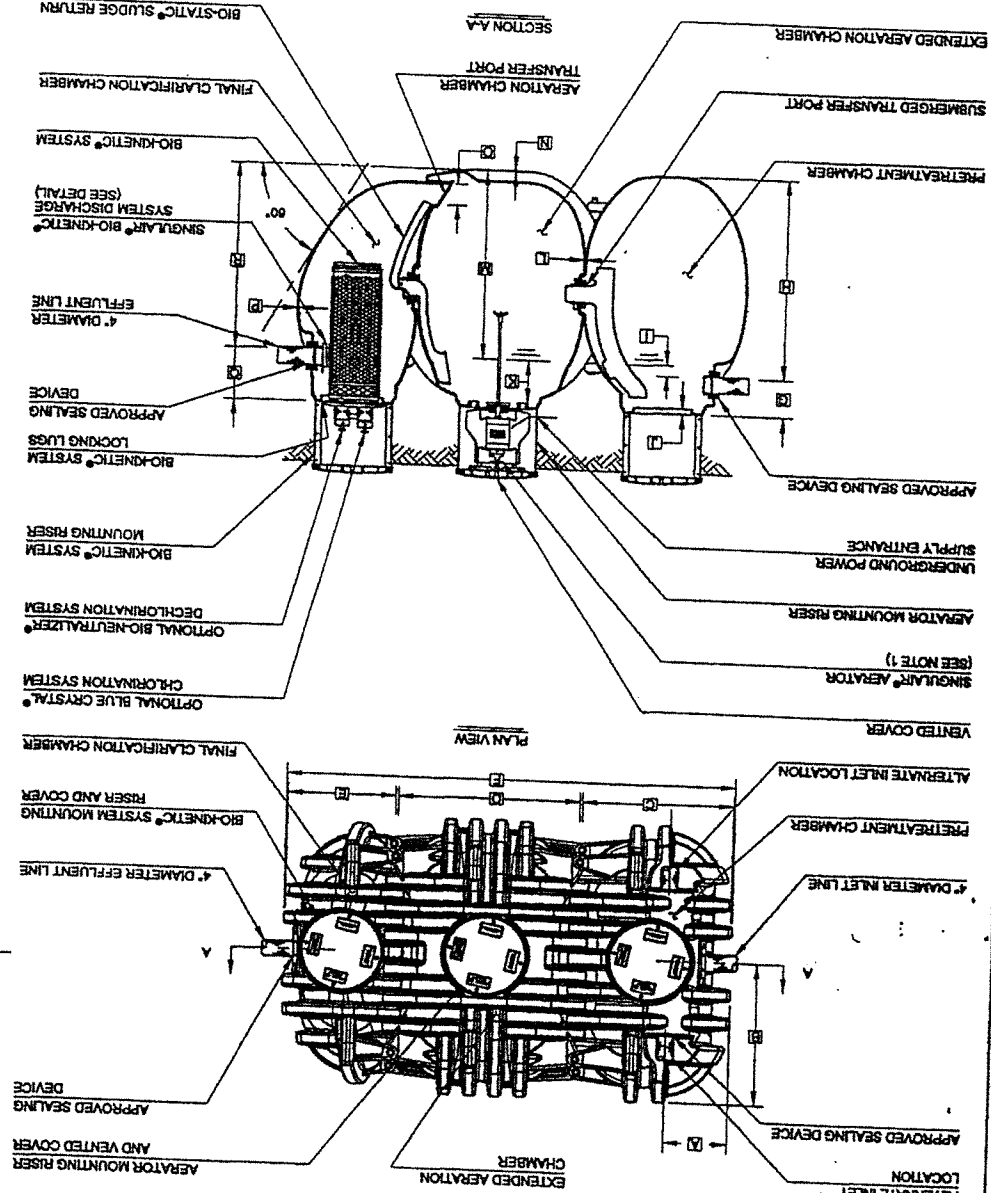
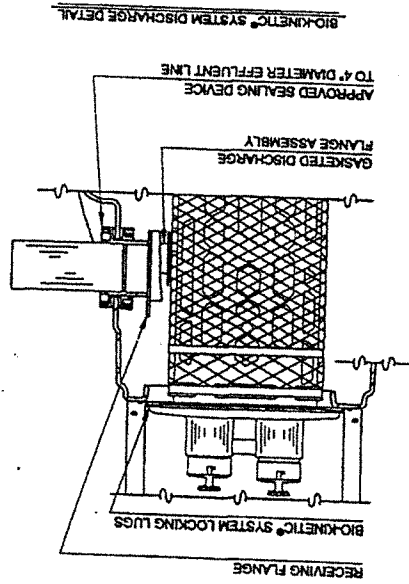
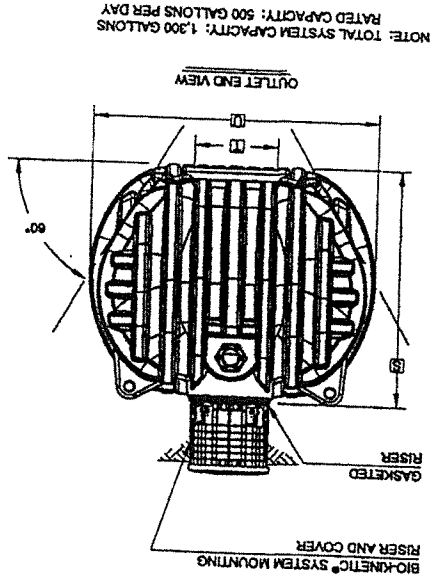
PROJECT ENGINEER'S APPROVAL:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.
 NAME: _____ DATE: _____

CONTRACTOR'S CERTIFICATION:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.
 NAME: _____ DATE: _____

CRITICAL DIMENSIONS

NO.	DESCRIPTION	SIZE
1	1" - 6 1/2"	1" - 6 1/2"
2	3" - 3"	3" - 3"
3	0" - 8 3/8"	0" - 8 3/8"
4	1" - 2 1/2"	1" - 2 1/2"
5	0" - 8 3/8"	0" - 8 3/8"
6	4" - 1 3/4"	4" - 1 3/4"
7	2" - 8 3/4"	2" - 8 3/4"
8	4" - 3 1/2"	4" - 3 1/2"
9	10" - 3"	10" - 3"
10	0" - 10 1/2"	0" - 10 1/2"
11	1" - 11"	1" - 11"
12	0" - 8"	0" - 8"
13	4" - 7 1/2"	4" - 7 1/2"
14	0" - 3"	0" - 3"
15	0" - 1 1/2"	0" - 1 1/2"
16	1" - 0"	1" - 0"
17	0" - 8 3/4"	0" - 8 3/4"
18	4" - 6"	4" - 6"

NORWECO
 960-500 SINGULAR GREEN
 MODEL 960-500
 3-1-70
 NTR
 PG-5-772



NORWECO SINGLAIR GREEN MODEL 960-500 BOUYANCY CALCULATIONS

Alloway Township
Block 27, Lot 15
144 Alloway Aldine Rd, Alloway Twp

Norweco Model 960-500 Treatment Tank

Tank Width = 6.5'
Tank Length = 10.25'
Tank Height = 5.50'
Weight of water = 62lb/cu. ft
Weight of cement=196 lb/cu ft
Weight of soil = +/- 2500 lbs/cu yd = +/-95 lbs/cu. ft.

Per manufactures specifications tank weight = +/- 1,000 lbs
Tank volume = (6.5'x10.25'x5.50') =366 cu. Ft
Tank will displace 66.63 cu. ft of water per ft of tank depth

Approx inlet elevation= 101.79
Approx elevation top of tank = 102.67
Approx elevation bottom of tank = 97.16
Estimated Seasonal High Water Table Elevation = 97.92
Amount of tank to be below ESHWT= (97.92-94.16) = .76'
Amount of water displaced = .76' x 66.63 = 50.6 cu. Ft
Weight of water displaced = 50.6 cu ft x 62lb/cu ft = 3138 lbs

Total Additional Weight Required = 2138 lbs

Norweco Treatment unit to be secured to Concrete beams as shown in manufacturers detail (enclosed). It is recommended that a minimum of 2200 lbs of additional weight be added.

Other methods of securing the tank may be proposed by the applicant as long as the proposed methods are approved in advance by the administrative authority and the design engineer.

South Jersey Engineers LLC
P.O. Box 1406
Voorhees, NJ 08043

Sandford S. Mersky P.E
NJ License # GE28106
Date 4/4/14



SPECIAL ANTI-FLOTATION SYSTEM

In areas where high water is a concern, it may be necessary to provide additional anti-flotation measures to secure the Singulair Green tank. Anti-flotation is not required when the tank is installed with at least 16" of fill over the tank and the soil density of the backfill is at least 100 pounds per cubic foot. Failure to follow the anti-flotation recommendations provided in this document may result in damage to the Singulair Green tank or shifting in the excavation and may void all or part of the limited warranty.

If anti-flotation is required, consult a soil scientist to measure soil density. Once soil density is defined, refer to the SHALLOW BURIAL AND REDUCED SOIL DENSITY HOLD DOWN REQUIREMENTS chart below. After the amount of additional hold down weight is determined, it is recommended that a pair of concrete beams of appropriate size be placed at the base of the excavation. Alternately, plastic anti-flotation beams are available from Norweco. Plastic anti-flotation beams must be filled with concrete prior to installation. Beams must not be placed directly under the perimeter of the Singulair Green tank. The weight of the soil over the beams significantly contributes to the tank hold down forces. Placing beams under the tank will limit the amount of soil anchoring the beams into the excavation and should never be done.

Secure the anti-flotation beams to the Singulair Green tank with properly rated hold down straps that attach to the lifting lugs located at the top of each of the three chambers. The weight of the beams plus the weight of the soil over the beams must be greater than the required hold down weight shown in the table below.

SHALLOW BURIAL AND REDUCED SOIL DENSITY HOLD DOWN REQUIREMENTS				
Fill Over Tank (Inches)	Additional Weight Required (lbs.)	Additional Weight Required (lbs.)	Additional Weight Required (lbs.)	Additional Weight Required (lbs.)
8	0,091	5,008	3,926	1,751
12	4,443	3,155	1,868	*
16	2,756	1,301	*	*
20	1,145	*	*	*
24	*	*	*	*

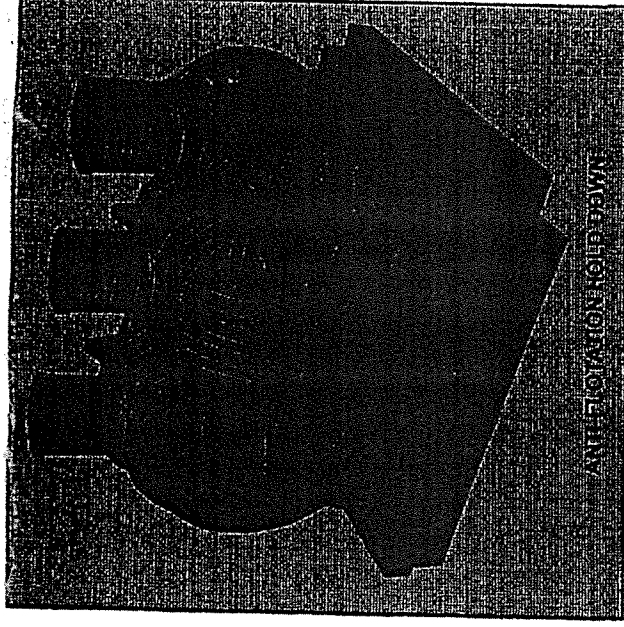
norweco

Engineering the future of water
and wastewater treatment

220 REPUBLIC STREET
NORWALK, OHIO, USA 44857-1156
TELEPHONE (419) 685-4471
FAX (419) 683-8440
www.norweco.com

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ANTI-FLOTATION HOLD DOWN

COMPLETING THE INSTALLATION

Once backfilling has been completed and the tank has been filled with clean water, the access openings must be secured. Install a sealed access cover on the pretreatment and clarification chamber risers. Install a vented cover on the aeration chamber riser. Secure all access risers with the fasteners that have been provided. Installation of the control center and underground electrical cable are normally completed before leaving the site. Refer to "ELECTRICAL WIRING AND CONTROL CENTER INSTALLATION" instructions for details.

DISTRIBUTED LOCALLY BY:

The following requirements are applicable to the installation of an advanced wastewater pretreatment device;

1. An authorized installer shall be physically present at all times during installation of an advanced wastewater pretreatment device and either install or directly oversee the installation of the advanced wastewater pretreatment device.
2. The authorized installer shall ensure that the property owner has been provided with a copy of the service contract and agrees to comply with the requirements therein by obtaining their written acknowledgement via signature prior to the installation of any system that incorporates an advanced wastewater pretreatment device.
3. All advanced wastewater pretreatment devices shall be installed in accordance with directions provided in the advanced wastewater pretreatment device manufacturer's installation manual and the approved system design. THIS IS A COURTESY COPY OF THIS RULE. ALL OF THE DEPARTMENT'S RULES ARE COMPILED IN TITLE 7 OF THE NEW JERSEY ADMINISTRATIVE CODE. 7:9A-79
4. The authorized installer shall be in possession of all necessary permits, approvals and licenses before attempting any portion of an installation. All documentation must be located at the installation site for the duration of the installation and made available upon request by the administrative authority or the Department.
5. The watertightness of any tanks specified in the design must be watertight tested at the installation site after the tank has been installed, in accordance with the same requirements identified for septic tanks at N.J.A.C. 7:9A-8.2(m).

7:9A-12.3 Maintenance and monitoring requirements for systems incorporating advanced wastewater pretreatment devices

- (a) The owner of a system that includes an advanced wastewater pretreatment device, including all drip dispersal systems, shall have in place a service contract, throughout the life of the system, with an authorized service provider. A current service contract signed by the property owner and an authorized service provider must be in place prior to issuance of any certificate of compliance, any occupancy permit, or any sign off by the administrative authority required for the issuance of any construction application, applied for after the installation of the advanced wastewater pretreatment device, to a municipality pursuant to N.J.S.A. 58:11-25.
- (b) Failure to be in possession of a valid service contract shall constitute a violation of the Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq. and a noncompliance violation of N.J.A.C. 7:9A-3.4. Each day the property owner fails to place a valid service contract shall constitute a separate and distinct violation.
- (c) Upon expiration of a service contract, a new contract, which shall be at least one year in duration, shall be entered into by the property owner with an authorized service provider. If the property owner chooses to enter into a service contract with a different authorized service provider than under the expiring contract, a copy of the new, fully-executed service contract shall be submitted to the administrative authority by the property owner within 14 days after the expiration of the previous contract. The new service contract must demonstrate that service for the system under an authorized service provider has been continuous.
- (d) If a property owner fails to renew the service contract, the authorized service provider shall provide written notification of the service contract expiration within 30 days after the expiration to the administrative authority.
- (e) The following are the requirements for an authorized service provider:
 1. All advanced wastewater pretreatment devices and drip dispersal systems shall be maintained according to the manufacturer's/system integrator's maintenance requirements. Current maintenance manuals shall be obtained by the authorized service provider prior to performing maintenance.
 2. Advanced wastewater pretreatment devices and drip dispersal systems shall be inspected by an authorized service provider on the following schedule, at a minimum:
 - i. Once within 30 days following system startup;
 - ii. Subsequent to initial inspection under (e)2i above, twice per year for the first two years of system operation, once per year thereafter;
 - iii. At the time of transfer of the property with the new system owner; and THIS IS A COURTESY COPY OF THIS RULE. ALL OF THE DEPARTMENT'S RULES ARE COMPILED IN TITLE 7 OF THE NEW JERSEY ADMINISTRATIVE CODE. 7:9A-113
 - iv. Inspections shall be conducted on a more frequent basis if required by the manufacturer or system integrator, as applicable.
 3. All inspection results shall be recorded on an inspection form, copies of which shall be made available by the manufacturer/system integrator. The forms must be signed by the authorized service provider and shall be submitted to the administrative authority within 30 days after the inspection. Online access or electronic submission of the data may be substituted for the physical form, at the administrative authority's discretion.
 4. At each regularly scheduled maintenance visit the authorized service provider shall, at minimum, observe, monitor and record:
 - i. The wastewater level in the tanks;
 - ii. Any effluent/pump filter for clogging and clean as needed;
 - iii. Clarity in NTUs;
 - iv. The final effluent for odor;
 - v. All tanks for oily film;
 - vi. All tanks for foam;
 - vii. The pH of final effluent;
 - viii. The ponding of effluent around the advanced wastewater pretreatment device and/or disposal area;
 - ix. Pump cycle and run time meters;
 - x. The condition of drip dispersal system headworks and filters and service as needed; and
 - xi. Any other requirement established by the manufacturer or system integrator.
 5. At least once per year the authorized service provider shall, at a minimum:
 - i. Measure the sludge and scum levels in the septic tank and notify the homeowner if the tank is in need of pumping; and
 - ii. Check the effluent filter for clogging and clean it, as needed.
 6. The authorized service provider shall have proper equipment and training to access and program any system control panel on site.
 7. The authorized service provider shall monitor the telemetry control panel or auto dialer alarms required by N.J.A.C. 7:9A-8.3(b)6 and respond to any alarm condition in the manner specified by the manufacturer of the advanced wastewater pretreatment device and/or system integrator of a drip dispersal system.



FILTER CARTRIDGE INSTRUCTIONS

ML3-916 (BLUE) EFFLUENT FILTER

Installation

STEP 1 Dry fit the filter case onto the end of the outlet pipe to ensure it is centered under the access opening. If not, then either insert more pipe into the tank through the outlet or solvent weld (glue) additional pipe onto the outlet pipe.

STEP 2 While the case is still dry fitted on the outlet pipe, measure the length of $\frac{3}{4}$ -inch pipe needed to brace the filter to the tank end wall if utilizing the optional supplemental side support. If side support method is not utilized, proceed to step four.

STEP 3 For installations utilizing the optional supplemental side support: solvent weld the $\frac{3}{4}$ -inch pipe onto the filter case. If side support method is not utilized, proceed to step four.

STEP 4 Solvent weld the filter case onto the outlet pipe. Insert the filter cartridge into the case, pressing down until the filter locks into the bottom of the case.

STEP 5 If a VRS switch is utilized: Insert into the filter and lock by turning clockwise 90°.

Maintenance

1. The effluent filter should be cleaned every time the septic tank is serviced.
2. Open the outlet access opening to inspect the tank and filter.
3. Pump the septic tank completely, making sure to remove the sludge layer on the bottom of the tank and not just the scum and effluent.
4. Once the effluent level has been lowered below the invert of the outlet pipe, firmly pull up on the filter handle to dislodge the cartridge from the case.
5. Slide the cartridge up and out of the case for cleaning.
6. If a VRS switch connected to an alarm is present, the switch should be removed by turning counterclockwise 90° and cleaned with water only.
7. While holding the cartridge on its side (large flat surface facing down) over the access opening, rinse off the cartridge with water only, making sure all septage material is rinsed back into the tank.
8. If VRS switch is utilized, replace by inserting into filter and turning clockwise 90°.
9. Insert the filter cartridge back into the case, pressing down until the filter locks into the bottom of the case.
10. Replace and secure the access opening on the tank.

BEAR ONSITE™ FILTER CARTRIDGE - FIVE-YEAR LIMITED WARRANTY

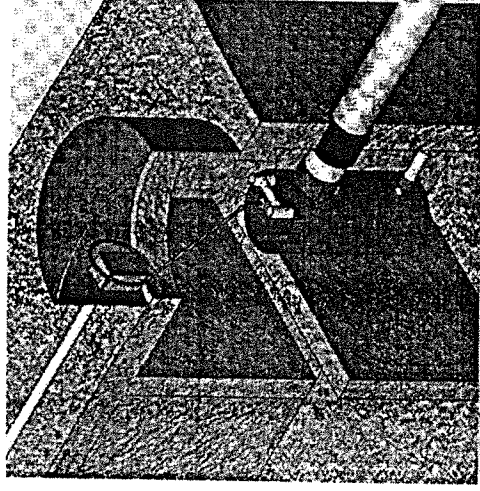
Bear Onsite filter cartridges are warranted to be free of defects in material and workmanship for five (5) years from the date of consumer purchase.

BEAR ONSITE™ Filter Case - Lifetime Limited Warranty

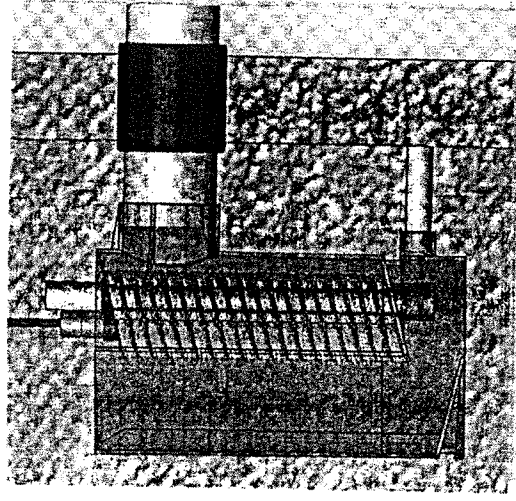
Bear Onsite warrants the filter case will be free of defects in material and workmanship during normal use for the period of time the original purchaser owns the product.

If a defect is found in normal use, Bear Onsite will, at its election, repair, provide a replacement part or product, or make appropriate adjustment. Damage to a product caused by accident, misuse, or abuse is not covered by this warranty. Improper care or malfunctions resulting from units not installed, operated, or maintained in accordance with instructions provided will void the warranty. Proof of purchase (original sales receipt) must be provided to Bear Onsite with all warranty claims. Bear Onsite is not responsible for labor charges, removal charges, installation, or other incidental or consequential costs. In no event shall the liability of Bear Onsite exceed the purchase price of the product.

EFFLUENT FILTER ML3-916 MAY BE SUBSTITUTED WITH OTHER NSF RATED FILTERS ONLY. FILTER UTILIZED MUST MEET REQUIREMENTS OF N.J.A.C. 7:9A-8.2(j)3 AND HAVE NSF 46 CERTIFICATION.

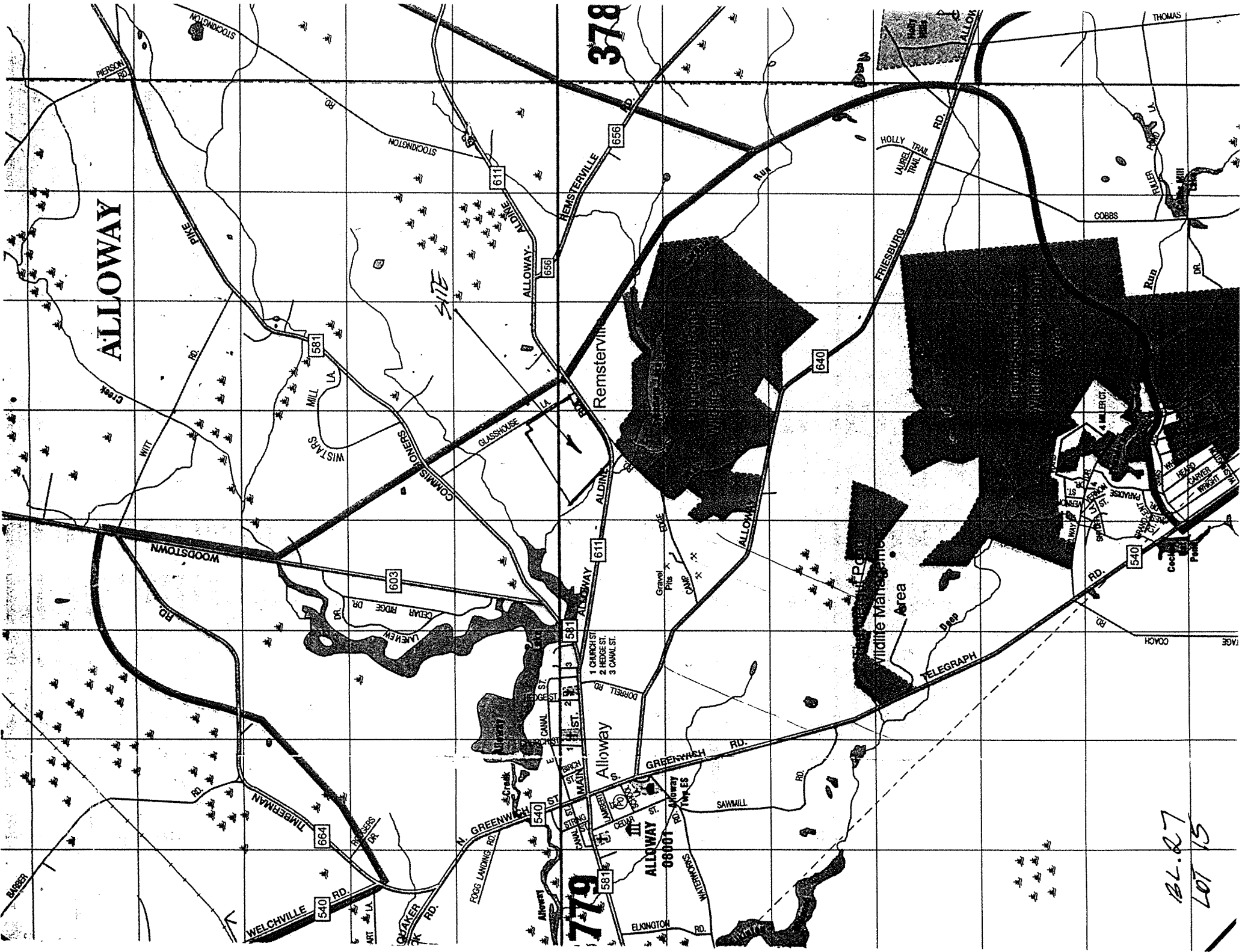


ML3-916 (BLUE)



ML3-916 (BLUE)

DISTRIBUTED BY DEL VEL CHEM. CO.
250 OLD MARLTON PIKE
MEDFORD, N.J. 08055
609-714-2424

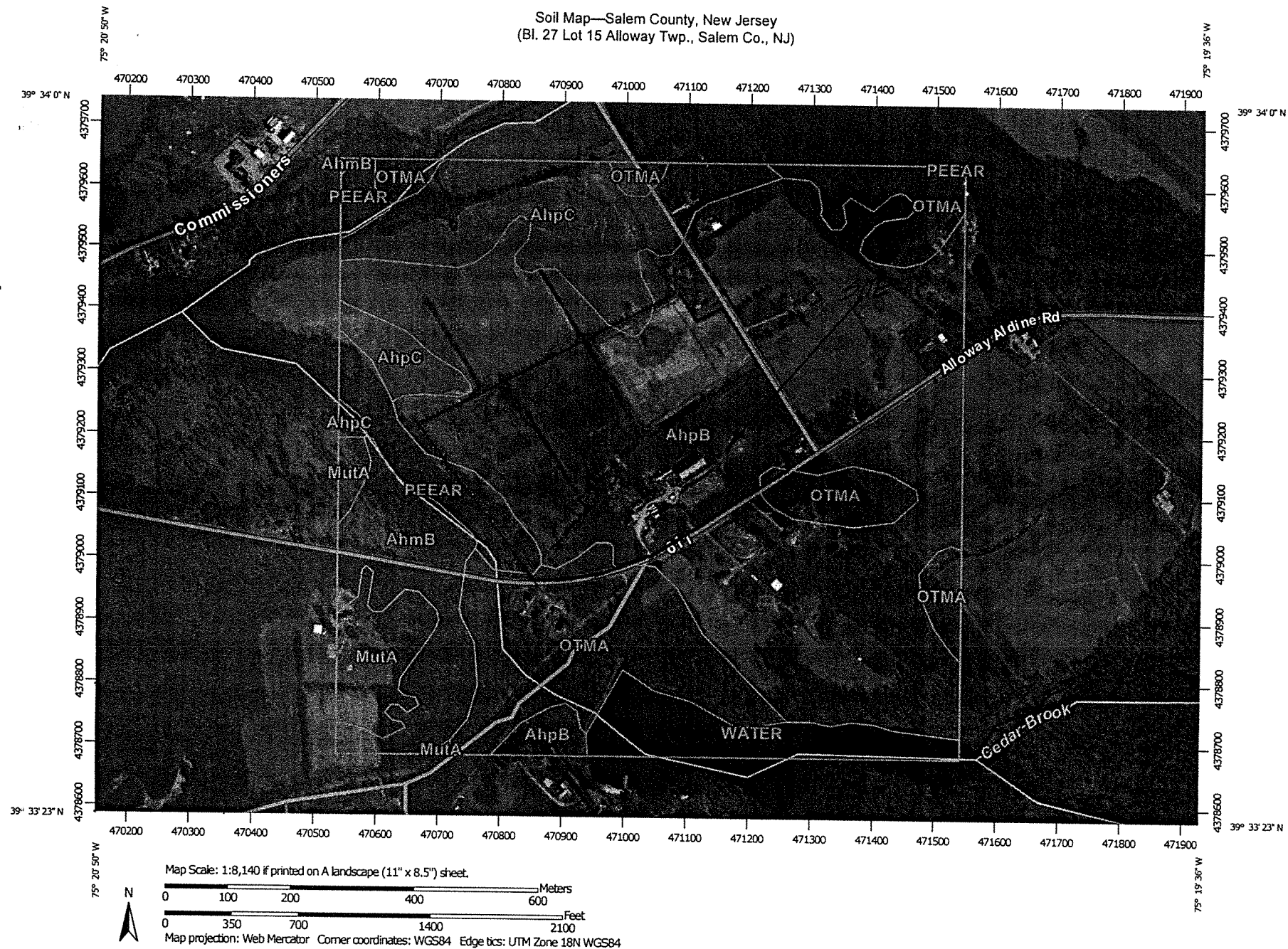


378

779

BL. 27
LOT 15

Soil Map—Salem County, New Jersey
(Bl. 27 Lot 15 Alloway Twp., Salem Co., NJ)



Natural Resources
Conservation Service

Web Soil Survey
National Cooperative Soil Survey

3/10/2014
Page 1 of 3

IMPORTANT INFORMATION FOR THE SEPTIC SYSTEM END-USER

Your septic system has been designed to provide you with many years of trouble free service. Please take the time to review the following facts and information relative to the use and operation of the system:

1. Your system has been designed to accommodate a specific number of bedrooms and occupants. Be sure to contact your county board of health or the design engineer prior to expanding the living area of your home to insure that your system continues to comply with regulations.
2. Your county board of health has issued you an operational permit. For all purposes, your individual system is now treated under the law in a similar manner to a municipal sewer system. Fines and penalties may be imposed upon users who have malfunctioning systems.
3. Pumping of the system every three (3) years is highly recommended in order to prevent system failure. System inspections should be performed on an as-needed basis.
4. The use of acid-based cleaning solutions are not recommended.
5. Water conditioners and other similar devices should not be introduced into the system. The system has not been designed for use with garbage disposal systems, and the use of such can lead to premature pumping requirements or system failure.
6. Trees or other rooted plants should not be placed in the vicinity of the disposal field, as the roots will eventually destroy the piping network. A grass covering is recommended. Exposure to the sun and wind, while not necessary, will enhance the operation of the system.
7. The use of water conservation devices is highly recommended. Excess water flow, faucet drips, leaking toilet components, etc. are cause for system failure.
8. Disposal of any toxic wastes into the system is prohibited and can cause ground water pollution. The end effect can be contamination of your well and those of your neighbors. Severe fines can imposed in these cases. Pains, thinners, chemicals, photo developers, etc. are examples of items that can cause ground water pollution.
9. All modifications to the system must be approved by your county board of health (and the Pinelands Commission, when applicable). Emergency repairs shall be reported immediately.
10. A HOMEOWNER'S GUIDE TO SEPTIC SYSTEMS is available from the State of New Jersey, Division of Water Resources. CN031, Trenton, NJ 08625. A similar publication (EB-10) is available from Rutgers University, Cook College, New Brunswick, NJ. Please contact the design engineer should you have any difficulty in obtaining these publications.

DESIGN CRITERIA AND LIMITS OF LIABILITY

The ISDS design is primarily based upon soil profile pits and testing performed in accordance with N.J.A.C. 7:9a, improvements readily identifiable at the surface, inputs and surveys from the applicant and adjacent property owners, and public records (if provided by the applicant). The location of subsurface improvements which are not readily visible from the surface, such as existing wells, ISDS, and underground utilities may be estimated if written records are not available to support an exact location.

Prior to installation, it is the applicant's, installer's and well driller's responsibility to verify that all proposed and existing improvements, wells and ISDS, subsurface or otherwise, are as shown on this plan. If this plan is in error, South Jersey Engineers, L.L.C.'s sole liability shall be to correct or revise the plan as required to the extent allowable by N.J.A.C. 7:9a. South Jersey Engineers, L.L.C. shall not be liable in any way for installations which proceed without this required verification, or systems

which cannot be installed due to unknown or undiscovered subsurface improvements.

Soil conditions may vary from those observed in profile pits and used as a basis for design. In the event that soil conditions observed at the installation are not as predicted, South Jersey Engineers, L.L.C.'s sole liability shall be to correct or revise the ISDS plan as required. South Jersey Engineers, L.L.C. shall not be liable for any additional ISDS cost or expense incurred by the applicant as a result of revisions, or any other determinations relative to overall site suitability as a result of varying soil conditions.

Elevations of existing building sewer lines, if applicable, are estimated. Accordingly, it may be determined during installation that pumping is required when not originally specified on ISDS plans, or that pumping can be eliminated when originally specified. In either case, South Jersey Engineers, L.L.C. will revise ISDS plans without additional charge (excepting new construction). However, the cost of county fees and any additional equipment required during installation shall be borne by the applicant.

Soil testing performed for the ISDS design are for ISDS applications only, and shall not be utilized for any other purpose, including but not limited to determination of dwelling elevations. Upon request by the client, additional soil testing will be performed at the proposed dwelling location for an additional fee. The "regional zone of saturation", also known as the "estimated seasonal high water table (ESHWY)". is an estimate of the high ground water level at the test location. However, this is an estimated value and other factors, such as lack of soil moiling, may preclude an accurate reading. Accordingly, South Jersey Engineers, L.L.C. shall not be held liable in the event that the ESHWT is later determined to be at an elevation higher than that originally estimated.

Soil testing for the ISDS must be performed by backhoe per N.J.A.C. 7:9a. The backhoe is a large machine and can possibly cause damage to the property, above and beyond that caused by the test pit excavations. While South Jersey Engineers, L.L.C. and/or their backhoe subcontractors will call for an underground utility markout, it is possible that the markout may not be accurate or that private subsurface utilities may not be located. Also, the applicant is aware that excavations performed by the backhoe may settle over a period of time. Accordingly, South Jersey Engineers, L.L.C. shall not be held liable for damage to the property or any subsurface utilities. The applicant represents that they have the legal right to authorize soil testing performed by backhoe on the property.

South Jersey Engineers, L.L.C. shall not be liable in any way for the performance, schedule or quality of the applicant's installer. It shall be the applicant and/or installer's responsibility to contact South Jersey Engineers, L.L.C. prior to installation to discuss specifics of the installation. Unless agreed to otherwise, installation support, inspections and certifications by South Jersey Engineers, L.L.C. are not part of this design and shall be billed to the applicant.

South Jersey Engineers, L.L.C. has designed this ISDS to either be (1) in conformance with N.J.A.C. 7:9a, or (2) to be in as close conformance as conditions will allow. ISDS life and performance is primarily dependent upon proper usage and maintenance by the applicant, which cannot be controlled by South Jersey Engineers, L.L.C. Also, soil conditions may vary from those tested or observed, and may even be inadequate in the case of existing buildings.

Additional Notes - General

All construction practices and procedures are to be in compliance with N.J.A.C. 7:9a (Effective April 2, 2012).

The installer shall contact the design engineer as prescribed in N.J.A.C. 7:9a or whenever consultation, clarification or inspections are required.

The installer shall contact the engineer prior to excavation to discuss specific requirements relative to excavation, placement and certification of fill, etc.

The installer shall immediately notify the design engineer should conditions other than those noted be encountered during installation.

Drainage from basement floors, footings, roofs, gutters,

sumps and water conditioners shall not enter the disposal system.

Garbage disposal units shall not be used or installed in the premises.

The installer shall verify that finished elevations of the premises and sewerage lines leaving the premises will provide proper flow to the system.

The installer shall verify that the proposed or existing dwelling will not exceed the design capacity of the system. When possible, the installer shall recommend the use of water saving fixtures to the homeowner.

The installer shall verify the location of all dwellings, septic systems and wells within a 150 foot radius of the installation. Any discrepancies from the plans shall be reported to the design engineer and the administrative authority immediately. Special attention shall be paid to new construction which may have occurred subsequent to the design.

The installer shall insure that the homeowner is aware of the location of all system components.

The installer shall instruct the end-user on the operation, maintenance, inspection and permit renewal requirements of the sewage disposal system. Most system failures are due to improper maintenance by the user.

Disposal Fields

The installer shall verify that soil conditions are as described on the soil logs. The installer shall perform a percolation test at the bottom of any excavated area to insure proper drainage.

The flow of surface water over the disposal field shall be minimized.

Select fill utilized in the zone of treatment shall meet the requirements of N.J.A.C. 7:9a-10.1(f)4 and Pinelands Commission standards when applicable. Fill utilized in the zone of disposal shall meet the requirements of N.J.A.C. 7:9a-10.1(f)5. All fill, and the compaction thereof, must be tested and certified by an engineer. Fill shall be installed and compacted per N.J.A.C. 7:9a-10.4(f)3, except that fill shall be compacted by hand only and not by the use of heavy vehicles.

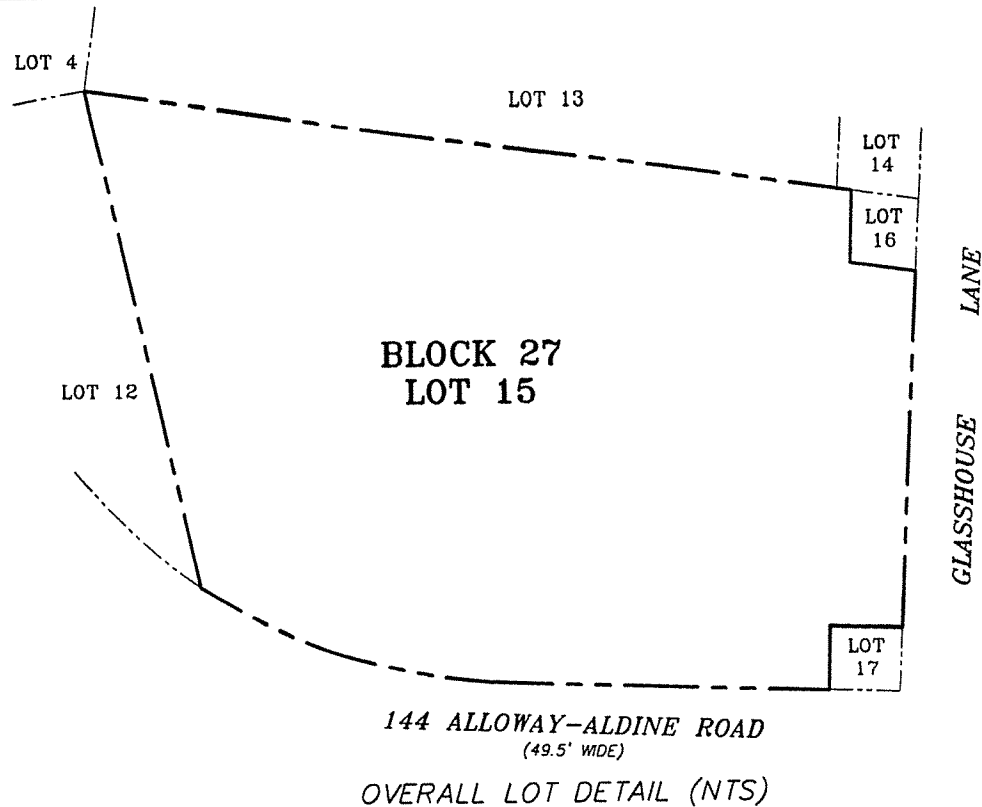
Excavations and fill material shall not be exposed to rain, heavy winds or other extreme conditions. Excavations that have been exposed to rain may have smeared surfaces which must be raked and/or roughened by hand prior to installation of fill which has been exposed to rain or wind may lose uniformity of silt and clay content, and must be thoroughly mixed and retested prior to installation.

Inspection ports shall be provided near the end of each lateral per N.J.A.C. 7:9a-9.5(a)6 in disposal field corners. Check with local authority for specific requirements.

South Jersey Engineers LLC
P.O. Box 1406
Voorhees, NJ 08043
856-651-9050 – Fax 856-651-9051
www.septics.com

ADVANCED TREATMENT UNIT NOTES AND REQUIREMENTS:

1. THIS DESIGN UTILIZES A NORWECO SINGLAIR GREEN 960-500 TREATMENT UNIT WHICH IS NSF 40 AND NSF 245 CERTIFIED. THE USE OF THIS UNIT IS IN ACCORDANCE WITH THE PROVISION OF NJAC 7:9A 8.3
2. THE DESIGN ENGINEER CERTIFIES THAT THEY ARE SUFFICIENTLY KNOWLEDGEABLE IN THE TECHNOLOGY SPECIFIED TO DESIGN THE SYSTEM.
3. THE SYSTEM AS DESIGNED MEETS ALL APPLICABLE MANUFACTURERS MINIMUM SPECIFICATIONS AND/OR RECOMMENDATIONS.
4. THE UNIT SPECIFIED WILL NOT ALLOW THE DISCHARGE OF RAW WASTEWATER WITHOUT PROPER TREATMENT AND THE UNIT WILL MONITOR LIQUID LEVELS AND BE OUTFITTED WITH A FUNCTIONING HIGH LEVEL ALARM.
5. THE SYSTEM DESIGNED MEETS MINIMUM NJDEP SIZING REQUIREMENTS AND MEETS THE MINIMUM SIZING REQUIREMENTS OF THE ADVANCED TREATMENT SYSTEM MANUFACTURER.
6. THE CONTROL PANEL UTILIZED WITH THE UNIT WILL AT MINIMUM BE CAPABLE OF THE FOLLOWING:
 1. TRACK PUMP ELAPSED TIME (IF APPLICABLE)
 2. CYCLE COUNTS
 3. HIGH LEVEL ALARMS OR OTHER MEANS TO TRACK FLOW THROUGH SYSTEM.
7. SYSTEMS THAT DO NOT HAVE A TELEMETRY CONTROL PANEL SHALL UTILIZE AN ACTIVE PHONE LINE WITH AN AUTO DIALER TO NOTIFY THE AUTHORIZED SERVICE PROVIDER OF ALARM CONDITIONS.
8. AN AUTHORIZED INSTALLER SHALL BE PRESENT AT ALL TIMES DURING THE INSTALLATION OF THE ADVANCED TREATMENT UNIT.
9. THE INSTALLER WILL ENSURE THAT THE PROPERTY OWNER HAS BEEN PROVIDED A COPY OF THE SERVICE CONTRACT AND AGREES TO COMPLY WITH THE REQUIREMENTS THEREIN BY OBTAINING WRITTEN ACKNOWLEDGEMENT.
10. THE AUTHORIZED INSTALLER SHALL COMPLETE A MANUFACTURERS STARTUP CHECKLIST AND PROVIDE SUCH TO THE ADMINISTRATIVE AUTHORITY.



APPROVED

MAY 19 2014

SALEM CO. HEALTH DEPT.

EXPIRES: 5-19-2016

EXIST WELL TO BE
100' FROM PROPOSED
DISPOSAL FIELD.

PROPOSED NORWECO
CONTROL PANEL
LOCATION

PROPOSED NORWECO
SINGLAIR BIO-KINETIC
WASTEWATER TREATMENT
SYSTEM MODEL 960-500



CERTIFICATE

Permit #
Date Issued
- or -
Control #

Certificate Issued Date:

1502
8/28/15

IDENTIFICATION

Block 27 Lot 15 Qualification Code _____
Work Site Location 144 Alloway-Aldine Rd
Woodstown NJ 08098
Owner in Fee Yun Long Zhao
Address 144 Alloway-Aldine Rd
Tel. (____) _____
Contractor _____
Address _____
Tel. (____) _____ FAX (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Resale

☐ 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 the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

☐ 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 _____.

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 8/05)

DATE

Fee \$ 110.00

Paid [] Check No. 446

Collected by: _____

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAX ASSESSOR