Smead®

UPC 27110
No. ET2-150C

HASTINGS, MN

REP 64-00

REP 64-00

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard, Westampton
P.O. Box 6000
Mount Holly, N.J. 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

AUGUST 23, 2001

President and Members
Board of Health
EVESHAM TWP.

Re: Septic Repair Application Rep 64-00
Block 89.01 Lot 11
SIGNATURE HOMES INC
EVESHAM TWP.

Gentlemen:

Pursuant to instructions, a final inspection of the repair/restoration to the individual subsurface sewage disposal system referred to above was conducted on 8-22-01.

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

Sincerely,

KURT W HENDRICKS
SANITARY INSPECTOR

bk
c Construction Code Official
Owner
File

SEPTIC COVER - UP

DATE _____

TOWNSHIP Evesh

Bl. 89.01 Lt. 11

APPLICATION # Rep 64-00

INSTALLER _____

OWNER _____

PHONE # _____

READY FOR INSPECTION _____

INITIALS _____

☒ APPROVED ☐ DISAPPROVED

REASON FOR DISAPPROVAL _____

OK

Date 8-22-01 Time

INSPECTOR KWH

SEPTIC COVER - UP

DATE 4-23-01

TOWNSHIP Fresh

Bl. 89.01 Lt. 11

APPLICATION # Rep 64-00

INSTALLER Schaffer

OWNER _____

PHONE # _____

READY FOR INSPECTION Y

INITIALS _____

☐ APPROVED ☒ DISAPPROVED

REASON FOR DISAPPROVAL _____

No Marker ST

Date 5-2-01 Time

INSPECTOR KWS

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard, Westampton
P.O. Box 6000
Mount Holly, N.J. 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

NOVEMBER 1, 2000

SIGNATURE HOMES INC
444 COMMERCE LANE SUITE A
WEST BERLIN NJ 08091

Re: Septic Repair Application Rep 64-00
Block 89.01 Lot 11
EVESHAM TWP.

Gentlemen:

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

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

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

Should you have any questions, please contact the undersigned.

Sincerely,

KURT W HENDRICKS
SANITARY INSPECTOR

bk
c Construction Code Official
Board of Health
file

form BCHD90/1

BCHD Application Number RSP64-00 Date 10/26/00

BURLINGTON COUNTY HEALTH DEPARTMENT
WOODLANE ROAD
MOUNT HOLLY, NEW JERSEY 08060

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

GENERAL INFORMATION - Form 1

1. Type of Permit needed (Check applicable categories):
   - ☐ New Construction
   - ☐ Alteration/Expansion or Change in Use
   - ☐ Alteration/Malfunctioning System
   - ☐ Deviation from Standards
   - ☒ Repairs to Existing System
   - ☐ Alteration/No Expansion or Change of Use

2. Location of Project:
   Municipality Evesham Township Block: 89.01 Lot: 11
   Street Address 10 Norman Rockwell Zip 08053

3. Name of Applicant (print): Signature Homes Inc.

4. Applicant's Present Address: 444 Commerce Lane, Suite A, W. Berlin, NJ 08091 5. Phone number: [redacted]

6. Type of Facility:
   - ☒ Residential
   - ☐ Commercial/Institutional
   - ☐ Specify Type of Establishment: _____

7. Type of Wastes to be discharged:
   - ☒ Sanitary Sewage
   - ☐ Industrial Wastes
   - ☐ Other - Specify _____

8. Other Approvals/Certification/Waivers/Exemptions (Attach to Application)
   - ☐ Pinelands Commission 3 N/A Repair
   - ☐ U.S. Army Corps of Engineers
   - ☐ NJDEP - Bureau of Flood Plain Management
   - ☐ Other - Specify _____

9. I hereby certify that the information furnished above 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 _____ Date October 8, 2000

FOR AGENCY USE ONLY

☐ Application Denied - Reason For Denial/Citation Of Rules Violated: _____

☒ Application Approved ☐ Application Approved Subject To Approval By NJDEP
Date of Action 11-1-00 Signature of Authorized Agent KWH
Name & Title Kurt W Hendricks SI

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print) South Jersey Engineers
2. Business Address of Site Evaluator 31 Redcliffe Drive, Voorhees, NJ 08043 3. Business Phone [redacted]
4. Special Site Limitations Identified (Check Appropriate Categories):
   - ☐ Flood Plains
   - ☐ Bedrock Outcrop
   - ☐ Wetlands
   - ☐ Excessively Stony
   - ☐ Disturbed Ground
   - ☐ Sink Holes
   - ☐ Sand Dunes
   - ☐ Steep Slopes
   - ☒ Other - Specify Existing Improvements/ISDS
5. Soil Logs - Enter on form 2B - Use one sheet for each soil log
6. Considerations Relating to Disturbed Ground:
   a.) Type of Disturbance (Check appropriate categories):
   - ☐ Filled area
   - ☐ Excavated Area
   - ☐ Re-graded Area
   - ☐ Subsurface Drains
   - ☐ Other - Specify _____

   b.) Pre-existing Natural Ground Surface
   Elevation Relative to Existing Ground Surface _____ Method of Identification _____

   c.) Suitability of Disturbed Ground
   - ☐ Unsuitable: Objects Subject to Disintegration or Change in Volume
   - ☐ Excessively Coarse
   - ☐ Proctor Test Performed - % Standard Proctor Density = _____

APPROVED
AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAP. 199 P.L. 1954.
BY KWH DATE 11-1-00
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER Rep64-00

7. Hydraulic Head Test:
   a.) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
   b.) Piezometer A: Depth to Bottom _____ Depth of Water Level (24hrs) _____
   c.) Piezometer B: Depth to Bottom _____ Depth of Water Level (24hrs) _____
   d.) Witnessed by _____ Signature _____ Date _____
8. Attachments (Check items included):
   - ☐ Site Plan
   - ☐ Key Map Showing Location Of Site on U.S.G.S. Quadrangle or Other Accurate Map
   - ☐ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
   - ☐ Other - Specify _____

9. I hereby certify that the information furnished on Form 2A of this application (and the attachments thereto, if any) 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 October 8, 2000

Signature of Professional Engineer _____ License # 24106
(please seal this form)

orm BCHD90/1

BCHD Application Number_____ Date_____

GENERAL DESIGN DATA - Form 4

1. Volume of Sanitary Sewage, gal. _____ Existing

☐ Residential: No. of Dwelling Units _____ Total No. of Bedrooms_____

☐ 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 risers for septic/dosing tanks to be

b.) Describe Nature of Alteration or Repairs: brought to proper elevation and properly marked and located per NJAC 7:9A. Install/Repair broken/missing vents and inspection ports per plans.

3. System Components:

a.) Grease Trap Capacity, gals _____

Show Calculation Used _____

b.) Septic Tank Capacities, gals: ☐ first (single) compartment _____ Existing

☐ 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_____ Total Length _____ Pipe Size_____ Spacing_____

f.) Connecting Pipe: Size _____ Length_____

g.) Manifold : Size_____ Length_____ Existing

h.) Disposal Field: Type of Installation_____

Design Permeability (Percolation rate)_____

☐ Trenches: Width_____ Total Length_____ Existing

☐ Bed: Area_____

i.) Seepage Pits: Design Percolation Rate_____

Number of Pits_____ Total Percolating Area Provided_____

4. Attachments (Check items included):

☐ General Plan Showing Location of All System Components

☐ X - Sections of Each System Component Including Grease Traps, Septic Tank, Dosing Tank, Disposal field, Seepage Pits and Interceptor Drains

☐ Pump Performance Curve

☐ Other - Specify_____

5. I hereby certify that the information furnished on Form 4 of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution 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_____ 10/9/00

(Please seal this form)

License# [illegible]/06

STATE OF NEW [illegible]

Permission Slip

Address: 10 Norman Rockwell

I/we Mr & Mrs M. Mansfield residing at 10 Norman Rockwell grant permission for Signature Homes to enter our property for the purpose of raising the access opening for the septic and/or dosing tanks to within 6" of finished grade.

Signature Homes will restore any disturbed area to its original condition. (See enclosed photograph of existing condition.)

Please return this release to Signature Homes immediately, so we may begin the corrective work.

RECEIVED
AUG 25 2000

Thank you.

Date: 8/23/00 Lisa Mansfield

Date: 8/23/00 Mark

FLI/gp

FLAccessOpening2 FrankRep.Word

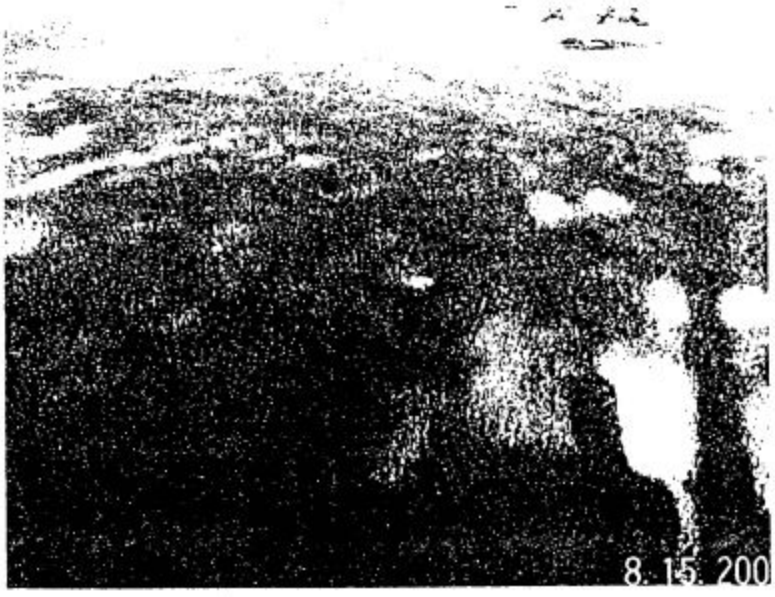
We want the work completed at any time except the week of September 9-15th. We will not be home at that time, + wish to be home when the work is done.

Also, as per our on Site Disposal Plan, of which we have a copy, we request a metal manhole cover for our septic tank access. Concrete is not acceptable + metal is stated in the Disposal Plan.

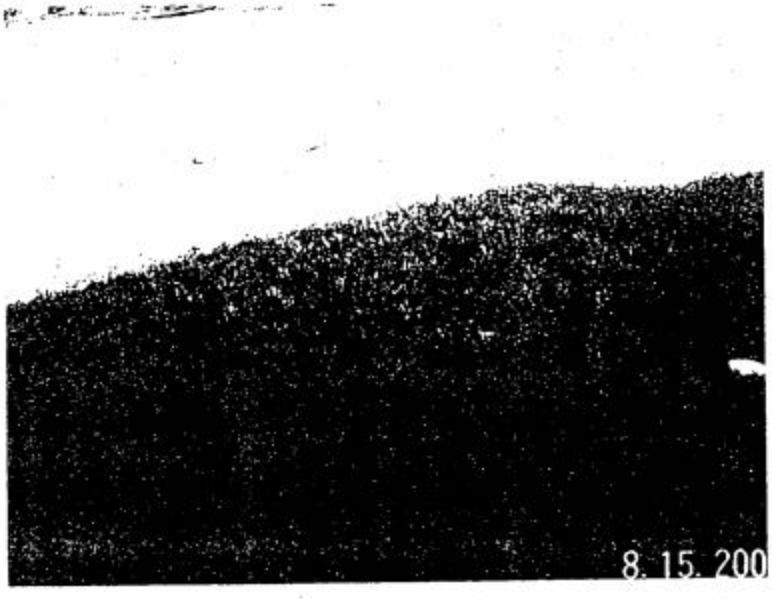
Thank-you

13 GS

12 NR



8 NR



10 NR