FILE # 00-00085

WARREN COUNTY HEALTH DEPARTMENT SEPTIC & WELL INSPECTION FORM

NAME % Robert Candler BLOCK 2202 LOT 6 MUNICIPALITY Mansfield

SEPTIC NEW ____ REPAIR Replacing Component

ST - & D-box & conn pipe

LOCATION AS PER DESIGN:
Tank Satisfactory
System Satisfactory
Well Existing

LINE (DWELLING - D-BOX):
Schedule 40
Size 4"
Angle 45° or less

TANK:
Distance to Dwelling ✓
Size and Condition ✓
Level ✓ Baffles ✓
Standpipe/Gas Baffle ✓

DISTRIBUTION BOX:
Lateral Level ✓ 2 Lateral
Condition ✓
= distribution OK ✓

BED:
Size ____
Depth ____
Lateral Pitch ____
Stone ____
Fill ____

TRENCH:
Number ____
Size ____
Depth ____
Lateral Pitch ____
Stone ____
Fill ____

PIT:
Number ____
Size ____
Depth ____
Distance Between Pits ____
Stone ____
Fill ____

CONTRACTOR'S NAME Wurster TELEPHONE # ____

N/A ENG'S CERT. OF SELECT FILL REQ'D ____ REC'D

N/A ENG'S CERT. OF SYSTEM REQ'D ____ REC'D

[X] FINAL - SEPTIC INSTALLED

SEPTIC APPROVED - ISSUE "C of C"
Date 4/26/00 Initials CJK

WELL TOWN WATER ____ EXISTING WELL ✓ EXISTING HOUSE ✓

[ ] DRILLER CALLED FOR INSPECTION [ ] WELL INSPECTED

[ ] WELL RECORD REC'D [ ] WATER COLLECTED [ ] WATER REPORT REC'D

[ ] WELL ABAND. RECORD REQ'D [ ] REC'D

WELL APPROVED - ISSUE "C of C"
Date ____ Initials ____

4-4-00 Approval mailed to owner.

4/26/00 OSI AR - Tank replaced-old tank removed and broken up. - 4" Box new with 2 Laterals and Fernco seals. OK to cover system.

WARREN COUNTY HEALTH DEPARTMENT

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

$ 25.00 fee. Check or money order only payable to "Treasurer, County of Warren" UPON SUBMITTAL OF THE APPLICATION

mo. Check # 9040698 2820
Receipt # 2092
Date Paid 3-27-00
Application # 00-00085

Municipality Mansfield Twp

Location of Project: #15 BRANTWOOD TERR Block 2202 Lot 6

Owner: C/o Robert Candler Broker Phone (home/work) 852-1147

Present Mailing Address: #9 Brantwood Terr Hackettstown NJ 07840

1.) Type of permit needed (Check applicable categories):

___ New Construction
___ Deviation from Standards
X Repairs to Existing System (Replacing Component)
___ Alteration/No Expansion or Change of Use
___ Alteration/Expansion or Change of Use
___ Alteration/Malfunctioning System

2.) Type of Facility: X Residential ___ Commercial
Special Type of Establishment ___

3.) Type of Wastes to be Discharged:

X Sanitary Sewage ___ Industrial Wastes
___ Other - Specify Type ___

4.) Other Approvals/Certifications/Waivers/Exemptions (Attach to Application):

___ US Army Corps of Engineers
___ NJDEP - Bureau of Flood Plain Management
___ Other - Specify ___

Engineer s Name: ___ Phone ___

Address: ___

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.

(Engineer's Seal)

13 MAR 00
Owner's Signature Date

Engineer's Signature

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 3-31-00 Signature of Authorized Agent Carol A Schwar

Name and Title Carol A. Schwar, Senior Sanitary Inspector

Received:

RECEIVED
MAR 27 2000
WARREN COUNTY HEALTH DEPT.

WARREN COUNTY HEALTH DEPARTMENT
319 W. Washington Ave-Suite 1
Washington, New Jersey 07882
Telephone: 201-689-6693

Septic Approval:

APPROVED
MAR 31 2000
WARREN COUNTY HEALTH DEPT.

WARREN COUNTY HEALTH DEPARTMENT
Post Office Box 337
Washington, New Jersey 07882
Telephone: 201-689-6693

MUNICIPALITY... Mansfield Twp...

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

Form 4 General Design Data: BLOCK: 2202 LOT: 6

1. Volume of Sanitary Sewage, gal. .....
   X 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
      X Correct Malfunctioning System ___Other - Specify.....
   b) Describe Nature of Alteration or Repairs:..... + Replace Dist. Box....
      ...INSTALL NEW SEPTIC TANK.....
      old TANK to be BACKFILLED IN PLACE.

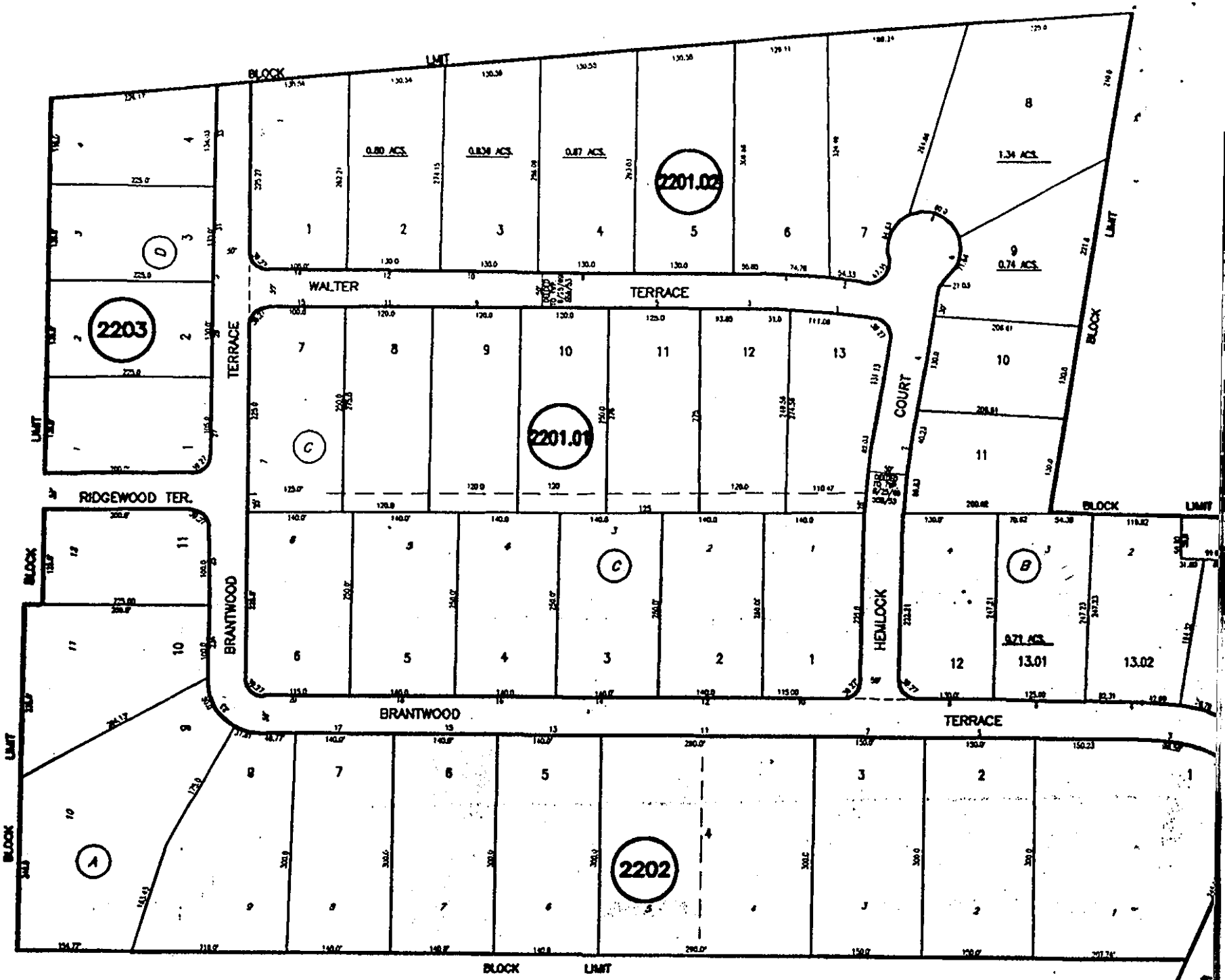
3. System Components:
   a) Grease Trap Capacity, gals..... 3-BedRoom.....
      Show Calculation Used:.....
   b) Septic Tank Capacities, gals: 1000 First (Single) Compartment.....
      Second Compartment..... Third Compartment.....
   c) Effluent Distribution
      Method: ___Gravity Flow ___Gravity Dosing ___Pressure Dosing
      Dosing Device: ___Pump ___Siphon
   d) Dosing Tank Capacities, gals: Total Capacity..... Dose Volume.....
      Reserve Capacity.....
   e) Laterals: Number.... Total Length..... Pipe Size ..... Spacing.....
   f) Connecting Pipe: Size..... Length.....
   g) Manifold: Size..... Length.....
   h) Disposal Field: Type of Installation.....
      Design Permeability (Percolation Rate).....
      Trenches: Width..... Total Length..... Bed: Area.....
   i) Seepage Pits: Design Percolation Rate .....
      Number of Pits..... Total Percolating Area Provided.....

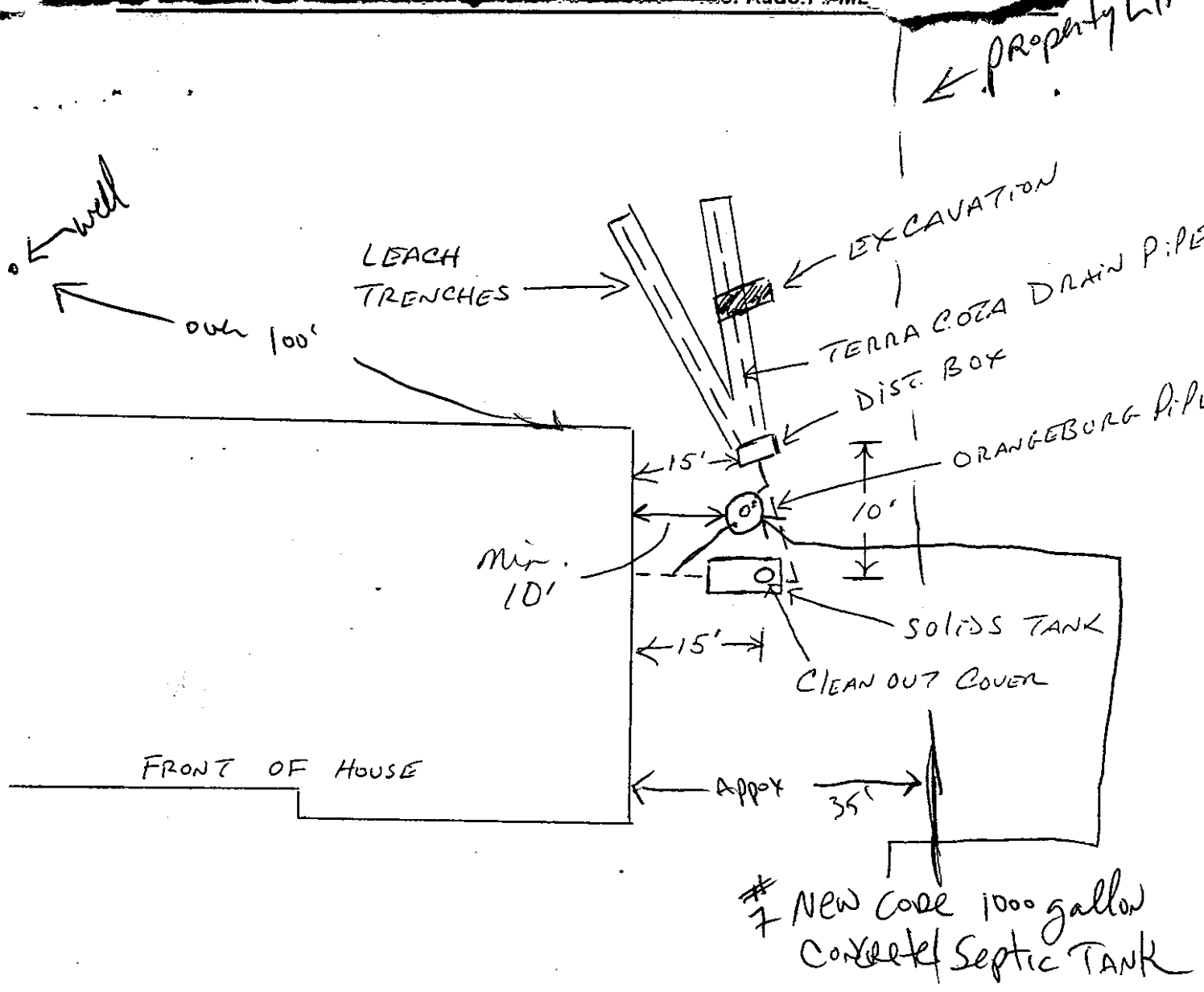
4. Attachments (Check items included):
   ___General Plan of System Showing Location of All System Components
   ___X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
   ___Pump Performance Curve
   ___Other - Specify.....

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. 13 MAR 00

ET 24


BLOCK LIMIT
0.80 ACS.
0.834 ACS.
0.87 ACS.
2201.02
1.34 ACS.
0.74 ACS.
WALTER TERRACE
2203
TERRACE
2201.01
COURT
BLOCK LIMIT
RIDGEWOOD TER.
BRANTWOOD
HEMLOCK
0.71 ACS.
BRANTWOOD TERRACE
2202
BLOCK LIMIT



#8 old tank to be filled

APPROVED
MAR 31 2000
WARREN COUNTY HEALTH DEPT.

RECEIVED
MAR 27 2000
WARREN COUNTY HEALTH DEPT.