Assistant Clerk

From: Dana Tyler
Sent: Monday, August 31, 2020 8:39 AM
To: Assistant Clerk
Subject: FW: OPRA request - Septic System permit information.

Dana L. Tyler, RMC
Upper Freehold Township
Municipal Clerk/Registrar
314 Route 539
Cream Ridge, NJ 08514
609-758-7738 x210
609-758-5630
www.uftnj.com

-----Original Message-----
From: GEORGE CAPORALE <opra+request-16317-1c9aa125@requests.opramachine.com>
Sent: Saturday, August 29, 2020 4:53 PM
To: Dana Tyler <dtyler@uftnj.com>
Subject: OPRA request - Septic System permit information.

Dear Upper Freehold Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

I will be doing a septic inspection at 22 Babbit Way, Allentown, Upper Freehold Township, block 13.02, lot 6. Would you have septic permit application and site drawing information? Thank You

Yours faithfully,

GEORGE CAPORALE

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16317-1c9aa125@requests.opramachine.com

Is dtyler@uftnj.com the wrong address for OPRA requests to Upper Freehold Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=upper_freehold_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

Email Done
HD 9/10/2020

ACCU-CHEK
CERTIFIED SEPTIC INSPECTIONS

Certified Through NJSMA and PSMA

njsma

Subsurface Sewage Disposal System Inspection Report

Certification No.: 711

Customers Name: Richard Norman Date of Inspection: March 8, 2014

Address of Inspection: 22 Babbit Way, Allentown, New Jersey 08501

Current Address: PO Box 45, Allentown, NJ 08501 Email: grinandwin@msn.com

Report Emailed to: Client and Realtor (Jim Befarah)

GENERAL SYSTEM INFORMATION

Weather / Temp. : Clear - 55 degrees Approx. age of system: 15 years Original: YES

Number of Bedrooms: 4 Garbage Disposal: No Greywater System: No

Is Home Occupied: Yes If No, How Long Vacant: _____ # of Occupants: Three (3)

Date of Last Pumping: March 8, 2014 Pumping Frequency: 3 yrs. Are Solids Accumulating? No

Is there evidence that sewage has backed into the structure? No

Describe prior problems and/or history repair (if any): _____

Comments: _____ MAR 18 2014

TREATMENT TANK

Main Lid(s) uncovered? Yes Condition Lid(s): Satisfactory Approx. Capacity: 1,000 gallons

Tank Condition: Satisfactory Tank Material: Concrete Lid Material: Steel

Outlet Baffle: Satisfactory Inlet Baffle: Satisfactory Liquid level above the outlet invert? No

Are Portions of the Treatment Tank below a deck, driveway etc? No D-Box Exposed? Satisfactory

Evidence of sewage surfacing above the Treatment Tank? No Inspection Ports (Inlet / Outlet Baffle)? _____

Was Tank Pumped Before Inspection? YES Was Flow Back Noted? NO Cracks or Spawling? NO

Comments: _____

P.O. Box 94 ● Cream Ridge, New Jersey 08514 ● 800-890-9755 ● accuchekhome@gmail.com

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: Richard Norman

Different from owner? (X) yes ( ) no

Client Address: PO Box 45, Allentown, NJ 08501

Contact Method:
home tel. 609-259-0751
work tel. _____
e-mail grinandwin@msn.com

ONSITE SYSTEM LOCATION

Inspector Name: Frank Sarcone

Date: March 8, 2014

ISSDS Address (including municipality): 22 Babbit Way, Allentown, NJ 08501

New Jersey Coordinate: **Block:** 13.02 **Lot:** 6
Was GPS used? ( ) yes (X) no

Preliminary Information:

Weather: Clear

Last precipitation: Unknown (Snow)

Age of system: 15 years

Type of dwelling?
(X) Residential Number of Bedrooms: 4
( ) Non residential Describe: _____

How many systems are being inspected? One

List any commercial activities or high impact hobbies:

Desoribe 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):

Date file review requested with administrative authority:

	Yes	No
Is there a site plan or septic map available?	( )	(X)
Is the dwelling currently being occupied? If so, how many occupants? Three (3)	(X)	( )
If no, date last occupied?		
If there is a washing machine, is it connected to a Separate gray water disposal system? No	( )	(X)
Is the dwelling free of additional gray water systems?	(X)	( )
Is the dwelling free of garbage disposal systems?	(X)	( )
Is the dwelling free of sump pump discharges to the System?	(X)	( )
Is the dwelling free of any historical sewage back ups Into the structure?	(X)	( )
Does all sewage enter the septic system and no type of sewage bypass exists?	(X)	( )
Septic Tank Pumping: Is the septic tank pumped regularly? Frequency: Every 2 Years	(X)	( )
Date of last pumping: March 8, 2014		
Was file review completed prior to inspection? If no, explain why below	( )	( )

Comments: _____

MAR 18 2014

Treatment Tank:

Type of system being inspected?

(X) Septic tank () Cesspool ()

Other_____

() Gray water () Multi-compartment: #_____

Name the material of the system?

(X) Concrete () Block

() Steel () Other_____

Approximate Treatment Tank Volume: 1,000 gal.

Evaluate the conditions of tank below:

	Satisfactory	Unsatisfactory	N/A
Top and Lids	(X)	()	()
Inlet baffle	(X)	()	()
Outlet baffle	(X)	()	()
Cracks or Leaks	()	()	(X)
Sewage Flow from structure	(X)	()	()

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

Depth to top of tank: approx. 6 inches

Depth to top of tank access: 0 inches

Comments: _____

Absorption Area:

Name the type of the absorption system?

(X) disposal bed () disposal trench

() seepage pit () mounded

() cesspool () other _____

Was the absorption system located? (X) yes () no If no, explain below.

Are inspection ports present? (X) yes () no

If yes, how many? _____

Were the inspection ports checked? (X) 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? (X) yes () no () N/A

Is the area of the absorption system free of sewage odors? (X) yes () no

Does sewage flow from the treatment tank to the absorption system without flowing back? (X) yes () no () N/A

Is the area above or near any of the system components free from visible signs of effluent or sewage? (X) yes () no

Are the areas at or near the inlet invert of any absorption area component free of visible signs of sewage or effluent? (X) yes () no

Are areas above or near system components free of lush vegetation? (X) yes () no

If exposed, is the distribution box in satisfactory condition? (X) 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.)? (X) yes () no

Comments: _____

Sketch the approximate system location in this space provided:

Located in the Front of the House.

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

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

Comments: _____

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 components that are not designed to emit sewage or effluent.**
() **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 should be reported to the local administrative authority within 24 hours of the observation. Regardless of observations made, a copy of this report should 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:

None of the Above Conditions Were Observed.

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.

X Customer signature: _____ Printed name: _____

Inspector's signature: Frank Sarcone Printed name: Frank Sar

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

Subsurface Sewage Disposal System Inspection Report - Cont'd

ABSORPTION SYSTEM *

Was a Flow Test Performed? Yes **Were the Flow Test results Satisfactory?** YES

Was the Absorption Area Saturated (Ponding)? NO **Field Inspection Ports visible?** No

Was a Hydraulic Load Test performed? No **Is a Hydraulic Load Test Recommended?** No

Comments: _____

**** Systems that are below a 3' (foot) grade may need to have an Excavation Contractor.***

"High Water Level..." NJAC 7:9A - (NJDEP Guidance Updates Volume 97 Supplement No. 2 dated 1/15/98) *The NJDEP "doesn't recommend concluding that observed water levels above the invert elevation of the laterals are a manifestation of failure." "Prolonged observation of water levels above the invert elevation of the laterals are an indication of impeded drainage and should mandate increased monitoring and reduced water use by the homeowner."*

DOSING SYSTEM? NO

Condition: N/A **Dosing Tank and Lid Condition?** N/A **Pump Condition?** N/A

Alarm Condition? N/A **Accumulated solids found in Pump Station?** N/A

CONCLUSIONS / RECOMMENDATIONS

[X] System Satisfactory

[ ] System Satisfactory - With Concerns

[ ] System Unsatisfactory - More Investigation Needed

[ ] System Needs to be Replaced OR More Investigation Needed

Comments: _____

P.O. Box 94 ● Cream Ridge, New Jersey 08514 ● 800-890-9755 ● accuchekhome@gmail.com

FREEHOLD AREA
HEALTH DEPARTMENT

— SERVING —
FREEHOLD TOWNSHIP • FREEHOLD BOROUGH • MILLSTONE TOWNSHIP • UPPER FREEHOLD TOWNSHIP

R. Chadwick Taylor, M.B.A.
Director

Municipal Plaza • Schanck Road
Freehold, New Jersey 07728-3099
908-294-2060

INDIVIDUAL SEWAGE DISPOSAL SYSTEM CERTIFICATION

BLOCK 13.02 LOT 6 MUNICIPALITY Upper Freehold

It is the opinion of the Board of Health that the individual sewage disposal system proposed for the subject property can, with proper maintenance, be expected to function satisfactorily and is not likely to create an unsanitary condition.

Unless otherwise instructed below, at least two inspections are required during the installation;

The First: After or during the excavation and prior to the placement of stone or sand filter material.

The Second: After completion of the system but prior to backfilling.

**If plans require soil replacement, a licensed engineer must certify the fill for texture, permeability and compaction. Written certification must be presented to the Health Inspector prior to backfilling.

It is the responsibility of the applicant to supply the installer with a copy of this notice and the approved plan. To prevent unnecessary delays, inspections should be scheduled at least 24 hours in advance by calling us at 908-294-2060.

All permits are valid for two years after date of issue.

3/15/96
Date

Tracey Jensen
Health Inspector

APR 8 1996

ADDITIONAL INSPECTIONS OR INFORMATION:

1. Excavate soils to elev 110 (9'). Fill enclosed 23' x 60'.
2. Bottom of bed elev 120.0.
3. Septic must be 100' from any well.
4. Permanent bench mark must be set on or near property.
5. Install as designed.

FREEHOLD AREA HEALTH DEPARTMENT

Municipal Plaza • Schanck Road • Freehold, NJ 07728 • (201) 462-7900

TJ 11/17/95

APPLICATION FOR A INDIVIDUAL SEWER PERMIT:

N-1614

X to locate and construct ____ to alter /repair ____ to supplement

X Upper Freehold ____ Millstone ____ Freehold

Location: Stone Tavern Estates
Address Babbitt Way Block: 13.02 Lot: 6
Property Owner: Maycho Inc. Builder: ____

Address: 515 Ridge Court, Lakewood, N.J. 08701 Phone: ~~7446~~ / ~~2873~~

Type of Building: Residential: X Other: ____ Sq. Ft: ____

No. of Bedrooms: 4 Expansion Room/Den: Yes: ____ No: X
Garbage Grinder: Yes: ____ No: X Volume of Sanitary Sewage (gal): 650
(Incl. method of calc.) Per Bedroom

PreTreatment:

A)	Septic Tank	Material: Concrete	Capacity (gals): 1000
B)	Grease Trap	Material: ____	Capacity: ____
C)	Dosing Tank	Material: ____	Capacity: ____

Disposal Bed	Trenches	Pits
Width/Length 19' x 56'	Width/Length ____	Number ____
Type/Ft. of pipe 4" PVC	Dist. Between ____	Material ____
Dist. Between Pipe 3'0"	Depth ____	Length/Width/Diameter ____
Req. Area 1047 s.f.	Req. Area ____	Req. Area ____
Design Area 1064 s.f.	Design Area ____	Design Area ____

* INCLUDE CROSS SECTIONS

Imported Soil Characteristics:

Zone of Treatment: Select Fill Zone of Disposal: SELECT FILL

Soil Investigator: Crest Engineering Associates Phone: (908) 244-0888

Certifying Eng: Peter W. Strong, P.E.N.J. LIC. NO. 22370 Address: 12 Robbins Parkway, Toms River, N.J. 08753
Phone: ____

Date of Soil Tests: 6.29.95 Witness: ____

Please attach the following with application:

1) ___ Detailed soil logs & location
2) ___ Ground Water Observation
3) ___ I.D. of limiting zones
4) ___ All permeability data (using applicable Chapt. 199 forms)
5) ___ Pump Specs.
6) ___ Interceptor Drain Details
7) ___ Plot plan w/ Topography (include bench mark elev.)

Note: Pressure dosing system applications must include form #5 from Chapter 199 effective Jan. 1990.

COUNTY/MUNICIPALITY Monmouth/Upper Freehold

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

Form 1—General Information

1. Type of Permit Needed (Check applicable categories):

   _X_ New Construction ___ Alteration/No Expansion or Change of Use

   ___ Alteration/Expansion or Change in Use

   ___ Alteration/Malfunctioning System

   ___ Deviation from Standards ___ Repairs to Existing System

2. Location of Project: Stone Tavern Estates

   Municipality Upper Freehold Block No. 13.02 Lot No. 6

   Street Address Babbitt Way Zip ____

3. Name of Applicant (print): Maycho Inc.

4. Applicant's Present Address: 515 Ridge Court
   Lakewood, N.J. 08701

5. Applicant's Phone Number: 446-2873

6. Type Of Facility:

   _X_ Residential

   ___ Commercial/Institutional

   Specify Type of Establishment: ____

7. Type of Wastes to be Discharged:

   _X_ Sanitary Sewage

   ___ Industrial Wastes

   ___ Other—Specify Type

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

   ___ Pinelands Commission

   ___ U.S. Army Corps of Engineers

   ___ NJDEP—Bureau of Flood Plain Management

   ___ Other—Specify:

9. 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 ____ Date ____

COUNTY/MUNICIPALITY Monmouth/Upper Freehold

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

Form 2a—General Site Evaluation Data Lot 6 Block 13.02

1. Name of Site Evaluator (print): Crest Engineering Associates

2. Business Address of Site Evaluator: 12 Robbins Parkway
Toms River, N.J. 08753

3. Business Phone Number of Site Evaluator: (908) 244-0888

4. Special Site Limitations Identified (Check appropriate Categories):

___ Flood Plains ___ Bedrock Outcrops ___ Wetlands

___ Excessively Stony ___ Disturbed Ground ___ Sink Holes

___ Sand Dunes ___ Steep Slopes

___ Other—Specify_____

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 =_____

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 Plan

X 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_____

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 Soil Evaluator_____ Date_____

Signature of Professional Engineer _____

Peter W. Strong, P.E., N.J. Lic. # 22370

MUNICIPALITY UPPER FREEHOLD TOWNSHIP File No. N-1614

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

1. LOG NUMBER 6D METHOD (Check One): X Profile Pit __ Boring

2. SOIL LOG : Lot 6 Block 15.02

Depth (inches)	Description
SOIL LOG 6D	6/28/95
0-9"	DARK BROWN, LOAMY SAND, TOP SOIL
9"-36"	YELLOWISH BROWN 10YR 5/6 SANDY LOAM TO LOAM, MEDIUM TO STRONG, SUBANGULAR, BLOCKY, FRIABLE.
36"-42"	LIGHT OLIVE BROWN 2.5Y 5/4 SILTY LOAM, MEDIUM TO STRONG, SUBANGULAR, BLOCKY, MOTTLED W/ 2.5Y 6/3 COMMON, MEDIUM & DISTINCT
42"-48"	DARK YELLOWISH BROWN 10YR 4/6 LOAM TO SILT LOAM, MODERATE, SUBANGULAR, FRIABLE, COMMON, FINE & DISTINCT MOTTLES, 2.5Y 5/3 at 48"
48"-96"	YELLOW BROWN, SANDY LOAM 10YR 5/6 WEAK, SUBANGULAR, FRIABLE, COMMON, FINE & DISTINCT, MOTTLES 5Y 5/1
96"-116"	LIGHT OLIVE GRAY 5Y 6/2 LOAMY SAND, MASIVE NONSTICKY, MANY MEDIUM, DISTINCT, MOTTLES 10YR 5/6 & 2.5Y 6/5
116"-120"	LIGHT OLIVE GRAY 5Y 6/2 SANDY CLAY LOAM, 20% COURSE, GRAVEL, STICKY, COMMON, MEDIUM, DISTINCT, MOTTLES 10YR 5/6
	WATER ENCOUNTERED @ 113"

3. GROUND WATER OBSERVATIONS:
X Seepage- Indicate Depth 113"
__ 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 Top to Bottom _____
__ Excessively Coarse Substratum - Depth to Top _____
__ Hydraulically Restrictive Horizon-Depth Top to Bottom_____
__ Hydraulically Restrictive Substratum - Depth to Top_____
__ Perched Zone of Saturation - Depth Top to Bottom _____
X Regional Zone of Saturation - Depth to Top 48"

5. SOIL SUITABILITY CLASSIFICATION : IIWr

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 _____

Signature of Professional Engineer _____ Peter W. Strong, P.E. #22370

Affix Seal

MUNICIPALITY UPPER FREEHOLD TOWNSHIP N-1614

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

1. LOG NUMBER 6E METHOD (Check One): X Profile Pit __ Boring

2. SOIL LOG : Lot 6 Block 13.02

Depth (inches)	Description
SOIL LOG 6E	6/29/95
0-10"	DARK BROWN, SANDY LOAM, TOPSOIL
10"-27"	DARK YELLOW BROWN 10YR 4/6 LOAMY SAND TO SANDY LOAM, WEAK, SUBANGULAR, BLOCKY, FRIABLE
27"-48"	DARK YELLOW BROWN 10YR 4/6 LOAM TO SANDY LOAM, MODERATE, SUBANGULAR, BLOCKY, FRIABLE, COMMON, MEDIUM, DISTINCT, MOTTLES @ 37" 5Y 4/3
48"-60"	DARK YELLOW BROWN 10YR 4/6 SILTY LOAM, MODERATE, FRIABLE, MANY, MEDIUM, DISTINCT 10YR 5/6 & 2.5YR 4/6 MOTTLES
60"-85"	LIGHT OLIVE 5Y 6/2 SANDY LOAM, GRANULAR, FRIABLE, COMMON, FINE, DISTINCT, MOTTLES
85"-94"	STRONG BROWN 7.5YR 5/6 SANDY LOAM, GRANULAR, FRIABLE, COMMON, FINE, FAINT TO DISTINCT MOTTLES
94"-102"	STRONG BROWN 7.5YR 4/6 LOAM, MODERATE, SUBANGULAR, BLOCKY, FRIABLE, MANY, MEDIUM, DISTINCT, 5Y 6/2 MOTTLES
102"-108"	LIGHT OLIVE 5Y 6/2 SANDY CLAY LOAM, MASSIVE, STICKY
108"-120"	STRONG BROWN 7.5YR 5/6 COURSE SAND & GRAVEL, GRANULAR, LOOSE
	WATER ENCOUNTERED @ 108"

3. GROUND WATER OBSERVATIONS:
X Seepage- Indicate Depth 108"
__ 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 Top to Bottom _____
__ Excessively Coarse Substratum - Depth to Top _____
__ Hydraulically Restrictive Horizon-Depth Top to Bottom_____
__ Hydraulically Restrictive Substratum - Depth to Top_____
__ Perched Zone of Saturation - Depth Top to Bottom _____
X Regional Zone of Saturation - Depth to Top 37"

5. SOIL SUITABILITY CLASSIFICATION : IIw1r

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 6/29/95

Signature of Professional Engineer _____
Peter W. Strong, P.E. #22370

Affix Seal

Municipality UPPER FREEHOLD TWP Lot 6 Block 13.02

N-1614

Form 3c. Soil Permeability Class Rating Data

1. Test Number 6 Replicate (Letter) E

2. Sample Depth 48" Soil (Pit)/Boring Number 1 Date Collected 6/29/95

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 200g
   Weight of Material Retained on 2mm sieve, W.C.F., grams 0.5g
   Wt. % Coarse Fragment (W.C.F./W.T. x 100): 0.25%

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt 39.5g

5. Hydrometer Calibration, Rc 5.5

	A_2	B_2
6. Hydrometer Reading—40 seconds, grams, R1	21.0	21.0
Temperature of Suspension, °F 25°C	77°	77°
7. Corrected Hydrometer Reading, grams, R1'	17.3	17.3
8. Hydrometer Reading—2 hours, grams, R2	14.0	13.5
Temperature of Suspension, °F 25°C	77°	77°
9. Corrected Hydrometer Reading, grams, R2'	10.3	9.8
10. % sand = (Wt. - R1')/Wt. x 100 = (39.5 - 17.3)/39.5 x 100 =	56%	56%
11. % clay = R2'/Wt. x 100 = 10.3/39.5 x 100 =	26%	25%

12. Sieve Analysis:

a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams	23.3	23.7
b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams	12.5	12.7
c. % Fine Plus Very Fine Sand (b/a)	54%	54%

13. Soil Morphology (Natural Soil Samples Only):

Structure of Soil Horizon Tested

Consistence of Soil Horizon Tested: Dry Moist

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) K2; BUT FINES >50%; ∴ K1

15. I hereby certify that the information furnished on Form 3c 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 Ben R. Ogley Date 7/7/95

Signature of Professional Engineer P.W. Strong

Peter W. Strong, P.E., N.J. Lic. # 22370

1

n 4. General Design Data

1. Volume of Sanitary Sewage, gal 650

X Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4

___ 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: ___

3. System Components:

a) Grease Trap Capacity, gals ___

Show Calculation Used: ___

b) Septic Tank Capacities, gals: 1000 First (Single) Compartment ___

___ Second Compartment ___ ___ Third Compartment ___

c) Effluent Distribution

Method: X Gravity Flow ___ Gravity Dosing

___ Pressure Dosing

Dosing Device: ___ Pump ___ Siphon

d) Dosing Tank Capacities, gals: Total Capacity ___ Dose Volume ___

Reserve Capacity ___

e) Laterals: Number 6 Total Length 330 Pipe Size 4in Spacing 3 ft.

f) Connecting Pipe: Size ___ Length ___

g) Manifold: Size ___ Length ___

h) Disposal Field: Type of Installation MSR

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

Trenches: Width ___ Total Length ___ Bed: Area 1064 s.f.

i) Seepage Pits: Design Percolation Rate ___

Number of Pits ___ Total Percolating Area Provided ___

4. Attachments (Check items included):

X General Plan of System Showing Location of All System Components

X 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 ___

Peter W. Strong, P.E., N.J. Lic. #22370

№ 3589

FREEHOLD AREA HEALTH DEPARTMENT
SERVING FREEHOLD TOWNSHIP, MILLSTONE TOWNSHIP,
AND UPPER FREEHOLD TOWNSHIP
908-294-2060

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY THAT THE SEWAGE DISPOSAL SYSTEM AT

BLOCK: 13.02 LOT: 6 TOWNSHIP: Upper Freehold Township

STREET MAILING ADDRESS: Stone Tavern Estates

AND OWNED BY: David Yeger PHONE: _____

HAS BEEN CONSTRUCTED IN ACCORDANCE WITH THE PROVISIONS OF THE CURRENT "STANDARDS FOR INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS", AS ADOPTED BY THE FREEHOLD AREA HEALTH DEPARTMENT.

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY NOR SHALL IT IN ANY WAY RESTRICT THE POWERS OR RESPONSIBILITIES OF THE BOARD OF HEALTH IN THE ENFORCEMENT OF ANY LAW OR ORDINANCE RELATING TO PUBLIC HEALTH.

DATED: 2/5/99

FREEHOLD AREA HEALTH DEPARTMENT

#3589-uft

FREEHOLD AREA HEALTH DEPARTMENT
SERVING FREEHOLD TOWNSHIP, MILLSTONE TOWNSHIP,
AND UPPER FREEHOLD TOWNSHIP
908-294-2060

№ 3589

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PERMISSION IS HEREBY GRANTED TO:

OWNER/CONTRACTOR: Stone Tavern Estates
515 Ridge Court
ADDRESS: Lakewood, New Jersey 08701

Stone Tavern Estates PHONE: _____

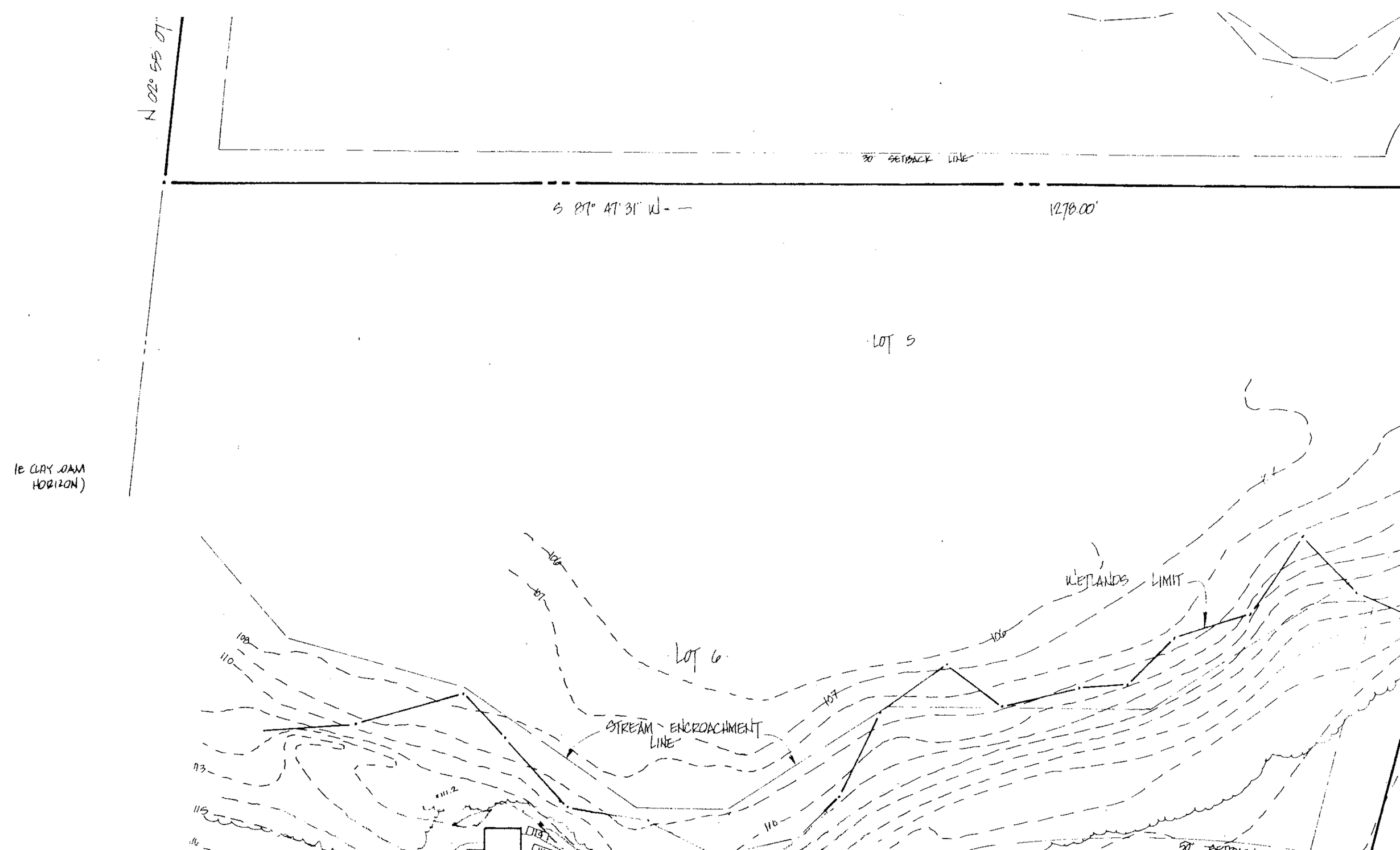
TO LOCATE AND CONSTRUCT AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM IN ACCORDANCE WITH THE CURRENT "STANDARDS FOR INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS", LOCATED AT:

BLOCK: 13.02 LOT: 6 TOWN: Upper Freehold Twp.

DATE OF ISSUE: APR 6 1996 EXPIRATION DATE: _____

FEE PAID: $ 200.00
Check No. 3755

FREEHOLD AREA HEALTH DEPARTMENT


N 02° 55' 07" E
30' SETBACK LINE
S 87° 47' 31" W
1278.00'
LOT 5
LOT 6
WETLANDS LIMIT
STREAM ENCROACHMENT LINE
100
107
110
108
113
115
111.2
DIG 1