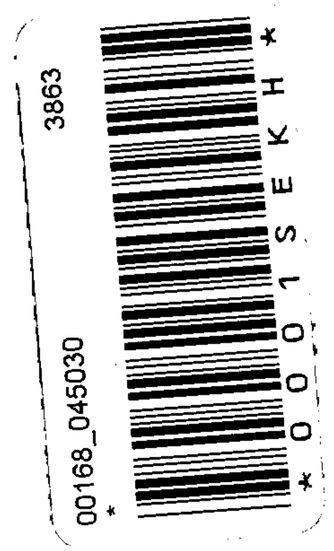

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20

105-20

4107

Wash

20 4105-20 Fresh

SEPTIC COVER-UP

DATE 2/27/2020

TOWNSHIP Evesham

BI. 89.01 Lt. 11

APPLICATION # 4105-20

INSTALLER Randanella

OWNER [redacted]

PHONE # [redacted]

READY FOR INSPECTION yes - Monday

INITIALS

[X] APPROVED [ ] DISAPPROVED

~~Reason for Disapproval~~

- OR to cover
- Final approval pending eng cert

Date 4/27/2020 Time

INSPECTOR Reinhardt

SEPTIC COVER-UP

BCHD - (609) 265 - 5515

APPLICATION #

[ ] APPROVED [ ] DISAPPROVED

REASON FOR DISAPPROVAL

Date Time

INSPECTOR

Board of Chosen Freeholders
County of Burlington
New Jersey

Public Health
Prevent. Promote. Protect.

Department of: HEALTH

Phone: (609) 265-5548
Fax: (609) 265-3152
Email: bchd@co.burlington.nj.us
http://www.co.burlington.nj.us

Physical Address:
15 Pioneer Boulevard
Westampton, NJ 08060

Mailing Address:
49 Rancocas Road
P.O. Box 6000
Mount Holly, NJ 08060-6000

04/14/2020

MARK AND LISA MANSFIELD
10 NORMAN ROCKWELL WAY
MARLTON, NJ 08053

Re: Septic Application 4105-20
Block 89.01 **Lot** 11
Evesham

Your application for the installation of a proposed individual subsurface sewage disposal system is certified to be in compliance with the provisions of N.J.A.C. 7:9A and regulations as otherwise provided by N.J.S.A. 58:11-25.

Based on Engineering Data Only

THIS CERTIFICATION BECOMES NULL AND VOID 04/13/2022
Should this system not be installed by this date, contact this office for recertification instructions.

This certification and approved design is not a permit to install the system.

Such permit must be obtained from the municipal agent responsible for insuring compliance with other applicable state & local laws.

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

At the time of installation, the system shall not be covered from view until it has been inspected by a representative of this Department and permission to cover same has been given by that representative. Request for such inspection shall be made to this Department no later than 72 hours prior to the date of installation.

FINAL CERTIFICATION WILL NOT BE GIVEN BY THIS DEPARTMENT UNTIL THE DESIGN ENGINEER HAS CERTIFIED IN WRITING, BY SIGNATURE & SEAL TO THE FOLLOWING:

☐ Excavation to a depth of inches and back-filled to the bottom of the disposal field with material placed and compacted in conformance with NJAC 7:9A-10.4(f)3; and shall meet the requirements of NJAC 7:9A-10.1(f). Results of permeability tests shall be indicated on this Department's standardized form.

☐ inches of fill extending beyond the limits of the disposal field with material placed and compacted in conformance with NJAC 7:9A-10.4(f)3; and shall meet the requirements of NJAC 7:9A-10.1(f). Results of permeability tests shall be indicated on this Department's standardized form.

☐ Pumping Equipment ☐ Alarm System ☑ Final Grading & Stabilization ☐ None of the above

☐ Other:

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to ensure that your building contractor, plumber, and the installer of the system are made aware of the approved application prior to the beginning of any construction. It is also your responsibility to ensure that the system is installed in strict accordance with this approved plan. Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

Sara Zuccarello
Pr. Registered Environmental Health Specialist
609-265-5568

cc: Board of Health, Design Engineer
Construction Code Official
Design Engineer
File

MAR 11 2020

PAID CK#: 6728 $100 =
APR - 7 2020 17053

ATTENTION
BUILDERS, INSTALLERS,
OWNERS & INSPECTOR
SPECIAL INSTALLATION REQUIREMENTS
MUST BE COMPLIED WITH PRIOR TO
COVER-UP AND FINAL APPROVAL BY
THIS DEPARTMENT
BURLINGTON COUNTY HEALTH
DEPARTMENT

form BCHD90/1

BCHD Application Number 4105-20 Date 4/7/2020

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD, WESTAMPTON
PO BOX 6000 MOUNT HOLLY, NEW JERSEY 08060

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

NOTE
EXIST 1250 GAL DOSING TANK TO BE CONVERTED INTO A SEPTIC TANK FOR THE CONVENIENCE BATHROOM IN BASEMENT.

GENERAL INFORMATION – **Form 1**

1. Type of Permit needed (check applicable categories):
   - ☐ New Construction
   - ☐ Deviation from Standards
   - ☒ Alteration/Expansion or Change in Use
   - ☐ Alteration/Malfunctioning 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 WAY, MARLTON, NJ* Zip *08053*
3. Name of Applicant (print): *MARK & LISA MANSFIELD*
4. Applicant's Present Address: *10 NORMAN ROCKWELL WAY, MARLTON, NJ* 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: _____

REVISION TO PREVIOUSLY APPROVED DESIGN, 2-3-97, BCHD APPLICATION # 2217-96.

8. Other Approvals/Certification/Waivers/Exemptions (Attach to Application)
   - ☐ Pinelands Commission
   - ☐ NJDEP – Bureau of Flood Plain Management
   - ☐ U.S. Army Corps of Engineers
   - ☐ 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 *FOR APPLICANT* Date 3-4-20

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 4/9/2020 Signature of Authorized Agent Zuccarello
Name & Title Sara Zuccarello PP RE HS

GENERAL SITE EVALUATION DATA – Form 2A

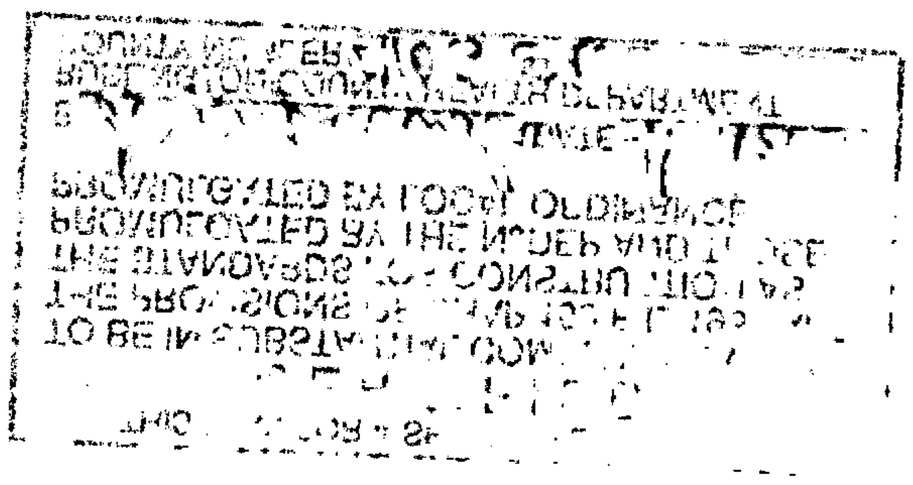
1. Name of Site Evaluator (print) *SOUTH JERSEY ENGINEERS, L.L.C.*
2. Business Address of Site Evaluator *P.O. BOX 1406, VOORHEES, N.J. 08043* 3. Business Phone [redacted]
4. Special Site Limitations Identified (Check Appropriate Categories):
   - ☐ Flood Plains
   - ☐ Sink Holes
   - ☐ Bedrock Outcrop
   - ☐ Sand Dunes
   - ☐ Wetlands
   - ☐ Steep Slopes
   - ☒ Excessively Stony
   - ☒ Other – Specify _____
   - ☐ Disturbed Ground
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
   - ☐ 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 _____
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 _____

☐ THIS PLAN FOR A SEWERAGE FACILITY IS Excessively Gourse
CERTIFIED
TO BE IN SUBSTANTIAL COMPLIANCE WITH
THE PROVISIONS OF CHAP.199 P.L. 1954 AND
THE STANDARDS FOR CONSTRUCTION AS
PROMULGATED BY THE NJDEP AND THOSE
PROMULGATED BY LOCAL ORDINANCE.
BY Sara Zuccarello DATE 4/9/2020
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER 4105-20

9. I hereby certify that the information furnished on Form 2A of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution 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 3-4-20

Signature of Professional Engineer _____ License # GE28106
(please seal this form)



form BCHD90/1

*BCHD Application Number*_____ *Date*_____

GENERAL DESIGN DATA – **Form 4**

1. Volume of Sanitary Sewage, gal ***650 GPD***

☒ Residential: No. of Dwelling Units ***1*** total No. of Bedrooms ***4*** ☐ Garbage Disposal ☐ Ejector Pump ☐ Expansion Attic

☐ 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

a.) Reason for Alteration (Check appropriate categories):

☐ Expansion or Change in Use ☐ Upgrade Existing Facilities

☒ Correct Malfunctioning System ☐ Other – Specify _____

b.) Describe Nature of Alteration ***NEW ISDS SYSTEM PER NJAC 7:9A***

3. System Components:

a.) Grease Trap Capacity, gals _____

Show Calculation Used _____

b.) Septic Tank Capacities, gals: ☒ first (single) compartment ☐ second compartment ☐ third compartment

NOTE: EXIST 1250 GAL DOSING TANK TO BE CONVERTED INTO A SEPTIC TANK FOR THE CONVENIENCE BATHROOM IN BASEMENT AND TO BE UTILIZED IF IN WORKING CONDITION. ACCESS TO BE BROUGHT TO GRADE UTILIZING BOLTING OR LOCKING LID, NSF 46 EFFLUENT FILTER TO BE ADDED TO TANK OR EXTERNAL TUB. OTHERWISE REPLACE WITH NEW 1000 GAL SEPTIC TANK WITH EFFLUENT FILTER

c.) Advanced Treatment Unit: Type _____

d.) Effluent Distribution

Method: ☐ Gravity Flow ☐ Gravity Dosing ☒ Pressure Dosing

Dosing Device: ☒ Pump ☐ Siphon

NEW 1500 GAL DOSING TANK

e.) Dosing Tank Capacities, gals: Total Capacity ***1500*** Dose Volume ***163*** Reserve Capacity ***±1275***

f.) Laterals: Number _____ Total Length _____ Pipe Size _____ Spacing _____

g.) ~~Chambers~~: ~~Number~~ _____ ~~Total Length~~ _____

h.) Connecting Pipe: Size *3"* Length *30'*

i.) Manifold: Size _____ Length _____

j.) Disposal Field: Type of Installation _____

Design Permeability (Percolation rate) _____

☐ Trenches: Width _____ Total Length _____

☐ Bed: Area _____

k.) Seepage Pits: Design Percolation Rate _____

Number of Pits _____ Total Percolating Area Provided _____

NOTE
EXISTING DISPOSAL FIELD TO REMAIN IN PLACE ON SITE. NO NEW CRITERIA IS APPLIED. ONLY ADDING DOSING TANK ONLY FOR THE CONVENIENCE BATHROOM.

4. Attachments (Check items included):

☒ General Plan Showing Location of All System Components

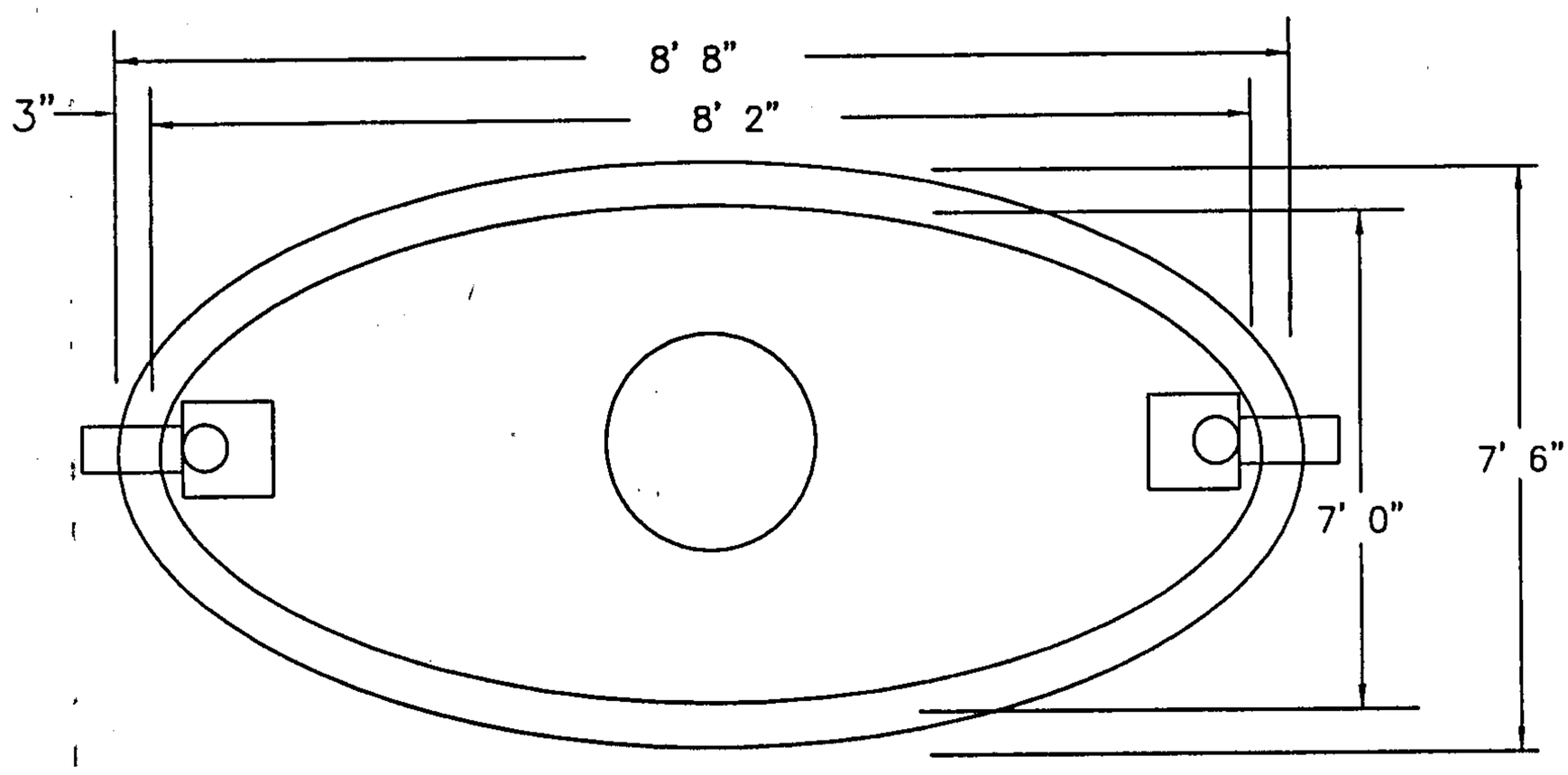
☒ X – Sections of Each system Component Including Grease Traps, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

☐ 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.

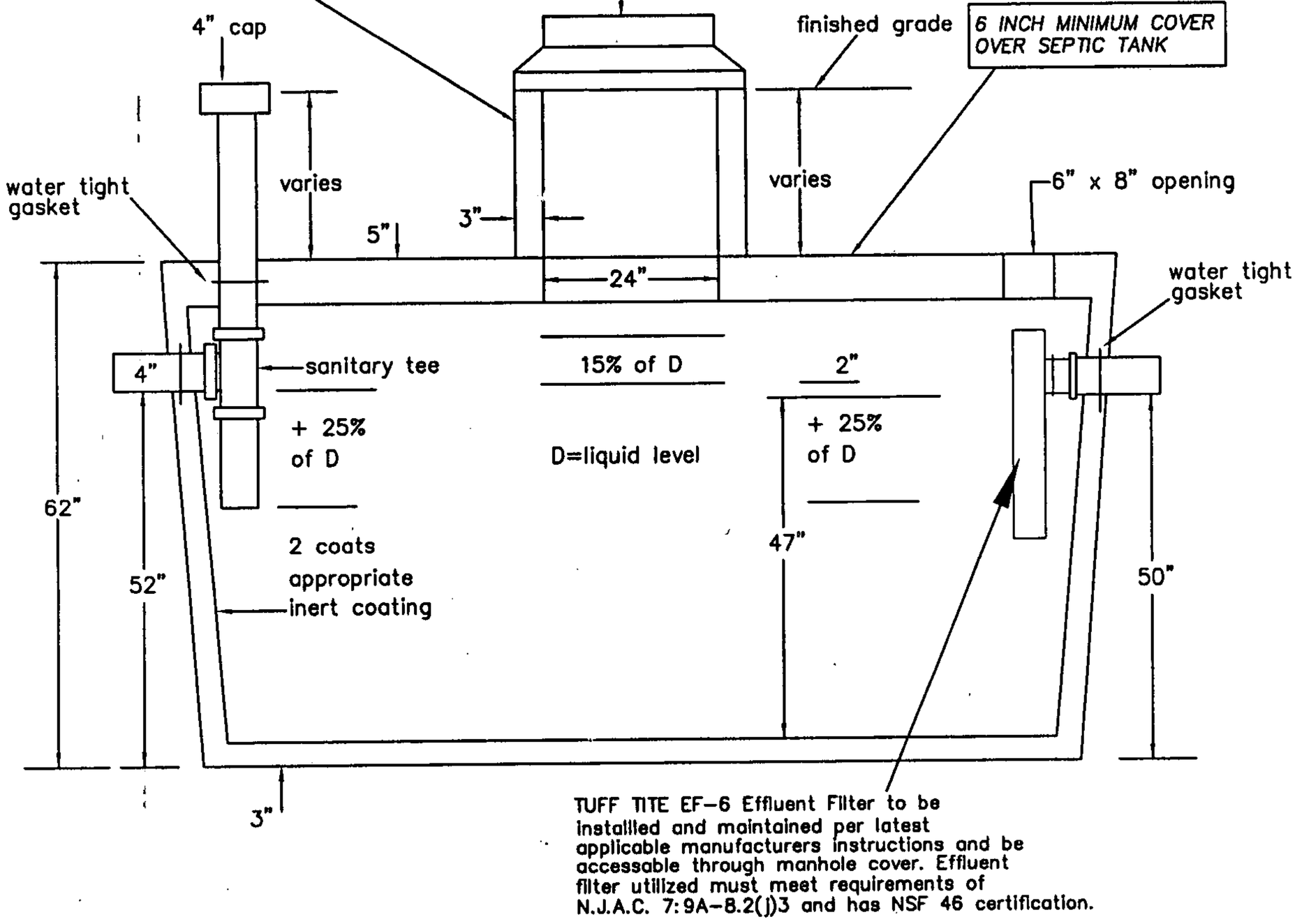
Signature of Professional Engineer (please seal this form) _____ License # ***GE28106***



NOTE: SOLID CONCRETE RISERS TO BE UTILIZED. BUTYL TO UTILIZED BETWEEN RISER AND TANK AND RISER AND MANHOLE FRAME

MARKER TO BE SUPPLIED DENOTING LOCATION OF EFFLUENT FILTER AND NEED FOR PERIODIC CLEANING

6 INCH MINIMUM COVER OVER SEPTIC TANK



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

1250 GAL OVAL SEPTIC TANK W/ EFFLUENT FILTER (NTS)

Notes:

1. Tank is 4000 psi concrete - steel reinforced
2. Concrete conforms to ACI 318-16-4.5.1 and ACI 318-16-4.5.2
3. Tank complies with all requirements of NJDEP Chapter 199 7:9A-8.2
4. Tank to be tested for water tightness in accordance with N.J.A.C. 7:9A-8.2(m).
5. Tank access opening labeling to be in accordance with N.J.A.C. 7:9A-8.2(l2)
6. Should a plastic tank be substituted for a concrete tank the installer must use cast iron lids for the tank.

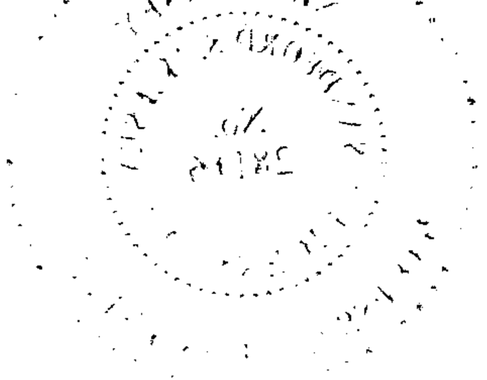
NO.	REVISIONS	DRAWN	APPR	DATE
1	REVISED PER COUNTY HEALTH DEPT.	DD	SM	3-13-20

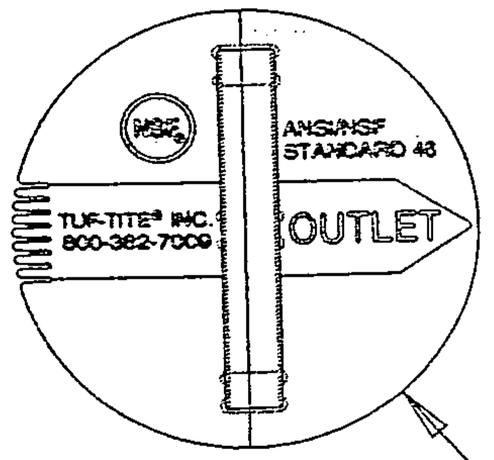
SJE
SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
ph (856) 651-9050 fax (856) 651-9051
N.J. CERTIFICATE OF AUTHORIZATION NO. 24GA28095400

CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM
No.
LOT 11 BLOCK 89.01
EVESHAM TOWNSHIP

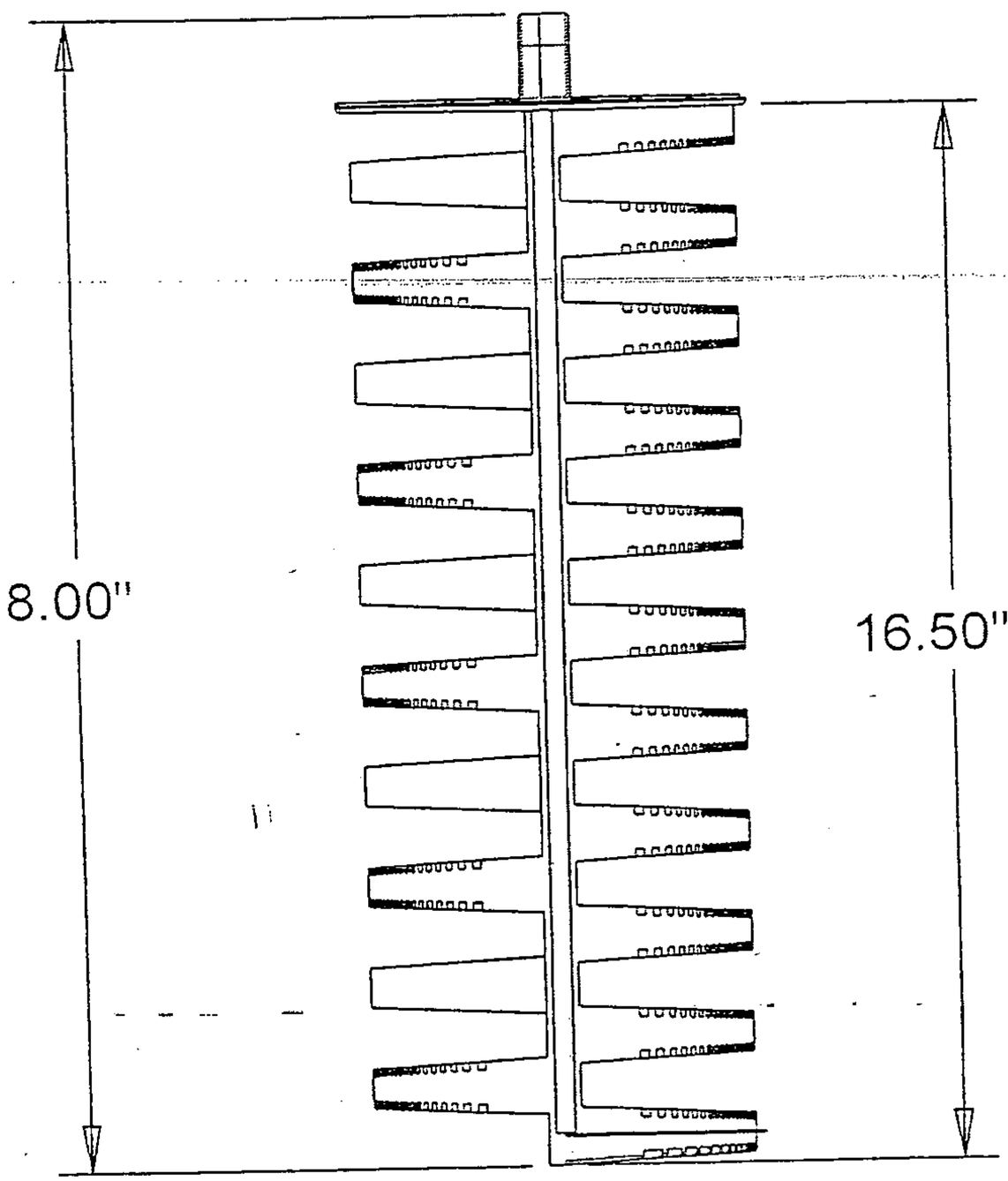
SANDFORD S. MERSKY, P.E.
PROFESSIONAL ENGINEER'S LIC. # GE28106

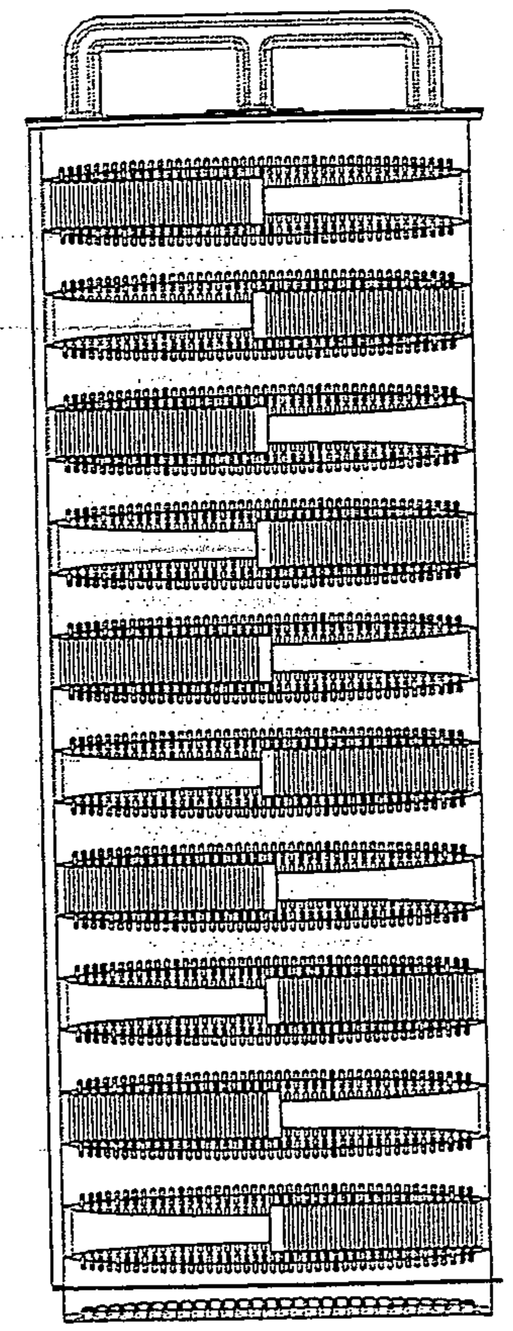
3-4-20
DATE

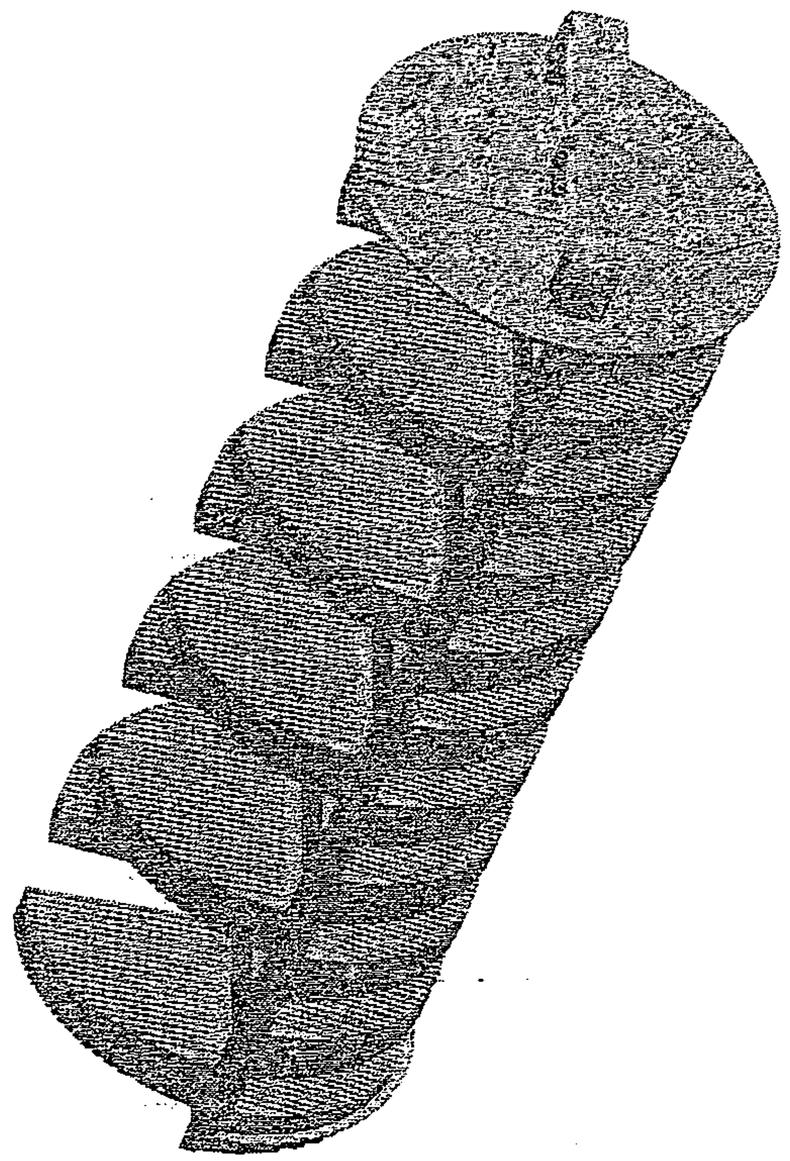




Ø 6.00"







Material: High-Impact Polypropylene
Color: Blue

TUF-TITE®

Drainage and Septic Products

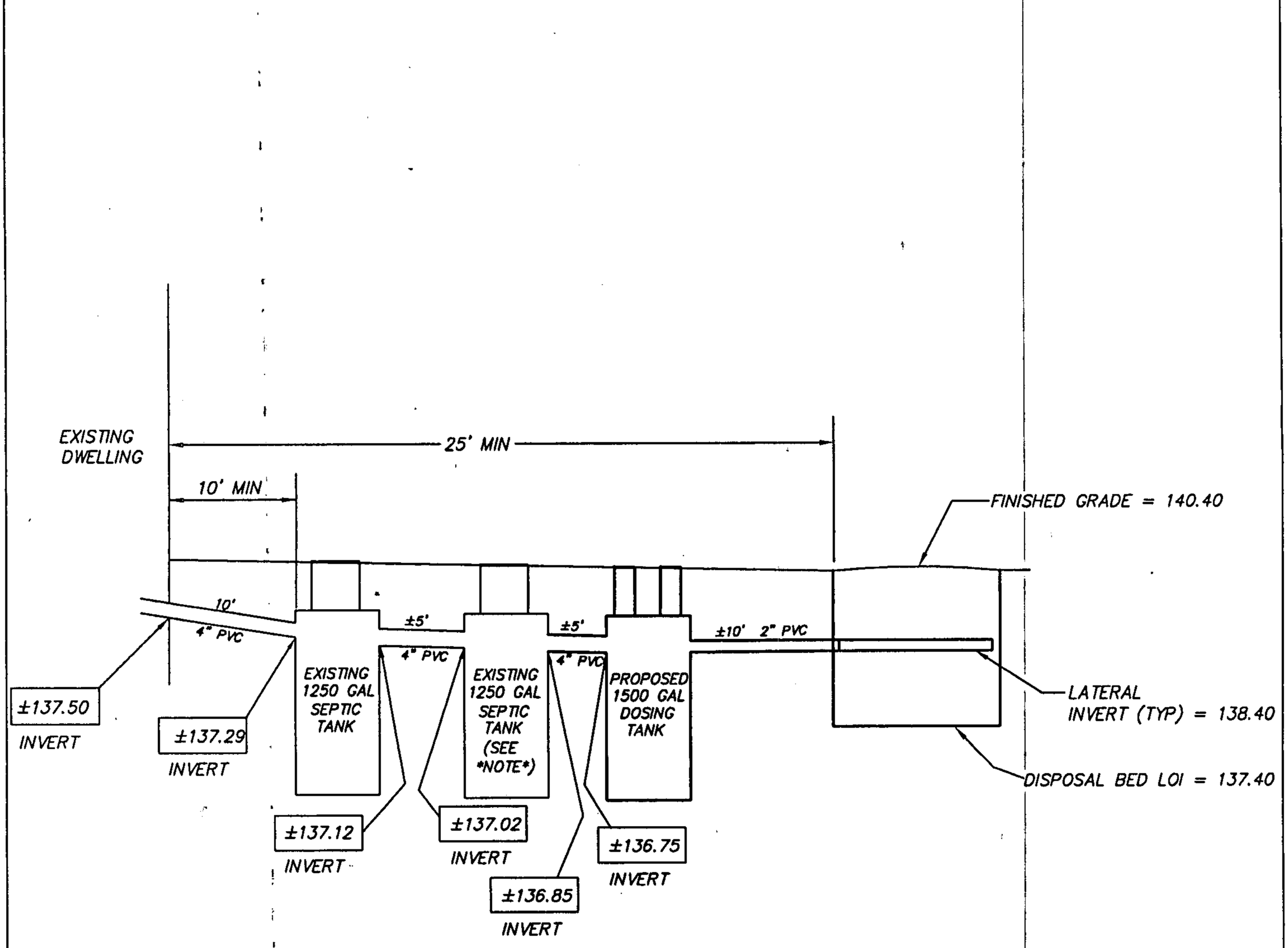
Tuf-Tite, Inc.
1200 Flex Court
Lake Zurich, Illinois 60047

TELEPHONE: 847.550.1011
TOLL FREE: 800.382.7009
FAX: 847.550.8004

PART NAME: 6" EFFLUENT FILTER

PART #: EF-6

ALL DELIVERY LINES USED WITHIN THE SYSTEM TO BE SCHEDULE 40 PVC PIPING UNLESS OTHERWISE NOTED.



DISPOSAL SYSTEM PROFILE

NOT TO SCALE

NOTE
EXIST 1250 GAL DOSING TANK TO BE CONVERTED INTO A SEPTIC TANK FOR THE CONVENIENCE BATHROOM IN BASEMENT.

NO.	REVISIONS	DRAWN	APPR	DATE

SJE

SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
ph (856) 651-9050 fax (856) 651-9051
N.J. CERTIFICATE OF AUTHORIZATION NO. 24GA28095400

CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM
LOT 11 : BLOCK 89.01
EVESHAM TOWNSHIP

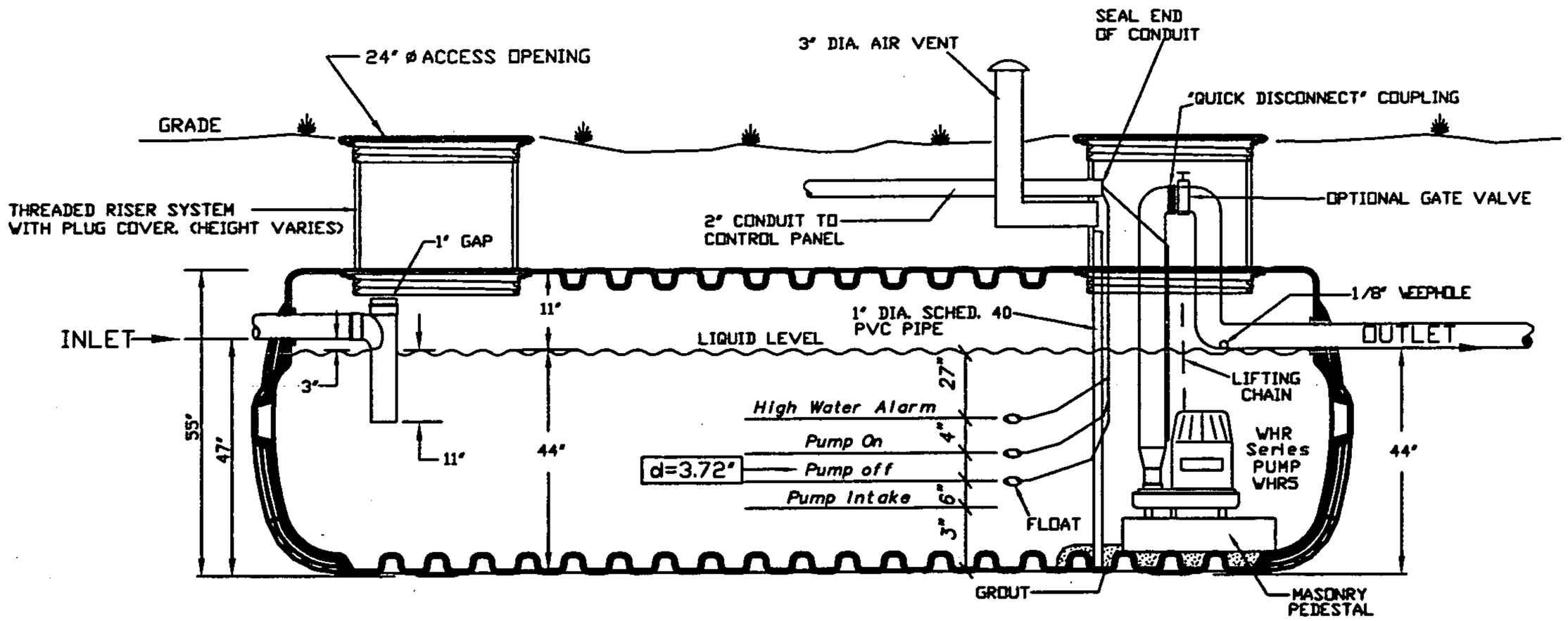
SANDFORD S. MERSKY, P.E.
PROFESSIONAL ENGINEER'S LIC. # GE28106

3-4-20
DATE

Type	Pump Model	H. P.	R. P. M.	Phase	Voltage	Hertz
Simplex	WHR5	1/2	1750	Single	110	60

TANK SPECIFICATIONS

DESIGN CAPACITY		TOTAL CAPACITY		WEIGHT
GALLONS	LITERS	GALLONS	LITERS	POUNDS
1537	5818	1787	6765	501



1500 GAL INFILTRATOR IM-1530 PLASTIC DOSING TANK DETAIL

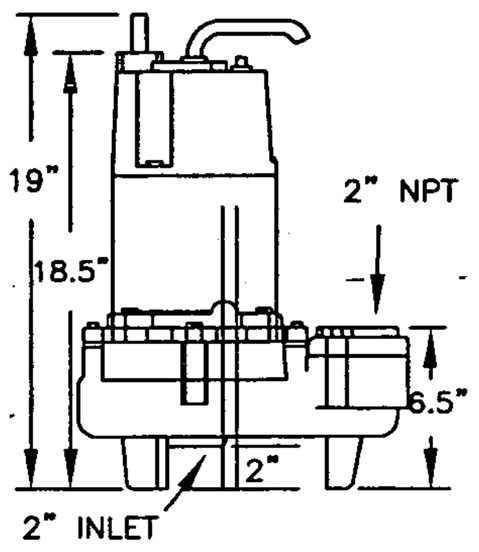
NOT TO SCALE

NOTES:

1. External tank length = 14'-8"±
   External tank width = 5'-2"±
   Internal tank maximum liquid height = 3' 8".
   Gallons per foot = 567
   Dose volume (Vd) = 163 gallons.
   Displacement volume (Vpd) = 4 gallons.
2. Reserve capacity = 1275 gallons +/-.
3. No electrical junction boxes shall be located within the dosing chamber. All electrical contacts and relays shall be located outside of the tank and a gas-tight seal shall be provided where electrical conduits enter the tank. All controls and an audible alarm shall be located within the dwelling.

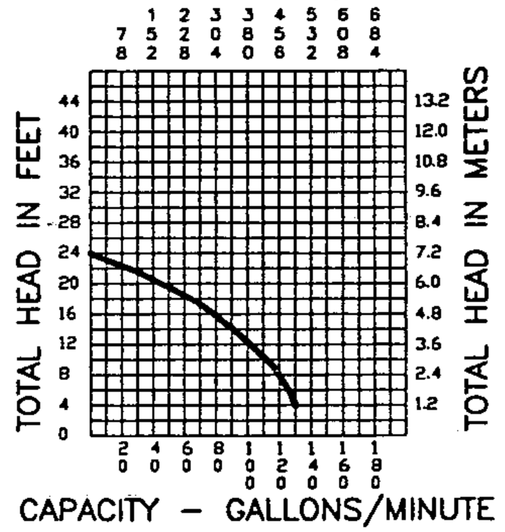
Elevations:
Inlet = 136.75
Pump On = 134.17
Pump Off = 133.86
Pump Intake = 133.36

MYERS



WHR PUMP SPECS
NOT TO SCALE

MYERS
PERFORMANCE CURVE
CAPACITY - LITERS/MINUTE



WHR5 1/2HP & WHR5-DS

Note on Manhole Covers:
Manholes extended flush with finished grade shall be constructed as shown.

NOTE: SHOULD ALTERNATE PLASTIC TANK MANUFACTURER BE USED SUCH AS ROTH. TANK DIMENSIONS AND PUMP SWITCH SETTING CHANGES ARE NEGLIBLE

MANUFACTURED BY:
INFILTRATOR WATER TECHNOLOGIES
4 BUSINESS PARK ROAD
P.O. BOX 768
OLD SAYBROOK, CT 06475

Vd= 163 gal
Vpd= 4 gal
Vcp= (3"ø x 30')= 6 gal

Vt= 173 gal
d=173/567 = 0.31'
d=3.72"

NO.	REVISIONS	DRAWN	APPR	DATE

SJE
SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
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CONSTRUCTION DETAILS FOR SEWAGE DISPOSAL SYSTEM

LOT 11 BLOCK 89.01
EVESHAM TOWNSHIP

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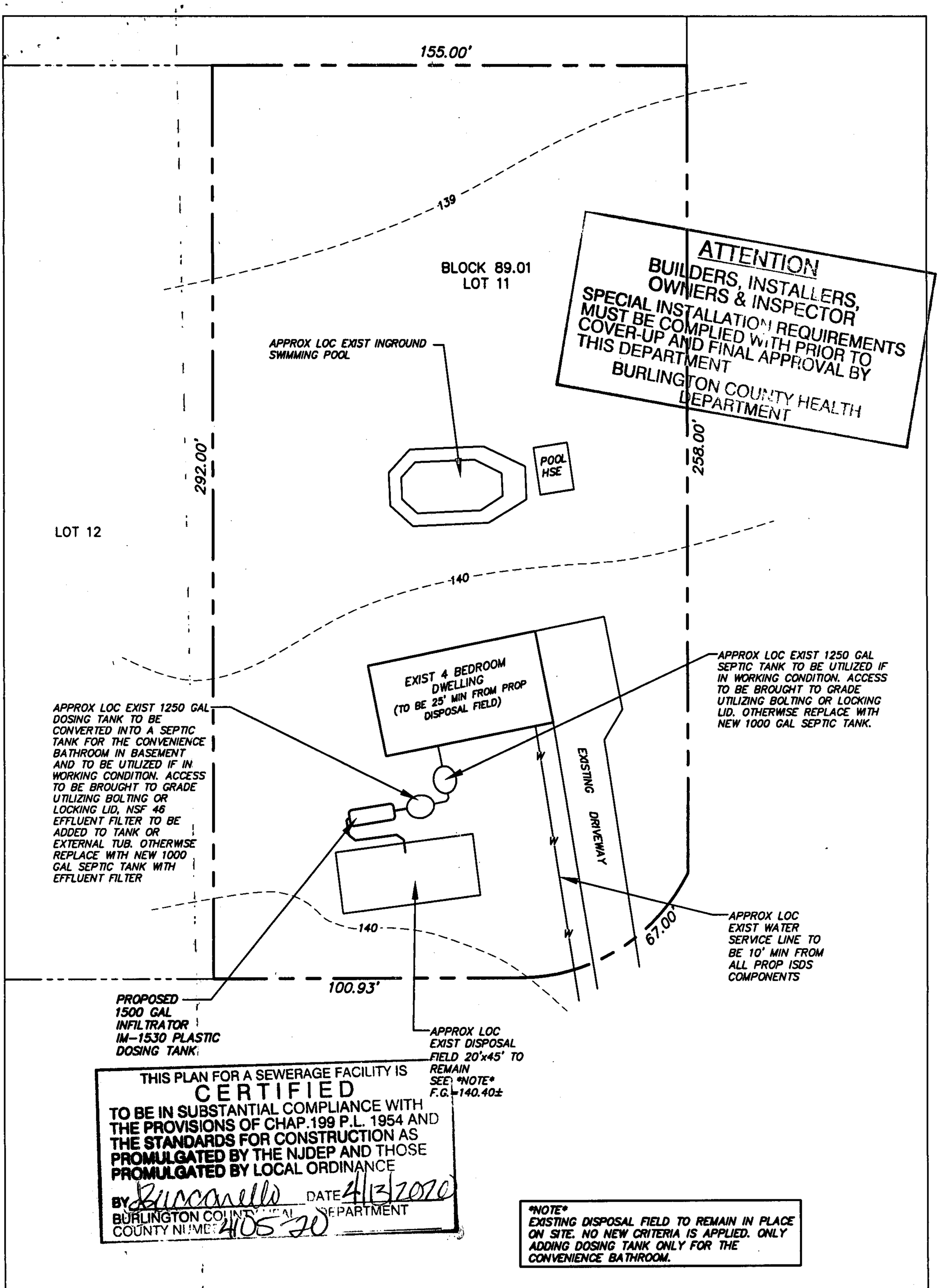
3-4-20
DATE



THIS PLAN FOR A SEWERAGE FACILITY IS
CERTIFIED
TO BE IN SUBSTANTIAL COMPLIANCE WITH THE PROVISIONS OF CHAP.199 P.L. 1954 AND THE STANDARDS FOR CONSTRUCTION AS PROMULGATED BY THE NJDEP AND THOSE PROMULGATED BY LOCAL ORDINANCE

BY Buccarello DATE 4/13/2020
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER 4105-20

NOTE
EXISTING DISPOSAL FIELD TO REMAIN IN PLACE ON SITE. NO NEW CRITERIA IS APPLIED. ONLY ADDING DOSING TANK ONLY FOR THE CONVENIENCE BATHROOM.

NOTES:

1. REFERENCE DATA FROM PLAN ENTITLED, "ON SITE DISPOSAL SYSTEM" BY BY JACK J GRAVLIN, P.E., DATED 11-26-96.
2. THIS PLAN FOR SEPTIC PURPOSES ONLY; NOT FOR ANY OTHER PURPOSE
3. NO TREES PERMITTED WITHIN 10' OF PROPOSED DISPOSAL FIELD.
4. ALL SEPTIC AND DOSING TANKS TO BE 10' MIN FROM DWELLING; 10' MIN FROM EXISTING WATER SERVICE LINE AND 25' MIN FROM ANY WATER COURSE.
5. PLANS ARE VALID FOR A MAXIMUM OF 2 YEARS FROM THE DATE OF THIS PLAN & MUST BE RE-CERTIFIED BY THE DESIGN ENGINEER IN ADVANCE IF UTILIZED AFTER THAT DATE.
6. ALL DELIVERY LINES USED WITHIN THE SYSTEM TO BE SCHEDULE 40 PVC PIPING UNLESS OTHERWISE NOTED.
7. NO ALTERATIONS CAN BE MADE TO COMPONENT LOCATIONS OR MATERIALS WITHOUT PRIOR AUTHORIZATION BY BOTH THE ADMINISTRATION AUTHORITY AND THE DESIGN ENGINEER.

INSTALLER TO RE-VERIFY ALL SURROUNDING IMPROVEMENTS AND REPORT DISCREPANCIES TO THE ENGINEER PRIOR TO INSTALLATION.

THERE ARE NO KNOWN WELLS OR SEPTIC SYSTEMS WITHIN 150' OTHER THAN SHOWN. ENGINEER SHALL NOT BE LIABLE FOR LOCATING ANY ON OR OFF SITE IMPROVEMENTS THAT ARE NOT SHOWN ON A SURVEY OR ARE NOT VISIBLE FROM THE SURFACE.

NO.	REVISIONS	DRAWN	APPR	DATE

SJE
SOUTH JERSEY ENGINEERS
P.O. BOX 1406, VOORHEES, N.J. 08043
ph (856) 651-9050 fax (856) 651-9051
N.J. CERTIFICATE OF AUTHORIZATION NO. 24GA28095400

SCALE: 1"=40'
DATE: 3-4-20

SITE PLAN FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

LOT 11 BLOCK 89.01
EVESHAM TOWNSHIP

SANDFORD S. MERSKY, P.E.
PROFESSIONAL ENGINEER'S LIC. # GE28106

3-4-20
DATE