FREEHOLD AREA
HEALTH DEPARTMENT
-SERVING-
FREEHOLD TOWNSHIP FREEHOLD BOROUGH
WALL TOWNSHIP

Margaret Jahn, MS, MPH
Director

Municipal Plaza Schanck Road
Freehold, New Jersey 07728-3099
732-294-2060

PROPERTY CERTIFICATION

DATE: 6/29/2021 BLOCK: 101 LOT: 43

LOCATION: 470 Ely Harmony Rd.
OWNER (NEW/PREVIOUS): Gordon Prochnow

☒ An examination of the well water based upon the New Jersey Private Well Testing Act was taken on 6/14/2021 by South Jersey Water Test. Results indicate that the well water is safe for human consumption.

☐ Public community water supply - Monitored regularly

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☒ A Registered Environmental Health Specialist has reviewed the onsite system inspection results performed by Michael Smith on 6/12/2021. At this time, there are no obvious indications of malfunction or non-compliance with N.J.A.C. 7:9A.

☐ A Registered Environmental Health Specialist has reviewed the onsite system inspection results performed by on . There were one or more items that were not in compliance with N.J.A.C. 7:9A that have been corrected to the satisfaction of the Health Department.

☐ A Registered Environmental Health Specialist has reviewed the onsite system inspection results performed by on . There were one or more items that are not in compliance with N.J.A.C. 7:9A. A permit for a new septic system has been issued, therefore we are willing to grant a limited approval for a Temporary Certificate of Occupancy until compliance is attained. New system to be installed within 60 days.

If you have any questions regarding the interpretation of the onsite system inspection report and/or this certification, please call the Health Department at (732) 294-2060.

DATE SEPTIC PUMPED: 6/28/2021
Copy to Building Department.

Registered Environmental Health Specialist

S:\Health\Property Certification\470 Ely Harmony Rd. - FT.doc

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.

ONSITE SYSTEM INSPECTION FORM

Inspection Overview:
- Preliminary system information
- Inspection of treatment tanks
- Absorption system inspection
- Disposal/conveyance system assessment
- Identification of any alternative technology approved components
  - Requires additional inspection

INTERNAL USE ONLY:

CLIENT INFO

Client Name: Gordon Prachnow
Different from owner? ○ Yes ● No

Client Address: 478 Ely Harmony Road Freehold N.J. 07728

Contact Method:
Home tel. [redacted]
Work tel. _____
E-mail _____

ONSITE SYSTEM LOCATION

Inspector Name: [redacted]

Date: June 12 21

ISSDS Address (including municipality):
470 Ely Harmony Road Freehold N.J. 07728

New Jersey Coordinate: Block: 101 Lot: 43
Was GPS used? ○ Yes ○ No

Preliminary Information:

Weather: 70°. Sunny
Last Precipitation: _____
Age of System: 1995
Type of Dwelling?
● Residential Number of Bedrooms: ___
○ Non Residential Describe: _____
How many systems are being inspected? 1
List any commercial activities or high impact hobbies:

Describe prior problems and/or repair history including soil fracturing or use of chemical additives. Include dates and explain why the remedial measures have been applied to the system (if available):
New Septic system installed 1995

Date file review requested with administrative authority:

	Yes	No
Is there a site plan or septic map available?	○	●
Is the dwelling currently being occupied?	○	●
If so, how many occupants? 0		
If no, date last occupied? Jan		
If there is a washing machine, is it connected to a separate greywater disposal system?	●	○
Is the dwelling free of additional greywater systems?	●	○
Is the dwelling free of garbage disposal systems?	●	○
Is the dwelling free of sump pump discharges to the system?	●	○
Is the dwelling free of any historical sewage back ups into the structure?	●	○
Does all sewage enter the septic system and no type of sewage bypass exists?	●	○
Septic Tank Pumping:		
Is the septic tank pumped regularly?	●	○
Frequency: _____		
Date of Last Pumping: 2020		
Was file review completed prior to inspection?	○	●
If no, explain why below.		

Comments: _____

Treatment Tank:

● Septic Tank ○ Other
○ Greywater ○ Multi-Compartment: # _____

Name the material of the system?
● Concrete ○ Block
○ Steel ○ Other _____

Approximate treatment tank volume: 1000 gal.

Evaluate the conditions of tank below:

	Satisfactory	Unsatisfactory	N/A
Top and Lids	●	○	○
Inlet Baffle	●	○	○
Outlet Baffle	●	○	○
Cracks or Leaks	●	○	○
Sewage Flow from Structure	●	○	○

	Yes	No
Main tank lid opened for inspection?	●	○
Liquid level below the tank's inlet invert?	●	○
Liquid level below the tank's outlet invert?	●	○
Treatment tank pumped for this inspection?	○	●
Are all portions of the tank(s) clear of structures like a deck or a driveway?	●	○
Is the area clear of evidence that sewage has surfaced above the treatment tank?	●	○
Does water flow unimpeded from the treatment tank?	●	○
Is an effluent filter a part of the system?	○	●
If yes, does it appear properly maintained?	○	○
Are there any other types of accessory units present?	○	●

Depth to top of tank: 14" inches
Depth to top of tank access: Casting inches
Comments: _____

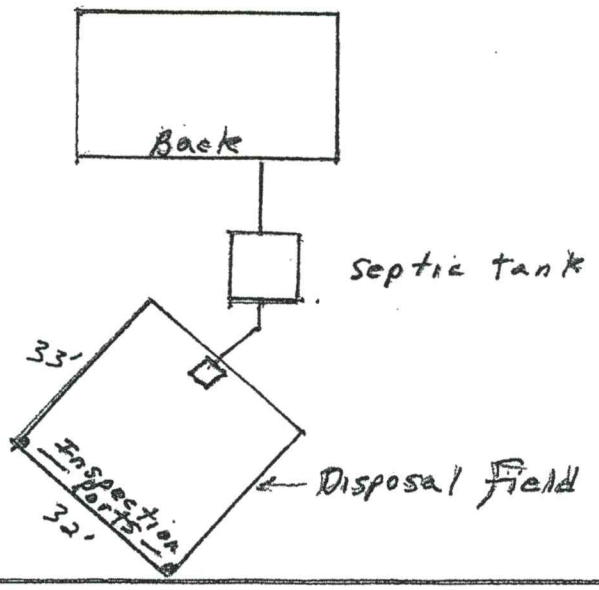
Absorption Area:

Name the type of the absorption system?
● Disposal Bed ○ Disposal Trench
○ Seepage Pit ○ Mounded
○ Other

Was the absorption system located? ● Yes ○ No If no, explain below.
Are inspection ports present? ● Yes ○ No
If yes, how many? 2
Were the inspection ports checked? ● Yes* ○ No ○ N/A *All levels observed must be included in report
Was a separate probe dug in the absorption area to confirm the observations in the inspection ports? ● Yes ○ No ○ N/A
Is the area of the absorption system free of sewage odors? ● Yes ○ No
Does sewage flow from the treatment tank to the absorption system without flowing back? ● Yes ○ No
Is the area above or near any of the system components free from visible signs of effluent or sewage? ● Yes ○ No
Are the areas at or near the inlet invert of any absorption area component free of visible signs of sewage or effluent? ● Yes ○ No
Are areas above or near system components free of lush vegetation? ● Yes ○ No
If exposed, is the distribution box in satisfactory condition? ● Yes ○ No ○ N/A
If not exposed, explain why not: _____
Is the area directly over any part of the absorption system free of any evidence of, large objects (cars, pools, etc.)? ● Yes ○ No ○ N/A

Comments: Existing 33' X 32' disposal field

Sketch the approximate system location in this space provided:



Dosing or Pump Tank:	Yes	No	N/A
Does the system contain a pump tank?	0	0	●
Is the pump operating?	0	0	●
Do the alarm(s) on the pump work?	0	0	●
Is the pump elevated above the tank floor?	0	0	●
Is the lid in satisfactory condition?	0	0	●
Is the tank in satisfactory condition?	0	0	●
Is the tank free of accumulated solids?	0	0	●

Summary:	Satisfactory	Satisfactory with Concerns	Unsatisfactory	Requires Additional Investigation	N/A
Condition of the treatment tank(s)	●	0	0	0	0
Condition of the conveyance and pump system(s)	●	0	0	0	0
Condition of the absorption area(s)	●	0	0	0	0
Condition of any accessory components	●	0	0	0	0

Comments:

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Health Department Reporting:

Note if any of the following conditions were observed during the inspection:

() 1. Ponding or breakout of sewage or effluent onto the surface of the ground
() 2. Seepage of sewage or effluent into portions of buildings below ground
() 3. Backup of sewage into the building served which is not caused by a physical blockage of the internal plumbing
() 4. Any manner of leakage observed from or into septic tanks, connecting pipes, distribution boxes and other components that are not designed to emit sewage or effluent

Pursuant to N.J.A.C. 7:9A-3.4 notification of any observation that is consistent with a condition noted above must be reported to the local administrative authority within 24 hours of the observation. Regardless of observations made, a copy of this report must be provided to the local administrative authority within 10 days of the issuance of this report.

If encountered, describe all observed noncompliant conditions encountered during this inspection:

_____
_____
_____
_____
_____

Customer Authorization:

I authorize "The Company" to enter the above listed property for the purpose of performing a sub-surface sewage disposal system inspection. I authorize "The Company" to expose parts of the system if required, to determine location and condition. I understand that "The Company" relies on information supplied by the owner(s) of the listed property or their agent and the local administrative authority in the evaluation of the sub-surface disposal system. I authorize "The Company" to provide this form to all parties as required.

Customer signature: _____ Printed name: _____

Inspector's signature: Michael Smith Printed name: Michael Smith

Disclaimer:

Based on today's observations and the information provided by the owner(s) or their agent, "The Company" submits this sub-surface sewage disposal system inspection form. The inspection is based on the current condition of the onsite sewage disposal system. "The Company" makes no representation that the system was designed, installed or meets N.J.A.C. 7:9A-1.1 et seq.. "The Company" has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of numerous factors (usage, soil type, installation, maintenance, etc.) which affect the proper operation of a sub-surface disposal system, as well as the inability of "The Company" to supervise or monitor the use and maintenance of the system, this form shall not be construed as a warranty by "The Company" that the system will function properly for any prospective buyer. "The Company" disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.

This form was developed as a cooperative effort of:
Pennsylvania/New Jersey Sewage Management Association;
Rutgers Cooperative Extension New Jersey Agricultural Experiment Station; and
The New Jersey Department of Environmental Protection Septic System Inspection Protocol Subcommittee

SEPTIC REPAIRS

BLK 101 LOT 43 MUNICIPALITY Freehold DATE 12/96

OWNER : Gordon Prochnow PHONE [redacted]

LOCATION 470 Ely Harmony

BUILDER

ENGINEER

INSTALLER

SYSTEM TYPE Pit AGE 56 yrs+

BEDROOMS 2 INTERVAL SINCE LAST PUMPING

PREVIOUS REPAIRS ?

CURRENT PROBLEM

REPAIRER Owner

SOIL LOG	PERC DATA	

COMMENTS New 1000 GAL TANK (Mershon) + "Replace Bed" 28x35
Owner identified himself as P.E. + stated he used Design Criteria of o/o Abbington Nly Design No Soils Replacement Fill Enclosed / Mounded
O/O Metal TANK empty House Empty 2 yrs TANK Broken + Buried
- 12/96 More fill NEEDED At END of Bed