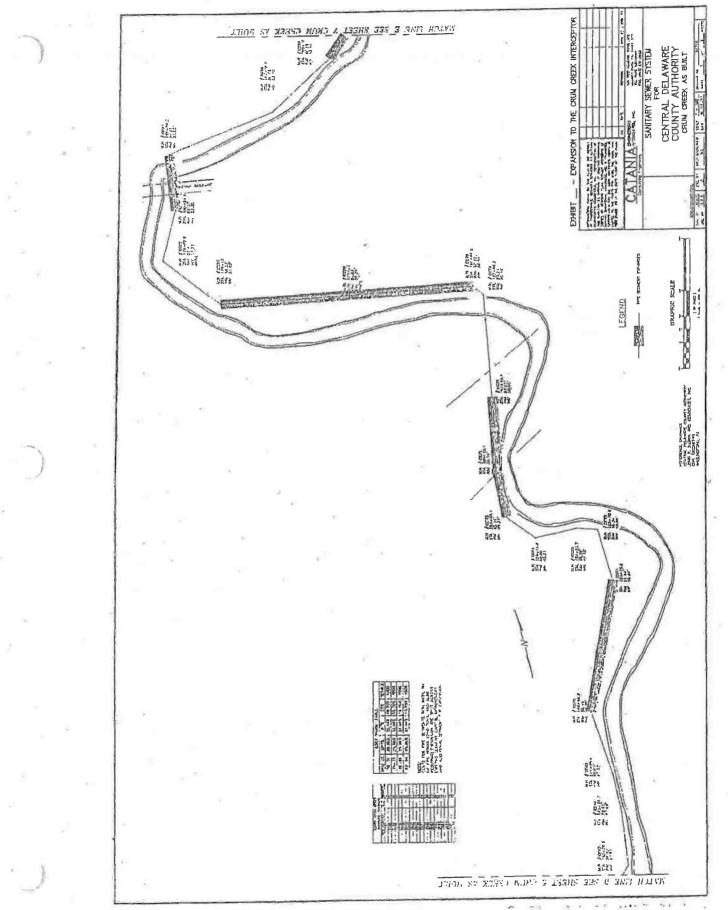
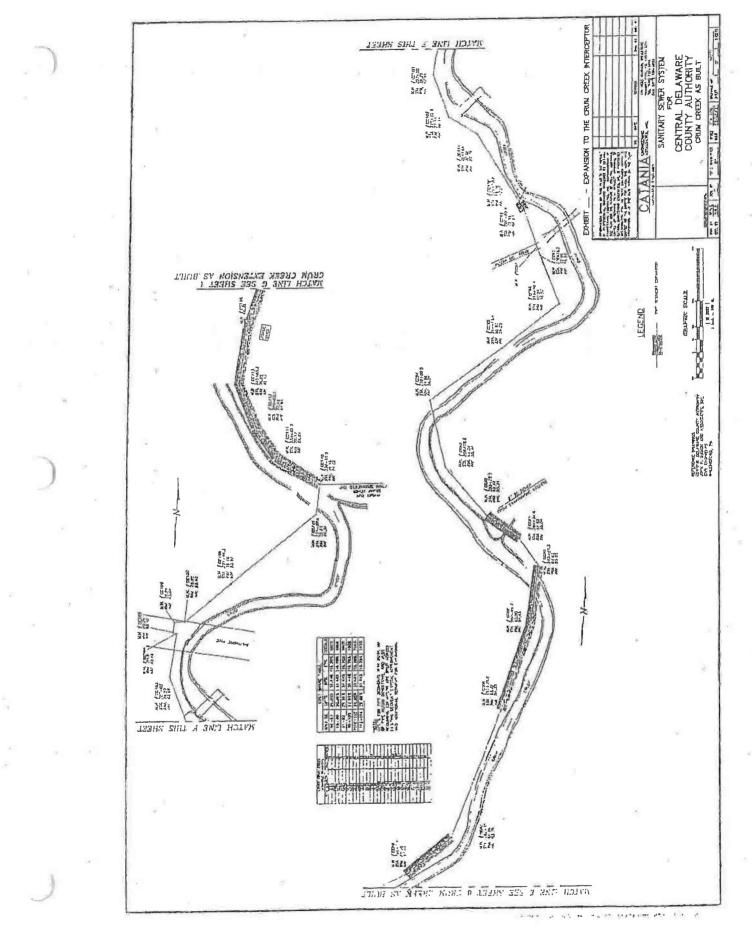
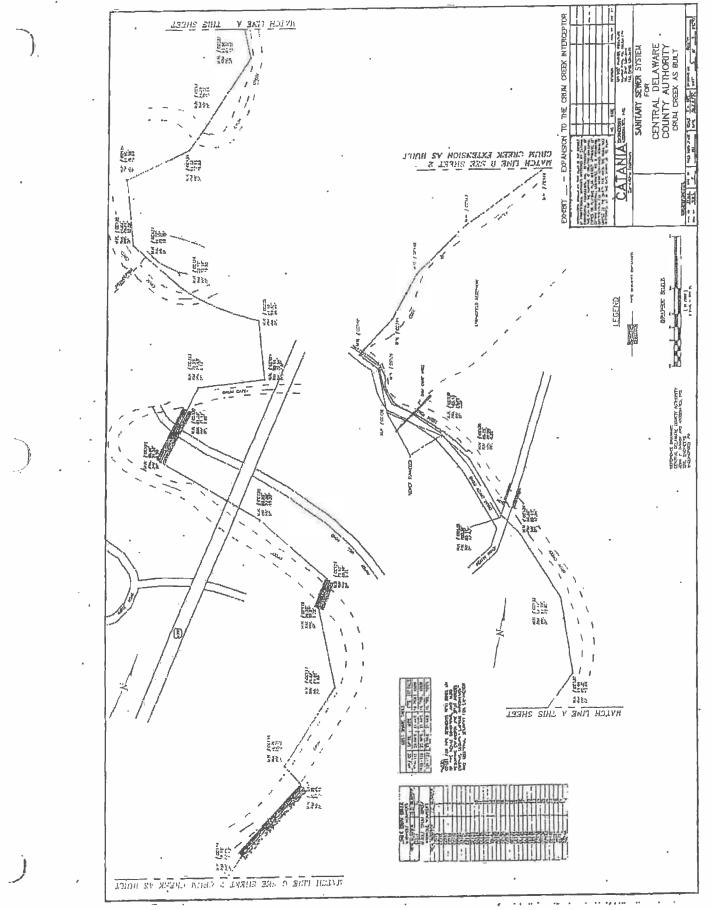


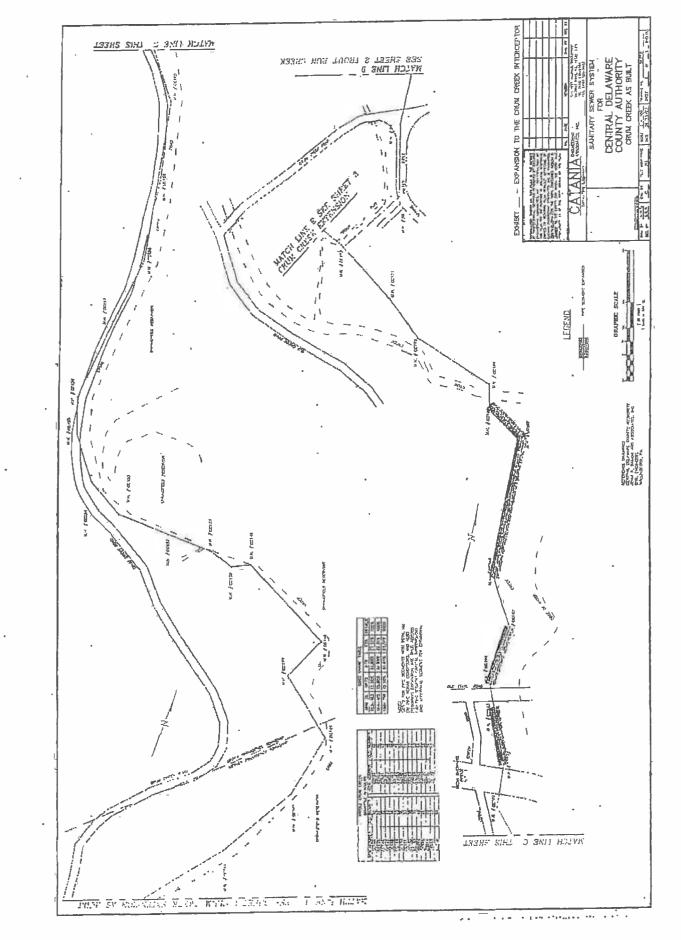
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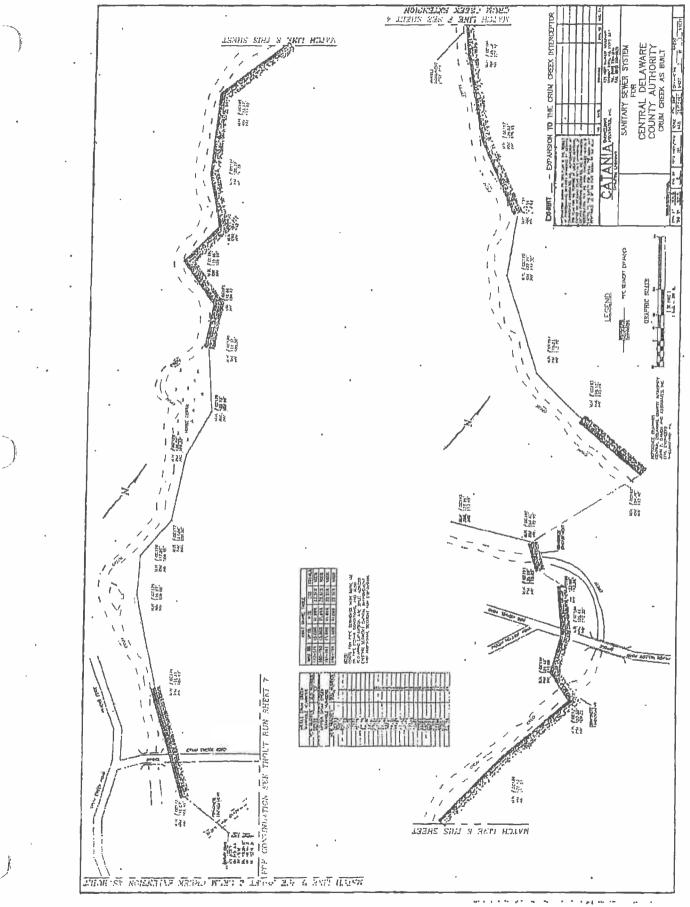


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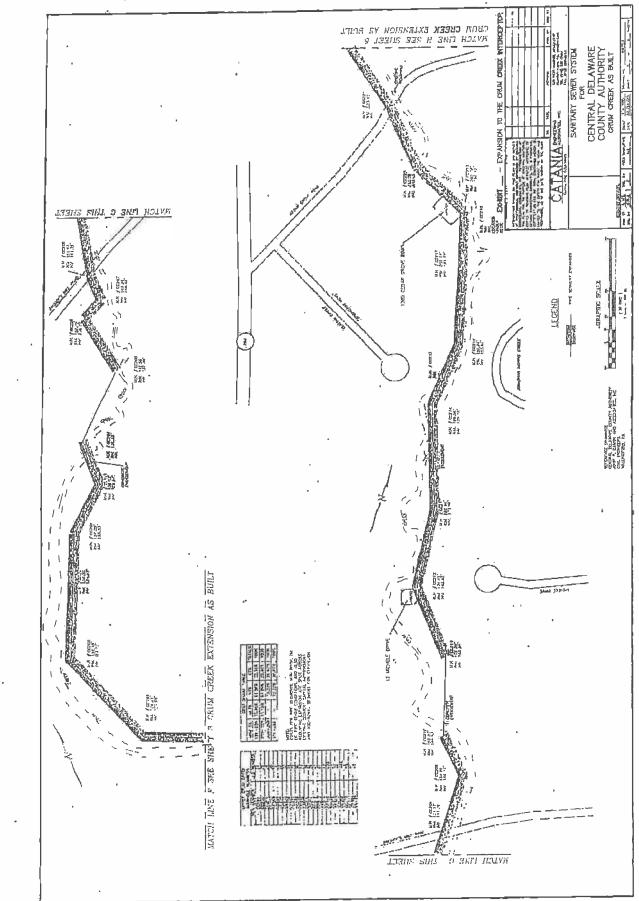


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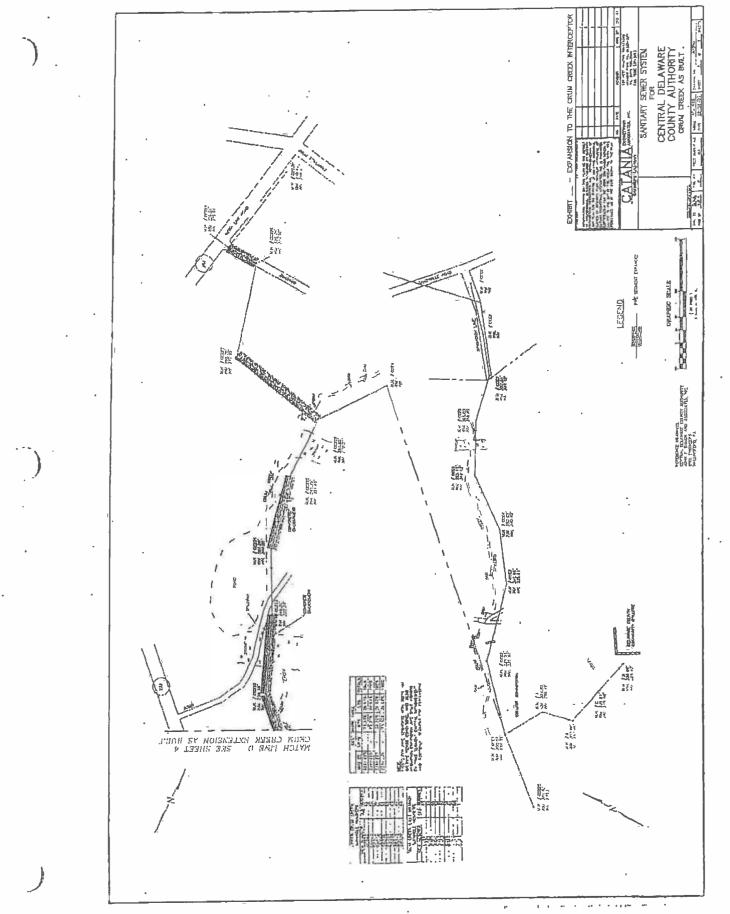
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Inflow & Infiltration Abatement Flow Allocation Credits

> Inflow and Infiltration Removal Estimate Manhole Insert 300 gpd Manhole Rehabilitation 60 gpd Pipe Grout/Lining 50 gpd/linear foot of pipe Roof Drain Disconnection 40% of roof area gpd in sq feet Sumo Pump Removal 800 gpd

All flow allocation credits will equate to 10% of inflow and infiltration removal estimate unless metering data is available to justify a higher value

NE"

# EXHIBIT "A"

# NEW MEMBER AGREEMENT, A/K/A SUPPLEMENTAL AGREEMENT

DMEAST #13441597 v6

A-1

### EXHIBIT "B"

### SUMMARY OF COSTS/EXPENSES FOR UPPER PROVIDENCE CAPACITY

DMEAST #13441597 v6

B-1

| <b>建制-动机管</b>            |              |                    | RIFROVIDENCE | OWNSHIP             |                    |                                       |                   |
|--------------------------|--------------|--------------------|--------------|---------------------|--------------------|---------------------------------------|-------------------|
| Total Project Cost:      | \$14,753,010 | [                  | Upp          | er Providence Shara | of Entire Project: | 10.47%                                |                   |
| 3 Phase Deduction:       | (\$30,000)   | <u> </u>           |              |                     |                    | · · · · · · · · · · · · · · · · · · · |                   |
| Net Project Cost.        | \$14,723,010 |                    |              |                     | ۰.                 |                                       |                   |
|                          |              | otal Project Costs |              | Աըր                 | er Providence Shai |                                       |                   |
|                          | Total        |                    |              |                     |                    | U. Providence                         |                   |
| 8.16                     | Project      | Rehabilitation     | Expansion    | Rehabilitation      | Expansion          | Total                                 |                   |
|                          |              |                    |              | 5.00%               | 19.70%             |                                       |                   |
|                          |              | 62,91%             | 37.09%       | A 10 1 000          | A1 9997 A14        |                                       |                   |
| Construction:            | \$14,753,010 | \$9,281,369        | \$5,471,641  | \$464,068           | \$1,077,913        | \$1,541,982                           |                   |
| Design:                  | \$750,000    | \$471,838          | \$278,162    | \$23,592            | \$54,798           | \$78,390                              |                   |
| CM/Inspection:           | \$588,921    | \$370,500          | \$218,421    | \$18,525            | \$43,029           | \$61,554                              |                   |
| Legal:                   | \$10,000     | \$6,291            | \$3,709      | \$315               | \$731              | \$1,045                               | \$1,764,773       |
| Contingency:             | \$737,650    | \$464,068          | \$273,582    | \$23,203            | \$53,896 -         | \$77,099                              |                   |
| DELCORA Loan:            | \$1,717,606  | \$1,717,606        |              | \$85,880            | 12                 | \$85,880                              |                   |
| Administrative:          | \$45,000     | \$28,310           | \$16,690     | \$1,416             | \$3,288            | \$4,703                               |                   |
| Bond Counsel:            | \$45,000     | \$2B,310           | \$16,690     |                     |                    | \$4,713                               | 12                |
| Sollcitor:               | \$7,500      | \$4,718            | \$2,782      |                     |                    | \$785                                 | . •               |
| Financial Advisor:       | \$33,000     | \$20,761           | \$12,239     |                     |                    | \$3,456                               |                   |
| Engineer:                | \$5,000      | \$3,146            | \$1,854      | 1                   | 2                  | \$524                                 | 10.47% of         |
| Credit Rating:           | \$13,000     | \$8,179            | \$4,821      | ×                   | 3                  | \$1,362                               | Professional Fees |
| S Formatting / Printing: | \$10,000     | \$6,291            | \$3,709      |                     |                    | \$1,047                               |                   |
| Counsel (DELCORA):       | \$2,500      | \$1,573            | \$927        |                     |                    | \$262                                 |                   |
| Trustee (BNY Mellon):    | \$4,000      | \$2,516            | \$1,484      |                     |                    | \$419                                 |                   |
| Total                    | \$18,722,187 | \$12,415,476       | \$6,306,710  | - \$616,999         | \$1,233,654        | \$1,863,221                           |                   |
|                          |              | 66,31%             | 33.69%       | Le                  | əss Grant Monləs:  | (\$104,733)                           |                   |

Net Upper Providence Cash Contribution: \$1,758,488.56

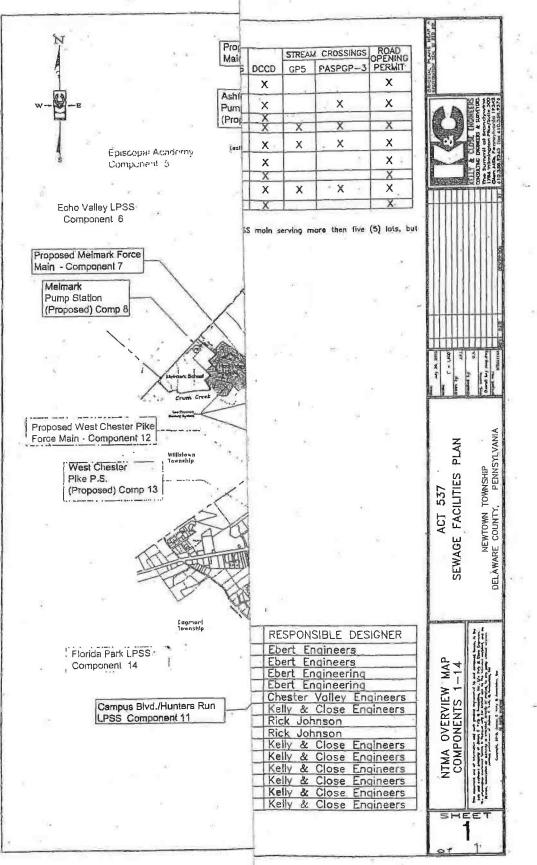
EXHIBIT B

## EXHIBIT "C"

# PLAN OF UPPER CRUM CREEK PROJECT

·DMEAST #13441597 v6

C-1



# EXHIBIT "D"

## JUNE 21, 2010 BID OPENING MEMO WITH SUMMARY OF COSTS

## DATED JUNE 22, 2010

#### CENTRAL DELAWARE COUNTY AUTHORITY 212B UNITY TERRACE RUTLEDGE, PA

#### MEMORANDUM

| SUBJECT: | Recommendation on Contract Award<br>Crum Creek Interceptor Capital Improvement Program |
|----------|----------------------------------------------------------------------------------------|
| FROM:    | Jim Kern<br>Maintenance & Strategic Planning Committee                                 |
| то:      | Board Members                                                                          |
| DATE;    | June 21, 2010                                                                          |

Below you will find the construction bids tabulated for the Crum Creek Interceptor Capital Improvement Project. As you can see, the bids came in significantly lower than the engineer's estimate at the time of bidding.

|         | Estimate     | Low          | Second Low                |
|---------|--------------|--------------|---------------------------|
| Phase 1 | \$11,800,000 | \$ 9,623,825 | \$11,708,350              |
| Phase 2 | \$ 3,900,000 | \$ 3,133,980 | \$ 3,259,940 <sup>2</sup> |
| Phase 3 | \$ 2,400,000 | \$ 1,995,205 | \$ 1,944,630 <sup>2</sup> |
| Total   | \$18,100,000 | \$14,723,010 | \$16,912,920 <sup>2</sup> |

Total minus a deduction of \$30,000 if awarded all three phases.
 Combination of bids from two different contractors

The three phases were established by the Authority to match up with the anticipated flows from the new members. Phase 2 would need to be completed by 2014 and Phase 3 by 2019. There is <u>no mention</u> of the phases in our service agreement with our municipalities; consequently, there is no obligation or requirement to construct the project in phases.

#### Committee Recommendation

The Maintenance & Strategic Planning Committee is recommending the construction of all three phases at this time for the following reasons:

- We have received an extremely good bid price for all three phases. Delaying construction will result in increase cost to the Authority and our municipal members.
- We are anticipating a favorable, and historically low, interest rate (around 4%). As the economy recovers, the rates will go up.
- Phases 2 & 3 will eventually have to be built.

- According to the Authority Engineer, Metra Industries, has a good reputation, and is the lowest, responsive & responsible bidder. They are in compliance with our responsible contractor requirements.
- We would save the cost of a second and maybe third bond issue.
- Because the rehabilitation work in the contract would normally be funded through our Operations Budget, the Committee is recommending that some of the additional bond cost for the rehabilitation work (Phases 2 & 3) be offset by a reduction to Trunk Line Maintenance budget of \$100,000.

#### Project Budget

The tentative project budget is as follows.

|                            | Rehabilitation                  | Expansion                      | Total                                  | Notes  |
|----------------------------|---------------------------------|--------------------------------|----------------------------------------|--------|
| Construction               |                                 | ····· μ                        |                                        | 210000 |
| Phase 1                    | \$5,325,960                     | \$4,297,865                    | \$9,623,825                            |        |
| Phase 2                    | \$2,516,742                     | \$617,238                      | \$3,133,980                            |        |
| Phase 3                    | \$1,438,667                     | \$556,538                      | \$1,995,205                            |        |
| subtotal                   | \$9,281,369                     | \$5,471,641                    | \$14,753,010                           | 1      |
| Construction %             | 62.91%                          | 37.09%                         | 100.00%                                | 2      |
| Design                     | \$471,838                       | · \$278,162                    | \$750,000                              | 3      |
| CM / Insp                  | \$370,500                       | \$218;421                      | \$588,920                              | 4      |
| Legal                      | \$6,291                         | \$3,709                        | \$10,000                               | ,      |
| Contingency                | \$464,068                       | \$273,582                      | \$737,650                              | Б      |
| Contingency 2              | \$188,735                       | . \$111,265                    | \$300,000                              | 6      |
| Financing                  | \$377,470                       | \$222,530                      | \$600,000                              | •      |
| Delcora Loan               | \$1,700,000                     | \$0                            | \$1,700,000                            | · 7    |
| Debt Reserve               | \$629,117                       | \$370,883                      | \$1,000,000                            | 8      |
| First Year Bond<br>Payment | \$173,007                       | \$101,993                      | * \$275,000                            | 9      |
| Administrative             | <u>\$28,310</u><br>\$13,690,706 | <b>\$16,690</b><br>\$7,068,875 | <b><u>\$45,000</u></b><br>\$20,759,580 |        |

Notes:

1. Bid total is \$14,723,010 after the \$30,000 deduct provided by the contractor if he is awarded all three phases.

2.

- .2. Percentage by construction costs.
- 3. Estimated at 5% of construction costs then rounded up.
- 4. Estimated at 4% of construction costs.

5. Set to 5% of construction.

Contingency for DEP Permit.
 Breakdown between rehab & expansion is not final.

7. To payoff DELCORA Loan

8. One year worth of bond payment (approximate value)

9. Included because 2009 & 2010 rates include these costs.

There are two unexpected items in the budget that I would like to point out. First is a line item for \$1.7 million to pay off our DELCORA loan. There are two great reasons for refinancing our loan. First is the anticipated bond has a lower interest rate than the loan. Refinancing will save us an estimated \$90,000. The part of the bond issue covering the loan can be crafted with the same remaining life. Second, the DELCORA loan has a claim on our revenue. Paying off the loan eliminates that claim and makes issuing our new bonds a lot easier. Our financial advisors, bond counsel and DELCORA are recommending this action.

The other new line item is a \$300,000 contingency tied to the DEP construction permit. We are still in negotiations with DEP over this. If we do not receive any relief from DEP's demands, this line item will help to cover the additional costs.

#### Project Financing

We are anticipating project financing from four sources.

| Bonds                 | \$16,500,000              |
|-----------------------|---------------------------|
| CDCA cash             | \$ 1,250,000 <sup>3</sup> |
| Upper Providence cash | \$ 1,971,6834             |
| Grant                 | \$ 1:000,000              |
| Total                 | \$20,721,683 <sup>5</sup> |

<sup>3</sup> This amount was collected in our 2009 and 2010 budget.

<sup>4</sup> This amount is to be used for this example only.

It is not the final calculated amount.

<sup>5</sup> Does not add up to the project budget chart because numbers were rounded off.

#### Impact on the Rates

Here is my projection for the impact of constructing the entire project and refinancing the loan on our 2011 rates.

| . Source                    | Rehabilitation <sup>6</sup> | Expansion       | Total           | Comments                                                                                    |
|-----------------------------|-----------------------------|-----------------|-----------------|---------------------------------------------------------------------------------------------|
| DELCORA<br>Loan             | \$163,000                   | \$0             | \$163,000       | Already in the 2010 budget                                                                  |
| Current Capital<br>Budget   | \$425,250                   | \$324,750       | \$750,000       | Already in the 2010 budget                                                                  |
| Maintenance<br>Contribution | \$100,000 <sup>-</sup>      | \$0             | \$100,000       | We will reduce the Trunk<br>line maintenance by this<br>amount.<br>We will need to increase |
| Budget<br>Increase          | <u>\$25,853</u>             | <u>\$43,960</u> | <u>\$69.813</u> | our 2011 rates by this amount.                                                              |
|                             | \$652,894                   | \$337,106       | \$1.082.813     |                                                                                             |

<sup>6</sup> Rehabilitation will be paid by all 12 municipalities <sup>7</sup> Expansion will be paid by the 3 new members

As you can see, the net impact on our 2011 rates will be minimal. The \$69,813 represents a 0.8% rate increase.

The original numbers prepared for this memo were reviewed by our engineer and financial advisor. As a result of that review, they were revised. Please note that these values are an estimate only and subject to change. They are provided to indicate relative dollar amounts we are talking about.

We agreed that each member would consult with their respective municipality regarding moving forward with all three phases at this time. It is requested that you come to the July meeting prepared to vote on the scope of the project.

Should you have any questions, please do not hesitate to contact me.

Office number: 215-814-5788 Home number: 610-39-9492 Home email: jimkern@comcast.net

| ۴     |         |                                            |                                                                               |                                                       | • •                                                            |     |   | • |
|-------|---------|--------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-----|---|---|
|       |         |                                            |                                                                               |                                                       |                                                                |     |   | · |
|       |         | -                                          | , · ·                                                                         |                                                       |                                                                |     |   |   |
|       |         | rum Creek Interceptor<br>y of Costs        | r Improvments                                                                 |                                                       | 06/22/10                                                       |     |   |   |
|       | PHASE 1 | Upper Providence<br>Newtown<br>Edgmont     | \$ 463,358.52                                                                 |                                                       | TOTAL<br>\$ 1,092,608.37<br>\$ 3,009,166.63<br>\$ 1,090,851.26 |     |   |   |
|       | PHASE 2 |                                            |                                                                               |                                                       | • •                                                            |     |   |   |
|       | · .     | Upper Providence<br>Newtown<br>Edgmont     | \$ 125,837.12<br>\$ 218,956.58<br>\$ 78,019.01                                | \$ 345,444.16                                         | \$ 564,400.74                                                  | . * |   |   |
|       | PHASE 3 |                                            |                                                                               |                                                       |                                                                |     |   |   |
| )     |         | Upper Providence<br>Newtown<br>Edgmont     | <ul> <li>\$ 71,933.36</li> <li>\$ 125,164.04</li> <li>\$ 44,598.68</li> </ul> |                                                       | \$ 456,220.14                                                  |     |   |   |
|       | TOTAL   | ·                                          |                                                                               |                                                       |                                                                |     |   |   |
|       | ۰.      | Upper Providence<br>Newtown<br>Edgmont     | \$ 807,479.15                                                                 | \$ 1,077,616.33<br>\$ 3,222,308.36<br>\$ 1,171,715.78 | \$ 4,029,787.51                                                |     |   | · |
|       |         |                                            |                                                                               | -                                                     |                                                                |     |   |   |
| · .   |         |                                            |                                                                               | . ·                                                   |                                                                |     |   |   |
|       | ·       |                                            |                                                                               |                                                       | •                                                              |     |   |   |
|       |         | •                                          |                                                                               |                                                       |                                                                |     |   |   |
| ).    |         | •                                          |                                                                               |                                                       |                                                                |     |   |   |
| *     |         |                                            |                                                                               |                                                       | ·<br>·                                                         | •   | • |   |
| ····· |         | M vili-gilini verta a con fallanti o con g | · <b>··</b> ·· · ···                                                          | • • • • •                                             | ·· -·· ·· ·· ·· ·· ·· ·· ·                                     | •   | : |   |

| • |   | Upper Providence | \$   | 71,933.36  | \$<br>105,107.63 | \$<br>177,040.98 |
|---|---|------------------|------|------------|------------------|------------------|
|   | • | Newtown          | \$   | 125,164.04 | \$<br>331,056.10 | \$<br>456,220.14 |
| ) |   | Edgmont          | , \$ | 44,598.68  | \$<br>120,374.13 | \$<br>164,972.81 |

| • . | Upper Providence<br>Newtown<br>Edgmont | \$ | 807,479.15 | \$ 1,077,616.33<br>\$ 3,222,308.36<br>\$ 1,171,715.78 | \$ | 4,029,787.51 |
|-----|----------------------------------------|----|------------|-------------------------------------------------------|----|--------------|
|-----|----------------------------------------|----|------------|-------------------------------------------------------|----|--------------|

### EXHIBIT "E"

## ADDENDUM

DMEAST #13441597 v6

E-1

#### EXHIBIT "E"

#### ADDENDUM TO SEWER AGREEMENT

THIS ADDENDUM, made this \_\_\_\_\_day of \_\_\_\_\_\_, 2011, by the Newtown Township Municipal Authority located at 209 Bishop Hollow Road, Newtown Square, Pennsylvania, 19073 ("Authority"), Newtown Township, a township of the second class located at 209 Bishop Hollow Road, Newtown Square, Pennsylvania, 19073 ("Township"), and Ashford Land Company, L.P. ("Developer"), with its principal offices located at 750 E. Haverford Avenue, Bryn Mawr, PA 19010.

#### Background

WHEREAS, Authority was formed under the Pennsylvania Municipality Authorities Act of 1945, as amended and supplemented, and is authorized to exercise all the powers enumerated therein, including the power to make contracts of every name and nature and to execute all instruments necessary and convenient for the carrying on of its business;

WHEREAS, Township is a Second Class Township which, by adoption of the New Membership Agreement with the Central Delaware County Authority ("CDCA"), also known as the Supplemental Agreement ("Agreement"), and the issuance of a Certificate of Amendment by the Secretary of Commonwealth dated February 25, 2009, has become a member of CDCA;

WHEREAS, **Developer** has developed, or proposes to develop, a tract of land to which it holds legal title in Newtown Township, Delaware County, Pennsylvania ("**Development**");

WHEREAS, Developer has submitted a sewer planning module which has been approved by the Township and Authority and thereafter, by the Pennsylvania Department of Environmental Protection ("DEP"), which sewer planning module is attached hereto as Exhibit "A" (the "Planning Module"), to provide public sewer to its Development; WHEREAS, Township and Authority, by virtue of the Township's membership in CDCA, seek to provide public sewer to the eastern portion of the Township, including Developer's Development;

WHEREAS, Township, Authority and Developer have entered into a Sewer Agreement of even date herewith (the "Sewer Agreement") whereby Developer has reserved flow and sewer treatment capacity in the amount of One Hundred Fifteen Thousand (115,000) gallons per day of Township's guaranteed capacity with CDCA;

WHEREAS, all capitalized terms not defined herein shall have the meaning ascribed to them in the Sewer Agreement;

WHEREAS, the Planning Module proposes the construction of a pump station on Developer's Development as shown on that certain Ashford Pump Station Plans (8 sheets) dated August 14, 2010, last revised March 18, 2011 prepared by Ebert Engineering, Inc. and a force main and any appurtenances thereto to run from Developer's Development to State Route 252 and thereafter along State Route 252 ultimately connecting to the manhole connecting to the CDCA System, which proposed route is consistent with the Township's Revised 537 Plan (as defined in the Sewer Agreement) currently being prepared for submission to and approval by DEP and which is shown on that certain Ashford Force Main Plans (18 sheets) dated August 13, 2010 and August 16, 2010 (Sheets 7 and 8), last revised March 18, 2011, prepared by Ebert Engineering, Inc.

WHEREAS, the **Planning Module** is designed to provide excess capacity over that which is required by **Developer's Development** in order to be able to convey sewage generated by other users of sewer capacity in the **Township** if so approved and to provide the opportunity

for future connections by other premises if so approved as set forth in and consistent with the Township's Revised 537 Plan;

WHEREAS, Developer has designed and seeks to construct the pump station and force main and all appurtenances thereto as designated in the Planning Module, which improvements are a portion of the Upper Crum Creek Project, at its own cost and expense (subject to credit or reimbursement as provided herein), or in conjunction with other developers and/or institutional users whose planning modules have been approved, as allowed by the Pennsylvania Municipality Authorities Act;

WHEREAS, section 5613(a) of the Pennsylvania Municipality Authorities Act authorizes an owner to "sell, lease, lend, grant, convey, transfer or pay over to any authority with or without consideration any project or part of it ... which may be used by the authority in the construction, improvement, maintenance or operation of any project";

WHEREAS, any action by an authority to acquire, as well as a proposed agreement to acquire, shall be approved by the governing body of the municipality which created the authority pursuant to Section 5613 (b)(2);

WHEREAS, pursuant to the Pennsylvania Municipality Authorities Act, section 5607 (d)(31) an authority shall provide for the reimbursement or a credit to a property owner where the owner constructs or causes to construct at his expense any extension of a sewer system;

WHEREAS, in order to meet the sewer needs of **Developer**, existing residents and developments of the **Township** and future developments of the **Township**, the parties have agreed that it was mutually beneficial to have the **Planning Module** submitted by **Developer** approved and that the pump station and force main be constructed in accordance with

Exhibit "A", in accordance with the terms and conditions of this Addendum as well as the applicable terms and conditions of the Sewer Agreement;

#### **TERMS** and CONDITIONS

NOW THEREFORE, the parties hereto, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and intending to be legally bound, do agree as follows:

1. Township and Authority have approved the Planning Module attached hereto as Exhibit "A" and incorporated herein by reference, for submission and evaluation by DEP.

2. Township and Authority grant Developer the right to construct and Developer shall construct, at its sole cost and expense (subject to credit or reimbursement as provided herein), or in conjunction with other developers and/or institutional users whose planning modules have been approved, a pump station and a force main and any and all appurtenances related thereto beginning from the Development extending therefrom to State Route 252 and along State Route 252 and connecting to the manhole connecting to the CDCA System, which proposed route is consistent with the Township's Revised 537 Plan and as set forth in the Planning Module.

3. Developer agrees that all work, construction and installation of the pump station, the force main, the collection and conveyance system within the Development and any and all appurtenances related thereto, including all restoration work and required improvements, shall be performed in conformity with the Planning Module as well as in conformity with all permits issued by the Authority and/or Township or regulatory authority having jurisdiction pursuant thereto or in furtherance thereof, in compliance with all the requirements of the Township and/or Authority, whether by ordinance, rule or regulation heretofore adopted or promulgated, and in compliance with all applicable regulations of other regulatory authorities having jurisdiction, as

well as in accordance with good and accepted engineering and construction practices. Minor change orders to the work which do not result in any material deviation from the approved plans for the construction of the pump station, the force main, the collection and conveyance system within the **Development** and appurtenances related thereto may be authorized solely by **Developer** after notice to **Authority's engineer** as time allows. Any material change or amendment to the **Planning Module**, or to any permit or other document issued in furtherance thereof, shall not be valid until **Township's** and/or **Authority's** approval or the approval of the regulatory authority having jurisdiction thereof is endorsed in writing thereon, together with the date of such endorsement.

4. Developer agrees to be responsible for acquiring at fair market value any and all easements necessary for the construction and installation of the pump station and force main and any and all appurtenances related thereto. Township and Authority agree to fully cooperate with and assist Developer, at no costs to Township and/or Authority, in acquiring any and all easements, including by eminent domain, if absolutely necessary and Developer is unable to obtain such easements for fair market value.

5. Developer agrees to cause all the land disturbed by the installation and construction of the force main and any and all appurtenances related thereto to be returned to substantially its original condition or as outlined in the applicable approved plans and permits at its own expense (subject to credit or reimbursement as provided herein).

6. To insure construction, installation and completion of the pump station and force main and any and all appurtenances thereto, including restoring the disturbed ground to substantially its original condition or as outlined in the applicable approved plans and permits, **Developer** shall contemporaneously with and/or prior to the construction of the pump station and .

force main provide financial security through a bond, letter of credit or other form reasonably acceptable to Authority or Township for an amount equal to 110% of the projected cost of the installation and construction of the pump station and force main and any and all appurtenances related thereto consistent with the Planning Module. These projected costs have been compiled and estimated by the Authority's Engineer to be in the total amount of Three Million Four Hundred Thirty-three Thousand Nine Hundred Forty-three and 13/100 Dollars (\$3,433,943.13) and are appended hereto as Exhibit "B" and made a part hereof. Consistent therewith, Developer shall provide financial security through a bond, letter of credit or other form reasonably acceptable to the Authority in the amount of Three Million Seven Hundred Seventyseven Thousand Three Hundred Thirty-seven and 43/100 (\$3,777,337.43). No change or alteration in the amount of such financial security shall be authorized or valid unless approved by the Authority in writing and appended to this Addendum. Authority acknowledges and agrees that Developer's providing of such financial security to the Township pursuant to a development or improvements agreement between the Township and Developer shall satisfy Developer's obligation under this Section.

7. In the event **Developer** requires more than one year from date of the posting of the financial security to complete the required improvements, then annually, beginning at the first anniversary date of such posting the financial security, the **Authority** or the **Township** may adjust the amount of the financial security by comparing the actual cost of the improvements which have been completed and the estimated cost for the completion of the remaining improvements as of the expiration of the ninetieth (90) day before the original date scheduled for completion of the improvements. If the **Authority** or the **Township** determines that additional security is required to be posted, **Developer** shall post that security at least fifteen (15) days prior

to the date on which the improvements were originally scheduled for completion, but in no event. later than said anniversary date. The amount of such additional deposit shall insure that the financial security equals 110% of the costs of the remaining installation and construction of the pump station and the force main and any and all appurtenances related thereto, including restoration of the ground to substantially its original condition or as outlined in the applicable approved plans and permits. Failure of **Developer** to post the additional security, as required by this paragraph, shall constitute a default and the **Authority** or the **Township** shall take such action as otherwise provided by the terms of this **Addendum** and/or as provided by law.

8. Moreover, wherein an ascertainable stage of work on the improvements has been completed, **Developer** may request the **Authority** or the **Township** to authorize the release of such portions of the financial security. Any such request shall be in writing. Subject to the provisions of the MPC, Section 509(J), the responsibility to release such funds shall be subject to the **Developer's** compliance with the terms and conditions of this **Addendum**.

9. Developer shall notify the Authority's engineer at least forty-eight (48) hours in advance of the start of construction. No work shall be backfilled until inspected by Authority's engineer or his designee.

10. All installation and construction of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto shall be done in good and workmanlike manner, including the restoration of any disturbed ground to substantially its previous condition or as outlined in the applicable approved plans and permits, and such shall be subject to the inspection and approval of the **Authority's** engineer, in accordance with applicable **Township** specifications and procedures and acceptable standards of engineering practice. The **Authority** shall have the right by its duly appointed

7.

engineer to inspect the sewer line on as many occasions as the Authority reasonably deems necessary to assure compliance with the construction and maintenance provisions of this Addendum and any other regulatory agency requirements.

11. Developer agrees to make all applications for approvals and permits necessary to construct the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto. Township and Authority agree to cooperate with Developer in obtaining all such approvals and permits, including but not limited to being the applicant for such approvals and permits from any and all regulatory agencies, including but not limited to DEP and PennDOT. Developer agrees to make all necessary arrangements with, and secure approvals of the public utilities, necessary for the operation and maintenance of the pump station, the force main, the collection and conveyance system within the Development and any and all appurtenances related thereto, to the extent necessary.

12. Commencing with the issuance of the permit for the installation and construction of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto, **Developer** shall be responsible for the costs of maintenance and inspection of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto until such time as acceptance of the dedication of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto by the **Authority** and/or **Township**. However, after such time of acceptance of dedication of the pump station, the force main, the collection and any and all appurtenances related thereto by the **Authority** and/or **Township**. However, after such time of acceptance of dedication of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto by the **Authority** and/or **Township**. However, after such time of acceptance of dedication of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto, **Developer** shall remain the owner of and responsible for any laterals from the point of the clean-out to the homes and/or grinder pumps to any homes

and/or other improvements constructed in the **Development**, as well as any necessary pumps and all appurtenances associated therewith connecting to the collection and conveyance system and force main until such time as legal title to any such home and/or improvement is transferred, at which time the new legal owner shall be responsible for the laterals from the point of the cleanout to the homes and/or grinder pumps to the home. Notwithstanding the foregoing, the **Authority** reserves the right to require dedication of the laterals from the point of the clean-out to the homes and/or grinder pumps to any homes and/or other improvements constructed in the **Development**.

13. After completion of the construction and installation of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto (or applicable portion thereof), as a condition to their acceptance of dedication by the **Township** and/or **Authority**, **Developer** shall, prior to the introduction of any flow into the sewer line:

a. Deliver to the Authority escrow monies or a maintenance bond with surety with the Authority as obligee or a letter of credit in a sum equivalent to ten (10%) percent of the actual costs of construction of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances thereto, in order to inspect, maintain and keep the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances thereto in good order, condition and repair up to the date of acceptance of a deed of dedication, with any remainder to be returned to **Developer** upon compliance with paragraph 14; and

b. Repair any damage to or blockage and eliminate any inflow and/or infiltration in the force main and any and all appurtenances related thereto, and if the Developer fails to do so, the **Authority** may contract for the same at the expense of the **Developer**.

14. Following satisfactory completion of the installation and construction of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto (or applicable portions thereof), including restoration of any and all disturbed grounds to substantially their previous condition or as outlined in the applicable approved plans and permits, **Developer** shall offer the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto (or applicable portions thereof) for dedication to the **Authority** and/or **Township**. Subject to the following sentence, it is agreed that **Authority** and/or **Township** shall accept dedication of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto (or applicable portions thereof). Acceptance of the deed of dedication by the **Authority** and/or the **Township** shall be conditioned, as determined in the reasonable judgment of the **Authority**, upon the following:

a. Satisfactory performance and compliance with all terms of this Addendum;

b. Submission and acceptance of the Deed of Dedication by the Authority, substantially in the form attached hereto as Exhibit "C-1" with respect to the dedication of the pump station and force main and substantially in the form attached hereto as Exhibit "C-2" with respect to the dedication of the collection and conveyance system within the Development, dedicating to the Authority and/or Township the pump station, the force main, the collection and conveyance system within the Development and any and all appurtenances related thereto as

well as any and all required easements necessary for maintenance of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto (or applicable portions thereof); and

c. Developer agrees it will convey to the Authority and/or Township good and marketable title to the pump station, the force main, the collection and conveyance system within the Development and any and all appurtenances thereto (or applicable portions thereof) and any and all required easements necessary for the maintenance of the pump station, the force main, the collection and conveyance system within the Development and any and all appurtenances thereto (or applicable portions thereof) and shall cause a licensed Pennsylvania title company to insure the Authority and/or Township good and marketable title to said pump station, force main, the collection and conveyance system within the Development and any and all appurtenances related thereto (or applicable portions thereof) and easements.

15. Acceptance of dedication of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances related thereto (or applicable portions thereof) shall be complete upon adoption by **Authority's** Board or **Township's** Board of Supervisors of a "Resolution of Acceptance" passed and adopted at a public meeting and by recording of the applicable Deed of Dedication with the Recorder of Deeds.

16. Developer shall be entitled to receive a credit toward Developer's proportionate share of its costs of the Upper Crum Creek Project and CDCA Project as provided in the Sewer Agreement entered into by the parties hereto in an amount equal to the actual costs of construction of the pump station, the force main and any and all appurtenances related thereto (but not including the collection and conveyance system within the Development), including

restoration of any and all disturbed grounds to substantially their previous condition or as outlined in the applicable approved plans and permits and acquiring any easements or right-of-. ways, and including soft costs such as engineering, legal, management, inspection and bonding fees, and any and all other related, necessary costs (collectively, "Developer's Costs"), which have been expended by Developer as of the date Developer would be required to pay any part of its proportionate share of the costs of the Upper Crum Creek Project and the CDCA Project. Upon completion of the installation and construction of the pump station, the force main and any and all appurtenances related thereto (but not including the collection and conveyance system within the **Development**), including restoration of any and all disturbed grounds to substantially their previous condition or as outlined in the applicable approved plans and permits, then (a) if the Developer's Costs exceed the Developer's proportionate share of the costs of the Upper Crum Creek Project and the CDCA Project as provided in the Sewer Agreement and the Authority has accepted dedication of the pump station and force main, then the Authority and/or Township shall within twelve (12) months of demand reimburse the entire excess costs to Developer, provided that Authority and/or Township shall pay at least one quarter of such amount to Developer no less frequently than every three (3) months, or (b) if the Developer's Costs are less than the Developer's proportionate share of the costs of the Upper Crum Creek Project and the CDCA Project as provided in the Sewer Agreement, then the Developer shall within sixty (60) days of demand pay the shortfall to the Authority or the Township.

17. **Developer**, its successors and assigns, and all future owners of tracts or parcels in the **Development**, as well as owners of other premises connecting to said force main and any and all appurtenances related thereto, shall be responsible for paying all sewer rents as required by

the Authority and/or the Township in accordance with the then current rate schedule following any acceptance of dedication by the Authority and/or Township.

18. Developer agrees it is responsible for and shall reimburse the Authority and/or Township for all reasonable and necessary professional fees incurred by the Authority and/or Township after the date of this Agreement for review of the pump station and force main plans and for all field inspections on or adjacent to the Development by the Authority's engineer in the course of installation and construction of the pump station and the force main, provided that the Authority and Township do not waive the right to be reimbursed for all reasonable and necessary professional fees incurred by Authority and/or Township in connection with the Development pursuant to existing escrow agreements between Developer and Authority and/or Township. Such fees shall be in accordance with the ordinary and customary fees charged by such professionals for similar services, but in no event shall the fees exceed the rate or costs charged by such professionals to the Authority. Such fees shall be in addition to all required construction permit fees and use fees to be charged by the Township and/or the Authority to the Developer.

Authority shall provide billing statements setting forth the amount of these professional fees to the **Developer** no more frequently than monthly. In the event the **Developer** disputes the amount of any billings for professional fees herein, **Developer** shall within twenty (20) working days of the date of billing notify the **Authority** that the billing is disputed as excessive, unreasonable or unnecessary. If within thirty (30) working days thereafter the **Authority** and **Developer** can not agree on the amount of the billings, they shall, by mutual agreement, appoint a professional of the same profession or licensed discipline of Pennsylvania to review the bills and make a determination as the amount of the bills which are reasonable and necessary. The

professional so appointed shall render a decision within sixty (60) days of the billing statements. If the Authority and Developer can not mutually agree upon the professional, the President Judge of the Court of Common Pleas of Delaware County shall be requested to appoint the professional. The fee for any such professional appointed shall be paid by the Developer if the amount of payment required in the decision is equal to the original bill. If the amount of payment required in the decision is less than the original bill by Two Thousand Five Hundred Dollars (\$2,500.00) or more, the Authority shall pay the fee, but otherwise the Authority and Developer shall each pay one-half (1/2) of the fee. Notice by a party as required by this paragraph may be given by its counsel and may be given to a party by addressing the notice to its counsel and such notices shall be deemed to have been given by the party or to the party, as the case may be.

19. Thirty (30) days after installation and completion and approval by the Authority of the pump station, force main, the collection and conveyance system within the **Development** and any appurtenances thereto as shown in the **Planning Module**, **Developer** shall submit to the **Authority** an "as-built" plan, showing the actual location, dimension and conditions of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances thereto, certified by the **Developer's** engineer or surveyor to be in accordance with the actual construction. Such "as-built" plans shall be subject to the approval and requirements of the **Authority's** engineer.

20. Developer, its successors and assigns, agree to be responsible for and to indemnify, hold harmless and defend the Authority and/or the Township, its engineers and agents from any and all liability, claims or costs, including reasonable counsel fees, suffered and incurred by the Authority and/or the Township by reason of any injury (including death) to any

person or damage to any property by reason of the operation, construction, installation, function or malfunction of the pump station, the force main, the collection and conveyance system within the **Development** or any appurtenances thereto or damage to the pump station, the force main, the collection and conveyance system within the **Development** or any appurtenances thereto, until dedication of the pump station, the force main, the collection and conveyance system within the **Development** and any and all appurtenances thereto is accepted by the **Authority** and/or the **Township**, except as a result of any gross negligence and/or intentional acts of the **Authority** and/or **Township**, their agents, employees and/or workmen.

21. The parties hereto named include the Developer, its successors, assignees, and/or transferees. Transfer of ownership to any person or entity, other than the Authority and/or the Township, shall not relieve the Developer, its successors and assigns and transferees of the obligations hereunder.

22. The rights of the **Developer** shall be assignable so long as such successor and/or assignee agrees to be bound by the terms of this **Addendum** from and after the date of its acquisition.

23. This Addendum shall be interpreted and shall be governed by the laws of the Commonwealth of Pennsylvania.

24. To the extent that any provision, paragraph and/or portion(s) thereof contained in this Addendum and the Sewer Agreement are determined to be contradictory, in conflict and/or incompatible with one another, then the terms and conditions of this Addendum shall prevail and be enforceable.

25. All notices hereunder, to be effective, shall be in writing and shall be sent by United States Certified Mail by next day delivery express mail or hand delivered to the

respective parties at the addresses indicated below or to such other address or addresses as each

party shall provide by notices aforesaid period.

Newtown Township • ATTN: Township Manager 209 Bishop Hollow Road Newtown Square, PA 19073

Newtown Township Municipal Authority •ATTN: Chairman 209 Bishop Hollow Road Newtown Square, PA 19073

Ashford Land Company, L.P. ATTN: Mr. William P. Rouse 750 E. Haverford Road Bryn Mawr, Pennsylvania 19010

Notice by a party may be given on its behalf by its counsel and may be given to a party by addressing the notice to its counsel and such notices shall be deemed to have been given by the party or to the party, as the case may be. Notice shall be deemed given when delivered in the case of personal delivery, two (2) days of the date of deposit in the mail sent by Certified Mail, or one (1) day following the day of deposit for the next day Delivery Express Carrier.

26. If any term, provision and/or paragraph of this Addendum is determined to be invalid or unenforceable for any reason by a final court of competent jurisdiction, such determination shall not affect the balance of the provisions of this Addendum.

DMEAST #13441588 v5

IN WITNESS WHEREOF, the parties hereto have set their hands and seals as of this

ASHFORD LAND COMPANY, L.P., a Delaware limited partnership

By: LISETER, LLC, a Delaware limited liability company, its sole general partner

By: LISETER MANAGEMENT COMPANY, LLC, a Delaware limited liability company, its Manager

By:

Name: John M. Rouse Title: Chief Operating Officer

NEWTOWN TOWNSHIP, DELAWARE . COUNTY

BY:

CHAIRMAN, NEWTOWN TOWNSHIP BOARD OF SUPERVISORS

NEWTOWN TOWNSHIP, DELAWARE COUNTY, MUNICIPAL AUTHORITY

BY:\_\_\_\_\_ CHAIRMAN

day of , 2011.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals as of this \_\_\_\_

day of \_\_\_\_\_, 2011.

ASHFORD LAND COMPANY, L.P., • a Delaware limited partnership

- · By: LISETER, LLC, a Delaware limited liability company, its sole general partner
  - By: LISETER MANAGEMENT COMPANY, LLC, a Delaware limited liability company, its Manager

By:

Name: John M. Rouse Title: Chief Operating Officer

NEWTOWN TOWNSHIP, DELAWARE COUNTY

BY:

CHAIRMAN, NEWTOWN TOWNSHIP BOARD OF SUPERVISORS

NEWTOWN TOWNSHIP, DELAWARE COUNTY, MUNICIPAL AUTHORITY

BY:

17

CHAIRMAN

DMEAST #13441588 v5

#### COMMONWEALTH OF PENNSYLVANIA

### COUNTY OF

On this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 2011, before me, a notary public in and for the Commonwealth of Pennsylvania, the undersigned officer, personally appeared John M. Rouse, who acknowledged himself to be the Chief Operating Officer of Liseter Management Company, the manager of Liseter, LLC, the sole general partner of ASHFORD LAND COMPANY, L.P., a Delaware limited partnership and that he, as such officer, being authorized to do so, executed the foregoing Agreement for and on behalf of said limited liability company by signing his names by himself as such officer for the purposes therein contained.

: SS.

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WITNESS my hand and official seal the day and year aforesaid.

Notary Public

#### COMMONWEALTH OF PENNSYLVANIA

#### COUNTY OF

On this, the \_\_\_\_\_ day of \_\_\_\_\_\_, A.D. 2011, before me, a notary public in and for the Commonwealth of Pennsylvania, the undersigned officer, personally appeared \_\_\_\_\_\_ who acknowledged himself/herself to be the Chairman, Newtown Township Board of Supervisors of NEWTOWN TOWNSHIP, DELAWARE COUNTY, and that he, as such official, being authorized to do so, executed the foregoing Agreement for and on behalf of said Township by signing his/her name by himself/herself as such official for the purposes therein contained.

: SS.

:

WITNESS my hand and official seal the day and year aforesaid.

Notary Public

### COMMONWEALTH OF PENNSYLVANIA

#### COUNTY OF

DMEAST #13441588 v5

On this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 2011, before me, a notary public in and for the Commonwealth of Pennsylvania, the undersigned officer, personally appeared who acknowledged himself/herself to be the Chairman of

SS.

:

NEWTOWN TOWNSHIP, DELAWARE COUNTY, MUNICIPAL AUTHORITY, and that he, as such official, being authorized to do so, executed the foregoing Agreement for and on behalf of said Authority by signing his/her name by himself/herself as such official for the purposes therein contained.

20

WITNESS my hand and official seal the day and year aforesaid.

Notary Public

## EXHIBIT "F"

## ASHFORD SEWER COSTS

, DMEAST #13441597 v6

#### ASHFORD SEW JOSTS

#### March 1, 2011

#### Last Revised 3/31/11

|                       | COST of         | ADDITIONAL                            | COST of ADD.    | ADD, SOFT             | TOWNSHIP        |                |                                      |
|-----------------------|-----------------|---------------------------------------|-----------------|-----------------------|-----------------|----------------|--------------------------------------|
| · DESCRIPTION         | 814,975 GPD (1) | SOFT COSTS (2)                        |                 | COSTS of 103k GPD (4) | TOTAL COSTS     | ASHFORD COSTS  | NOTES                                |
|                       | 014,010 010 11  | 30F1 C0313[2]                         | 103,000 GPD (3) | CO313 01 103K GPD 14  | 101AL CO313     | ASHFOID COSTS  |                                      |
| CDCA Project          |                 |                                       |                 |                       |                 |                |                                      |
| Repair                | \$807,479,16    | \$177,897,36                          |                 |                       | \$985,376.52    |                | Ashford is 10,798% (5)               |
| Interest              | TBO             |                                       |                 |                       | TED             | \$13,834.77    | See Ashford Debt Service Chart Below |
| Expansion             | \$3,222,308.36  | \$709,902.64                          |                 |                       | \$3,932;211.00  | \$554,874.29   | Ashford is 14.111% (6)               |
| Interest              | TBD             |                                       |                 |                       | TBD             | Included Above |                                      |
| CDCA Project          | ├ <del>──</del> |                                       |                 |                       | · · ·           |                |                                      |
| Repair                |                 |                                       | \$75,766.23     | \$22,482.64 _         | \$98,248.87     | \$10,608.91    | Ashford is 10.798% (5)               |
| Expansion             |                 |                                       | \$302,308.79    | \$89,717,36           | \$392,026,15    | \$55,318.81    | Ashford is 14.111% (6)               |
|                       |                 |                                       |                 |                       |                 |                | ·                                    |
| CDCA Equity Ownership | \$606,565.00    |                                       | \$138,250.00    |                       | \$744,815.00    | \$105,100.84   | Ashford is 14.111% (6)               |
|                       |                 | · · · · · · · · · · · · · · · · · · · |                 |                       |                 |                |                                      |
| CDCA Reserve Fund     | \$157,976.00    |                                       | \$36,750.00     | · · ·                 | \$194,726,00    | \$27,477.79    | Ashford Is 14.111% (6)               |
| UCC Project           | \$15,660,781,73 |                                       |                 |                       | \$15,660,781,73 | \$2 200 802 01 | Ashford is 14.111% (6)               |
|                       | #13,000,101,73  |                                       |                 | +                     | a 13,000,781,73 | \$Z,ZU9,09Z.81 |                                      |
| TOTAL                 |                 |                                       |                 |                       | \$22,008,185.27 | \$3,083,509.28 |                                      |

(1) - Costs taken from Sewer Agreement

(2) - Costs taken from Kelly and Close Estimate dated 1/28/11. Total cost of Administrative Fees on Estimate is \$1,000,000 for all associated CDCA Work. This \$1M is broken down on % basis for actual costs of Repair and Expansion noted in the Agreement and associated gallonage breakdown.

(3) - CDCA Project Costs laken from Agreement. Total cost of CDCA Improvements for 103,000 GPD is \$378,075.02. This \$378K is broken down on % basis for actual costs of Capital Improvement and Expansion/Enlargement noted in (2) above.

(4) - Costs take from Kelly and Close Estimate dated 1/26/11. Total cost of Administrative Fees on Estimate is \$1,000,000 for all associated CDCA Work. This \$1M is broken down on % basis for actual costs of Repair and Expansion noted in the Agreement and associated gallonage breakdown.

(5) - Ashlord's 10.798% of Capital Improvements (Repairs/Upgrades) is based on the following: 115,000 GPD / (250,000 GPD + 814,975 GPD)

(6) - Ashlord's 14.111% is based on the following: 115,000 GPD / 814,975 GPD

#### ASHFORD DEBT SERVICE INTEREST for CDCA PROJECT - Interest Rate at 2% (Starting May 15, 2011)

| Description                    | Amount         | Notes                                                                     |
|--------------------------------|----------------|---------------------------------------------------------------------------|
| Tolal Due                      | \$661,275,25   | \$106,400.96 (Repair) + \$554,874.29 (Expansion)                          |
| Payment to Date                | (\$104,971.47) | Pursuant lo Section 3 of the Sewer Agreement                              |
| Payment Due Prior to 5/15/2011 | (\$2,912,91)   | Pursuant to Section 3 of the Sewer Agreement                              |
| Subtotal                       | \$553,390.87   |                                                                           |
|                                |                |                                                                           |
| Ashford Total Due              | \$553,390.87   |                                                                           |
| Interest Rate                  | 2.00%          |                                                                           |
| Tem                            | 15 Months      | Interest Starts 5/15/11, Construction Starts 8/15/11 / Completion 8/15/12 |
| TOTAL INTEREST                 | \$13,834.77    |                                                                           |

| ASHFORD TOTAL                            | and the second s | NOTES        |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Ashford Total Contribution               | \$3,083,509:23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
| Ashford Estimate of PS & FM Installation | \$3,433,943.13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | See Attached |
| Ashford Balance Owed                     | (\$350,433,85)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |

MAR 2 9 2013

### ACT 537 OFFICIAL PLAN UPDATE

FOR

NEWTOWN TOWNSHIP DELAWARE COUNTY, PA

### VOLUME 2

OCTOBER 2012 Revised February 2013

Prepared by: Herbert E. MacCombie, J.R., P.E. Consulting Engineers and Surveyors, Inc. P. O. Box 118 Broomall, PA 19008 610-356-9550

## APPENDIX AA

PENNONI ASSOCIATES, INC. – DOOR-TO-DOOR NEEDS SURVEYS

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October 7, 2009

#### NWTP 0804.02

James M. Sheldrake, Township Manager . . Township of Newtown 209 Bishop Hollow Road Newtown Square, PA 19073

RE: Echo Valley Area Door-to-Door Needs Survey

Dear Mr. Sheldrake:

As requested, please find attached eight (8) copies of the referenced Report, dated October 2, 2009 with Appendices A through H.

Should you have any questions, please feel free to contact me.

.Very truly yours

ennoni, P.E. David

Vice President PENNONI ASSOCIATES INC. Township Engineers

/dk cc: Bruce A. Irvine, Esq. w/encl.

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## ECHO VALLEY AREA DOOR-TO-DOOR NEEDS SURVEY FOR ON-LOT SEWAGE SYSTEMS

PREPARED IN ACCORDANCE WITH THE PADEP ACT 537 SEWAGE DISPOSAL NEEDS IDENTIFICATION GUIDELINES

> Newtown Township 209 Bishop Hollow Road Newtown Square, PA 19073

Project No. NWTP 0804.02 October 2, 2009

### ECHO VALLEY AREA DOOR-TO-DOOR NEEDS SURVEY OF ON-LOT SEWAGE SYSTEMS

#### NARRATIVE

### EXECUTIVE SUMMARY

In accordance with the PaDEP Guidelines for *Act 537 Sewage Disposal Needs Identification*, Pennoni Associates (Pennoni) conducted a Door-to-Door Needs Survey of the properties in the Echo Valley Area (i.e. Study Area) to inventory the existing on-lot sewage disposal systems, further identify existing wastewater disposal needs, and identify any sewage associated malfunctions. The Study Area consists of up to 235 properties, including 182 homes with on-lot sewage sewage systems. Of the 182 homes, permission to conduct a survey of the property was granted by 117 property owners. Also, 44 residents were available to be interviewed during the surveys.

The results of the survey indicate that:

- nine (9) of the 117 surveyed properties (8%) can be inventoried as "confirmed" malfunctions;
- of the 117 surveyed properties (20%) can be inventoried as "suspected" malfunctions;
- 67 of the 117 surveyed properties (57%) can be inventoried as "potential" malfunctions; and,

• '18 of the 117 surveyed properties (15%) can be inventoried as "no" malfunction.

Newtown Township authorized Pennoni to conduct a Door-to-Door Needs Survey of the properties in the Echo Valley area (i.e. the Study Area) to inventory the on-lot sewage disposal systems (OLDS), identify existing wastewater disposal needs and identify any sewage associated malfunctions, as well as document and summarize those needs and malfunctions. The results of the surveys are intended to provide the Township with additional information to further determine the wastewater disposal needs in the Study Area.

### PADEP ACT 537 SEWAGE DISPOSAL NEEDS IDENTIFICATION

Door-to-door surveys of the properties in the Study Area were conducted in accordance with the PaDEP *Guidelines for Act 537 Sewage Disposal Needs Identification*. The inspections are classified as a "tier two" survey, which provides for a closer scrutiny of a study area and is appropriate for smaller scale plans such as this study area. This tier two survey more thoroughly defines and documents problem areas and prioritizes the severity of any identified problems than would a "*tier one*" survey. A tier one survey would typically focus on an entire Township, with a goal of identifying sub-areas for closer scrutiny.

As a result of the door-to-door surveys, those OLDS in the study area that were inspected have been inventoried as either "confirmed", "suspected", "potential", or "no" malfunctions, as defined by the PaDEP guidelines.

PURPOSE

to have been constructed in accordance with the permitting requirements in effect at the time of construction. For the purpose of needs identification, on-lot disposal system permitting under Act 537 became effective on May 15, 1972.

#### ACT 537 AND NEWTOWN TOWNSHIP

The Pennsylvania Sewage Facilities Act (Act 537) requires that all municipalities develop, revise and implement Official Sewage Facility Plans. Part of the Plan is to identify and document sewage disposal needs in a municipality. The most recent "Act 537 Sewage Facilities Plan" revision for Newtown Township was completed by Kelly and Close Engineers and approved by the PaDEP in February 2009. The revised Plan again recommended providing public sewer service to the Study Area.

In 2004, as part of the recent Plan revision, a Sewage Needs Identification mail survey was sent to Echo Valley Residents. The results indicated that approximately 54% of the residents were in favor of public sewer.

#### PROCEDURE FOR CONDUCTING ON-LOT SURVEYS

Letters and permission forms were sent out by Newtown Township on July 23, 2009 to residents in the Study Area explaining that the Township would be performing door-todoor surveys of OLDS and requesting permission to access the property. The letter requested that permission forms be returned within five (5) days. No system was inspected prior to or without written approval from the property owner in the form of a returned permission form. Copies of the letter and permission form are attached in

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and time of the survey. Our representatives wore a reflective vest and had appropriate identification during the surveys. Attached in Appendix D is a copy of the form used to record the results of the on-lot survey.

The weather conditions during the visual inspections were as follows:

| DATE         | CONDITIONS         | TEMPERATURE | LAST RAIN EVENT                       |
|--------------|--------------------|-------------|---------------------------------------|
| August 5     | Sunny              | 84°F        | August 2<br>1.59 inches               |
| August 7     | Sunny .            | 78°F        | August 6<br>0.11 inches               |
| August 11    | Sunny              | · 87°F      | August 9<br>1.94 inches               |
| August 14    | Cloudy             | 83°F        | August 13 .<br>0.11 inches            |
| August 18    | Sunny              | 89°F        | August 13<br>0.11 inches              |
| August 20    | Partly Cloudy<br>· | . 88°F      | August 18<br>0.30 inch <del>e</del> s |
| , August 27  | Partly Cloudy      | 77°F        | August 22<br>2.73 inches              |
| September 9  | Partly Cloudy      | . 73°F      | August 29<br>1.67 inches              |
| September 10 | Sunny              | 65°F .      | September 9<br>0.02 inches            |

NOTE: Rainfall data as reported at Philadelphia Airport.

#### FINDINGS

Attached in Appendix E are copies of the Door-to-Door Visual Inspection Forms for the OLDS for each property surveyed. These forms include answers to questions by the resident, if available, at the time of the inspection. At the beginning of Appendix E is a summary of the results in chart format. Appendix F contains various representative photographs of the Study Area.

The following is a table of the property inventory.

### STUDY AREA INVENTORY

|   | Properties                       | > .        | 235                   | •   | • •   |   |
|---|----------------------------------|------------|-----------------------|-----|-------|---|
|   | Properties with on-lot sewage sy | stems · ·  | 182 (77%)             |     | •     |   |
|   | Properties sent permission forms | 3          | 182 (100%)            |     |       |   |
|   | "Yes" Response                   | 117 (64%)  | ·                     |     | •     |   |
|   | "No" Response                    | 5 (3%)     |                       | -   |       |   |
|   | Unresponsive                     | · 59 (33%) |                       |     | .`    |   |
|   | Surveyed                         | · ·        | 117 (64%)             |     |       |   |
|   | Confirmed Malfunction            | 9 (8%)     |                       | . • | ۰, ۰  |   |
|   | -<br>Suspected Malfunction       | 23 (20%)   |                       |     | · · · |   |
|   | Potential Malfunction            | 67 (57%)   |                       | •   | -     |   |
| • | No Malfunction                   | 18 (15%)   | ••••                  |     | -     | • |
|   | Not Surveyed                     |            | 65 (36%) <sup>.</sup> |     |       |   |
|   | Potential Malfunction            | 55 (85%)   |                       |     |       |   |
|   |                                  |            |                       |     |       |   |

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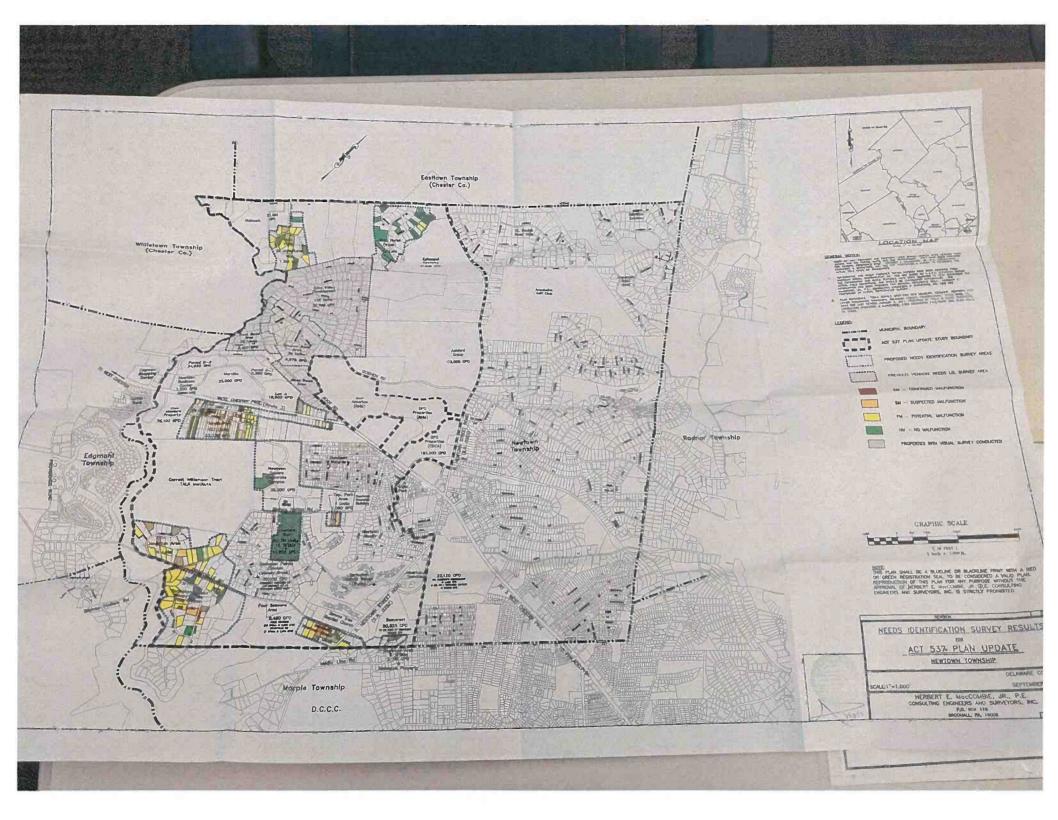
# APPENDIX A

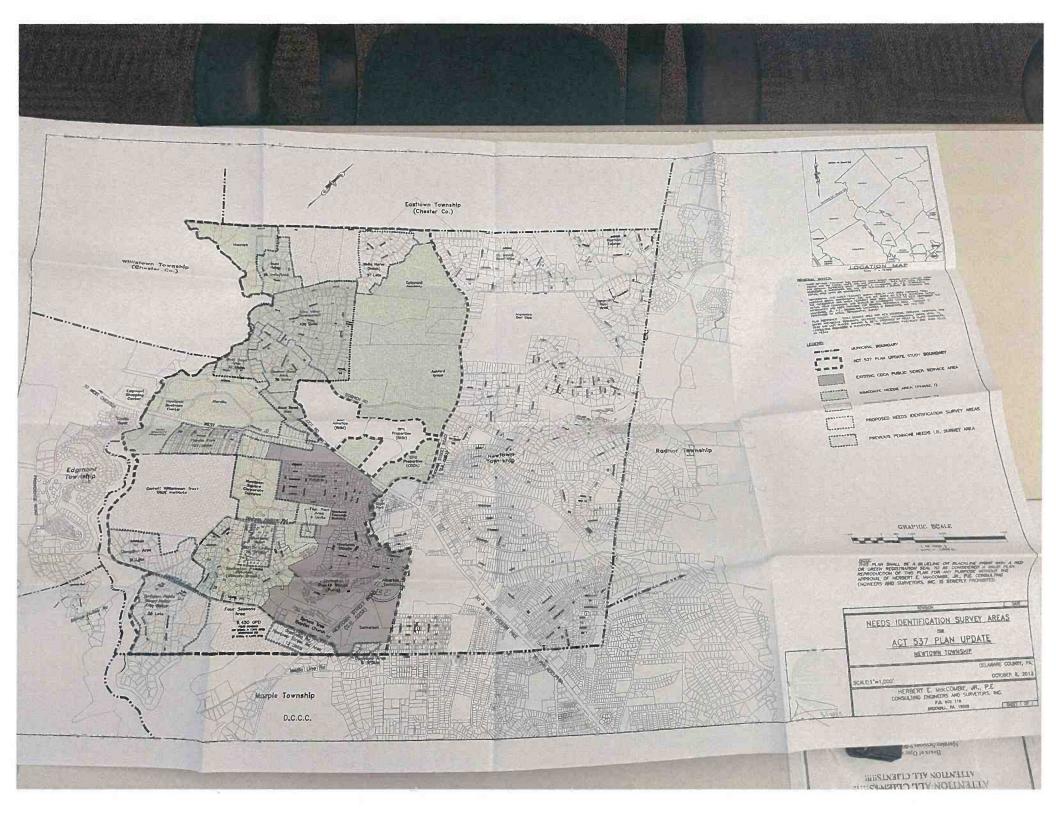
# MAPS OF ECHO VALLEY WITH SURVEY RESULTS

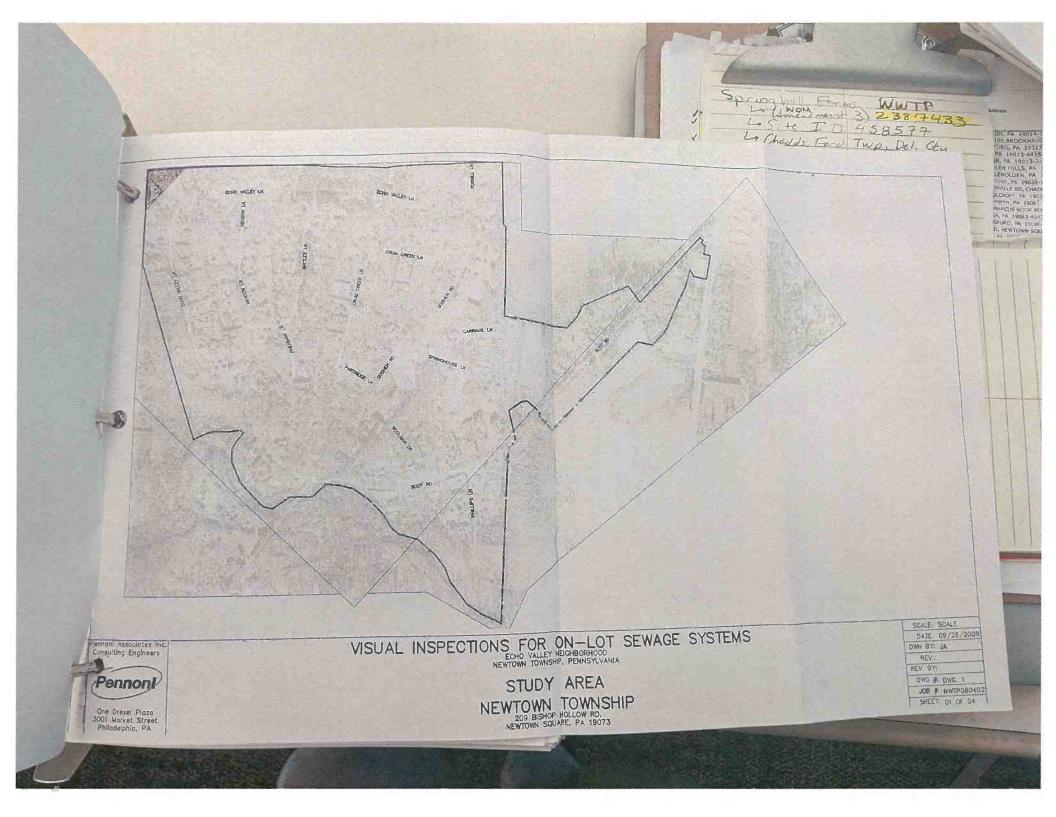
SOIL MAPS & EVALUATIONS

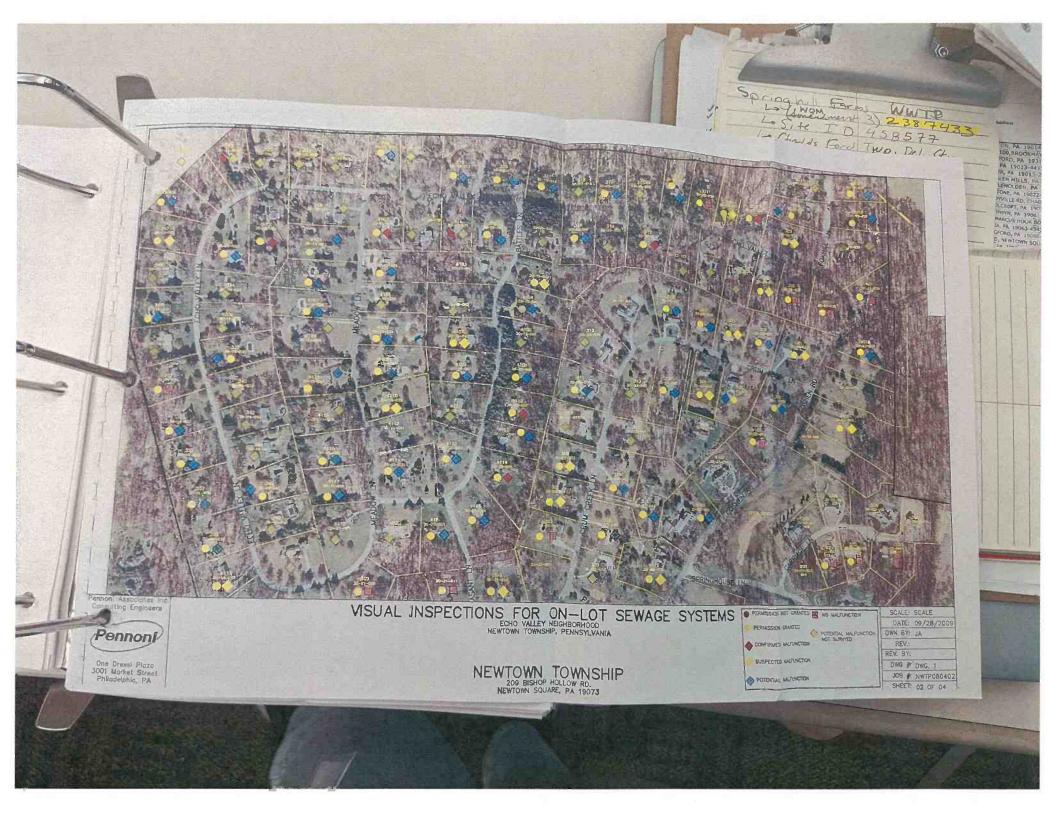
AERIAL PHOTOGRAPH 1967-1972

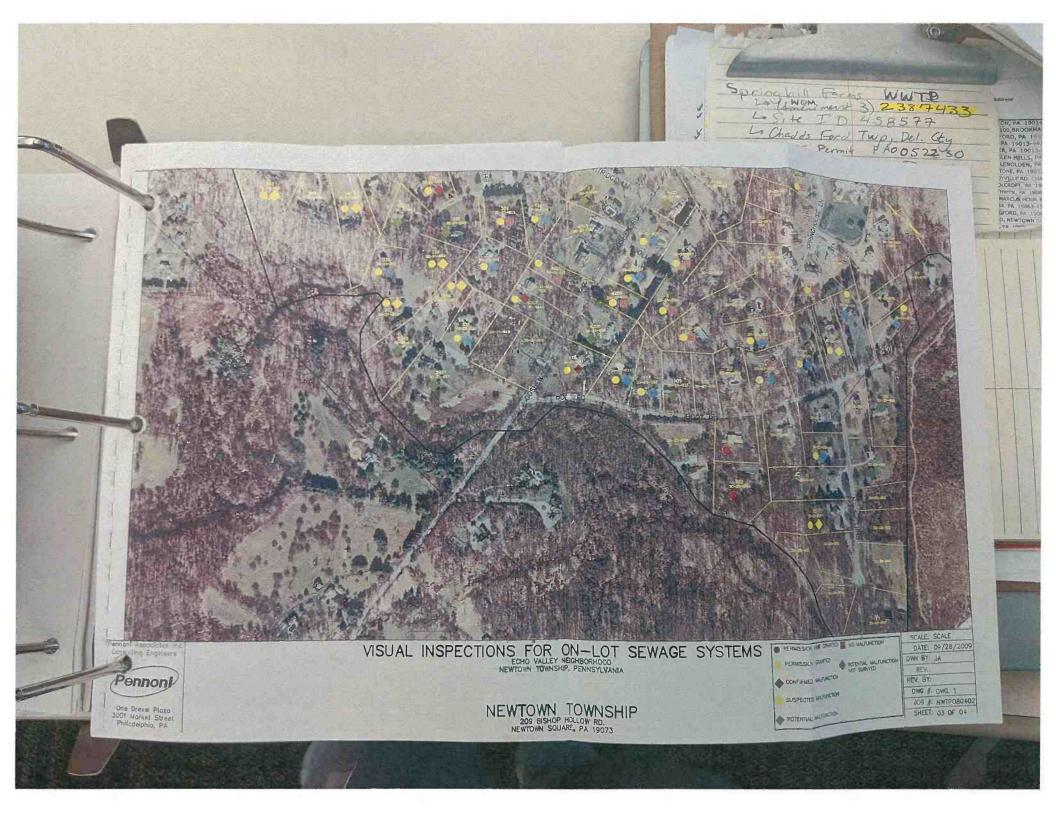
OLDS PERMIT RECORDS 2000-2008

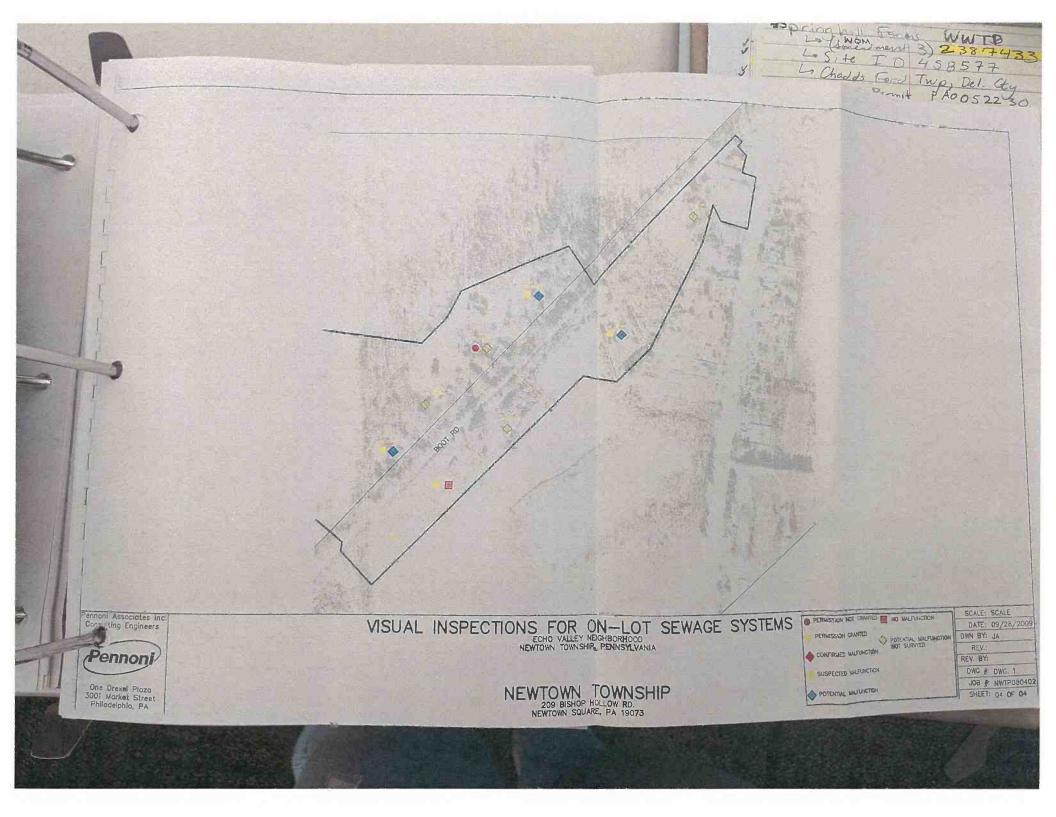


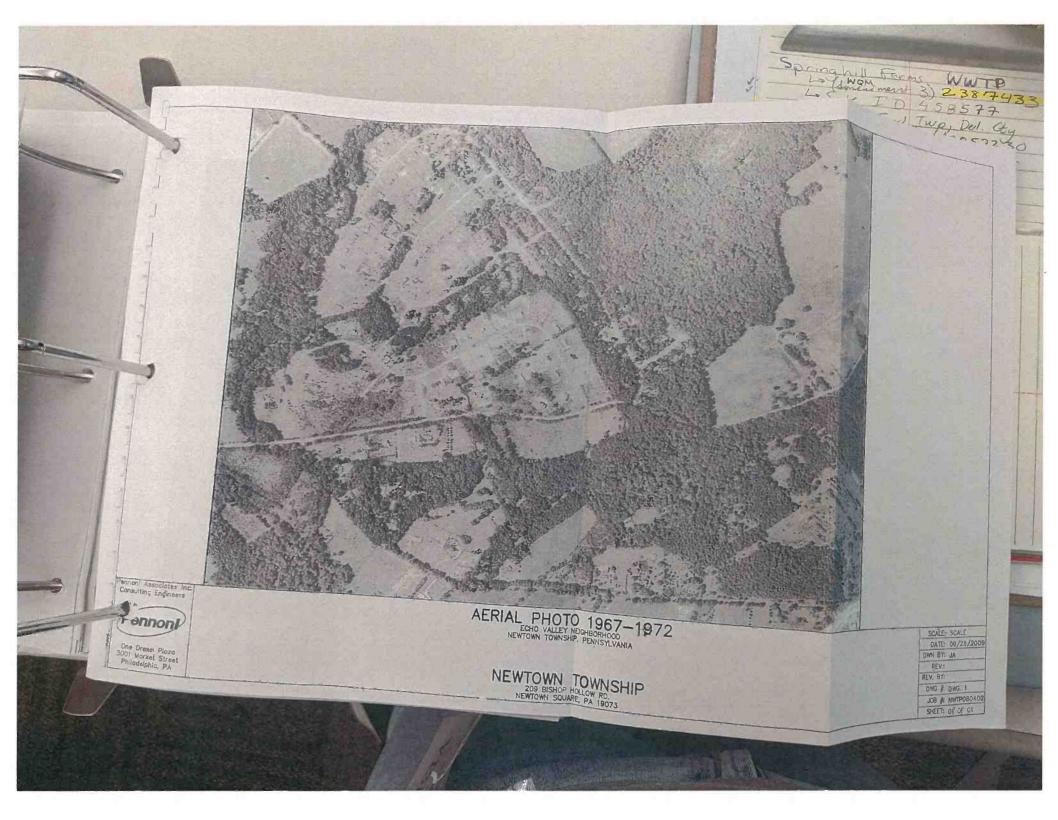














Soil Map–Chester County, Pennsylvania (Echo Valley Area )

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|            | MAPL                   | EGEND       | )                          | MAP INFORMATION                                                                                                                     |
|------------|------------------------|-------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Area of In | iterest (AOI)          | <i>c</i> 0  | Very Stony Spot            | Map Scale: 1:15,900 if printed on A size (8.5" × 11") sheet.                                                                        |
| Soils      | Area of Interest (AOI) | Ϋ́          | Wet Spot                   | The soil surveys that comprise your AOI were mapped at sc<br>ranging from 1:20,000 to 1:24,000.                                     |
| 30115      | Soil Map Units         | A           | Other                      | Please rely on the bar scale on each map sheet for accurate                                                                         |
| Special    | Point Features         | •           | Line Features              | measurements.                                                                                                                       |
| U.         | Blowout                | ۶.,         | Gully                      | Source of Map: Natural Resources Conservation Service                                                                               |
| X          | Borrow Pit             | • • •       | Short Steep Slope<br>Other | Web Soil Survey URL: http://websoilsurvey.nrcs.usda.gov<br>Coordinate System: UTM Zone 18N NAD83                                    |
| *          | Clay Spot              | Political F |                            | This product is generated from the USDA-NRCS certified da                                                                           |
| 4          | Closed Depression      | Political r | Cities                     | the version date(s) listed below.                                                                                                   |
| $\sim$     | Gravel Pit             | Water Fe    | atures                     | Soil Survey Area: Chester County, Pennsylvania                                                                                      |
| ."s        | Gravelly Spot          |             | Oceans                     | Survey Area Data: Version 3, Dec 3, 2008                                                                                            |
| ٩          | Landfill               |             | Streams and Canals         | Soil Survey Area: Delaware County, Pennsylvania<br>Survey Area Data: 'Version 6, Feb 24, 2009                                       |
| ٨          | Lava Flow              | Transport   |                            | Your area of interest (AOI) includes more than one soil surve                                                                       |
| علد        | Marsh or swamp         | +++         | Rails                      | These survey areas may have been mapped at different scale                                                                          |
| 57         | Mine or Quarry         | ~           | Interstate Highways        | a different land use in mind, at different times, or at different<br>of detail. This may result in map unit symbols, soil propertie |
| 0          | Miscellaneous Water    | ~           | US Routes                  | Interpretations that do not completely agree across soil surve<br>boundaries.                                                       |
| ۲          | Perennial Water        |             | Major Roads                | Date(s) aerial images were photographed: 4/13/1999                                                                                  |
| *          | Rock Outcrop           |             | Local Roads                | The orthophoto or other base map on which the soll lines w                                                                          |
| +          | Saline Spot            |             |                            | compiled and digitized probably differs from the background                                                                         |
| н н<br>н н | Sandy Spot             |             |                            | imagery displayed on these maps. As a result, some minor<br>of map unit boundaries may be evident.                                  |
| ÷          | Severely Eroded Spot   |             |                            | or map and bookdanes, may be evident.                                                                                               |
| <u>ه</u>   | Sinkhole               |             | ,                          |                                                                                                                                     |
| 27<br>27   | Slide or Slip          |             |                            |                                                                                                                                     |
| ത          | Sodic Spot             |             |                            |                                                                                                                                     |
| ĴĴ         | Spoil Area             |             |                            |                                                                                                                                     |
| ć:         | Stony Spot             |             |                            |                                                                                                                                     |

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Natural Resources Conservation Service

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# Map Unit Legend

|                           | Chester County, Pennsylva                                                   | nia (PA029)  |                |
|---------------------------|-----------------------------------------------------------------------------|--------------|----------------|
| Map Unit Symbol           | Map Unit Name                                                               | Acres in AOI | Percent of AOI |
| GdB                       | Gladstone gravelly loam, 3 to 8 percent slopes                              | 0.1          | 0,0%           |
| GdC                       | Gladstone gravelly loam, 8 to 15 percent slopes                             | 1.9          | 0.3%           |
| Ӊа                        | Hatboro silt loam                                                           | 16.8         | 2.8%           |
| PaC                       | Parker gravelly loam, 8 to 15 percent slopes                                | 0.2          | .0%            |
| PaD                       | Parker gravelly loam, 15 to 25 percent slopes                               | . 1.2        | 0.2%           |
| PaF                       | Parker gravelly loam, 35 to 60 percent slopes                               | 0.0          | D.0%           |
| Subtotals for Soil Surve  | y Area                                                                      | · 20.2       | · 3.4%         |
| Totals for Area of Intere | st                                                                          | 601.2        | 100.0%         |
|                           | Delaware County, Pennsylva                                                  |              |                |
| . Map Unit Symbol         | Map Unit Name                                                               | Acres in AOI | Percent of AOI |
| BsD                       | Brandywine very stony loam, 8 to 25 percent slopes                          | 3.0          | 0.5%           |
| BsF                       | Brandywine very stony loam, 25 to 50 percent slopes                         | . 2.7        | 0.4%           |
| Ch                        | Chewacla silt loam                                                          | 20.3         | 3.4%           |
| CkC3                      | Chrome gravelly silty clay loam, 8 to 15<br>percent slopes, severely eroded | •. 6.6       | 1.1%           |
| CkD3                      | Chrome gravely silty clay loam, 15 to 25 percent slopes, severely eroded    | 4.0          | . 0.7%         |
| GeB                       | Gienelg channery silt loam, 3 to 8 percent slopes                           | 15.4         | 2.6%           |
| GeB2                      | Glenelg channery silt loam, 3 to 8 percent slopes, moderately eroded        | 104.1        | 17.3%          |
| GeC .                     | Glenelg channery silt loam, 8 to 15 percent slopes                          | - 49.5       | 8.2%           |
| SeC2                      | Glenelg channery sitt loam, 8 to 15 percent slopes; moderately eroded       | 157.1        | . 26.1%        |
| GeD                       | Glenelg channery silt loam, 15 to 25 percent slopes                         | . 54.0       | 9.0%           |
| GeD2                      | Glenelg channery silt loam, 15 to 25 percent stopes, moderately eroded      | 7.9          | - 1.3%         |
| GeD3                      | Glenelg channery silt loam, 15 to 25 percent slopes, severely eroded        | . 15.8       | . 2.6%         |
| eE                        | Glenelg channery slit loam, 25 to 35 percent slopes                         | 32.2         | 5.3%           |
| eE3                       | Glenelg channery slit loam, 25 to 35 percent slopes, severely eroded        | . 3.2        | 0.5%           |
| anB                       | Glenville silt loam, 3 to 8 percent slopes                                  | 26.4         | 4.4%           |
| BnB2                      | Glenville silt loam, 3 to 8 percent slopes,<br>moderately eroded            | 18.7         | 3.1%           |



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•\*• • Soil Map-Chester County, Pennsylvania, and Delaware County, Pennsylvania

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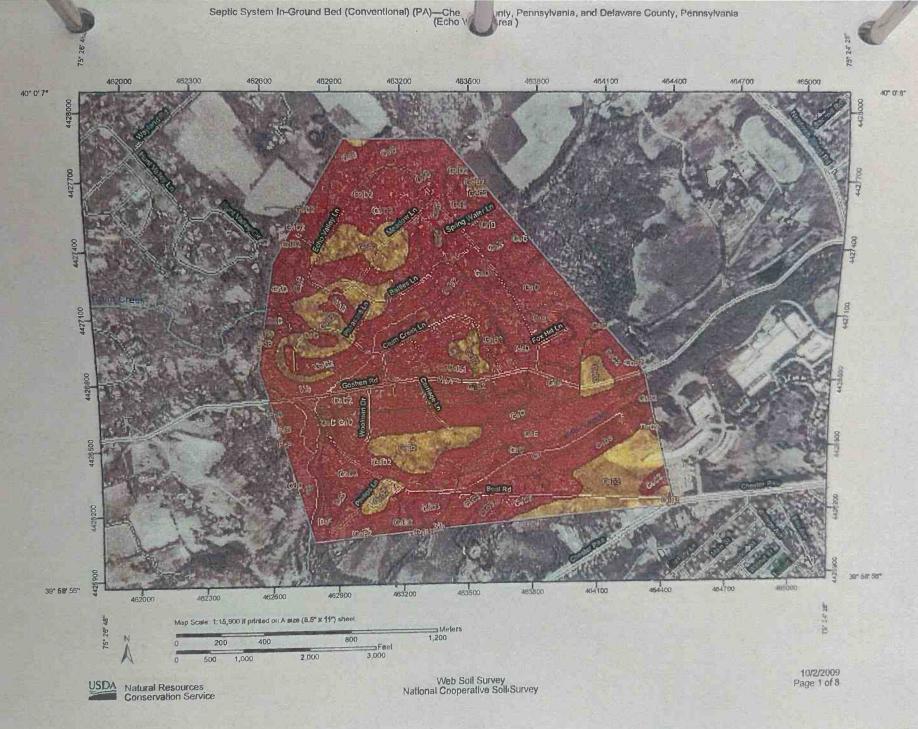
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|                           | Delaware County, Pennsylvan                            | ia (PA045)   |                |  |  |
|---------------------------|--------------------------------------------------------|--------------|----------------|--|--|
| Map Unit Symbol           | Map Unit Name                                          | Acres in AOI | Percent of AOI |  |  |
| NsD                       | Neshaminy very stony silt loam, 8 to 25 percent slopes | 19.5         | . 3.2%         |  |  |
| We                        | Wehadkee silt loam                                     | 30.6         | 5.1%           |  |  |
| WoA .                     | Worsham silt loam, 0 to 3 percent slopes               | 5.4          | 0.9%           |  |  |
| WsB                       | Worsham very stony silt loarn, 0 to 8 percent slopes   | 4.5          | 0.7%           |  |  |
| Subtotals for Soil Surve  | y Area                                                 | 581.0        | . 96.6%        |  |  |
| Totals for Area of Intere | st ·                                                   | 601.2        | . 100.0%       |  |  |

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Septic System In-Ground Bed (Conventional) (PA)–Chester in the conventional (PA)–Chester in the conventional (Echo Valley Area )

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| MAP LEGEND                                       | MAP INFORMATION                                                                                                                                                                                                       |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Area of Interest (AOI)                           | Map Scale: 1:15,900 if printed on A size (8.5" × 11") sheet.                                                                                                                                                          |
| Area of Interest (AOI) Soits                     | The soil surveys that comprise your AOI were mapped at scales ranging from 1:20,000 to 1:24,000.                                                                                                                      |
| : Soil Map Units<br>Soil Ratings                 | Please rely on the bar scale on each map sheet for accurate map measurements.                                                                                                                                         |
| Very limited                                     | Source of Map: Natural Resources Conservation Service<br>Web Soll Survey URL: http://websollsurvey.nrcs.usda.gov                                                                                                      |
| Moderately limited Slightly limited              | Coordinate System: UTM Zone 18N NAD83                                                                                                                                                                                 |
| Not limited                                      | This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.                                                                                                                   |
| not rated or not available<br>Political Features | Soil Survey Area: Chester County, Pennsylvania<br>Survey Area Data: Version 3, Dec 3, 2008                                                                                                                            |
| © Cities                                         | Soil Survey Area: Delaware County, Pennsylvania<br>Survey Area Data: Version 6, Feb 24, 2009                                                                                                                          |
| Water Features                                   | Your area of interest (AOI) includes more than one soil survey area.                                                                                                                                                  |
| Streams and Canals<br>Transportation             | These survey areas may have been mapped at different scales, with<br>a different land use in mind, at different times, or at different levels<br>of detail. This may result in map unit symbols, soil properties, and |
|                                                  | interpretations that do not completely agree across soil survey area boundaries.                                                                                                                                      |
| US Routes                                        | Date(s) aerial images were photographed: 4/13/1999                                                                                                                                                                    |
| Major Roads                                      | The orthophoto or other base map on which the soil lines were<br>compiled and digitized probably differs from the background                                                                                          |
| Local Roads                                      | imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.                                                                                                              |
|                                                  |                                                                                                                                                                                                                       |
|                                                  |                                                                                                                                                                                                                       |
|                                                  |                                                                                                                                                                                                                       |
|                                                  |                                                                                                                                                                                                                       |
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Septic System in-Ground Bed (Conventional) (PA)–Chester County, Pennsylvania, and Delaware County, Pennsylvania

# Septic System In-Ground Bed (Conventional) (PA)

| Map unit<br>symbol | Map unit name                    | Rating              | Component name<br>(percent)      | Rating reasons<br>(numeric values)   | Acres In<br>AOI                   | Percent of<br>AOI |  |                              |  |    |  |  |  |
|--------------------|----------------------------------|---------------------|----------------------------------|--------------------------------------|-----------------------------------|-------------------|--|------------------------------|--|----|--|--|--|
| GdB                | Gladstone gravelly               | Moderately limited  | Gladstone (93%)                  | Too steep (0.88)                     | 0.1                               | 0.09              |  |                              |  |    |  |  |  |
|                    | loam, 3 to 8<br>percent slopes   | 1                   |                                  | Potential bedrock near<br>60" (0.33) |                                   | · ·               |  |                              |  |    |  |  |  |
| GdC                | Gladstone gravelly               | Very limited        | Gladstone (90%)                  | Too steep (1.00)                     | 1.9                               | 0,3%              |  |                              |  |    |  |  |  |
|                    | loam, B to 15<br>percent slopes  |                     |                                  | Potential bedrock near<br>60" (0.33) |                                   |                   |  |                              |  |    |  |  |  |
|                    |                                  | . Cokesbury (5%) Si | Seasonal high water table (1.00) |                                      |                                   |                   |  |                              |  |    |  |  |  |
|                    |                                  |                     |                                  | Slow percolation<br>>12" (1.00)      |                                   | ,                 |  |                              |  |    |  |  |  |
|                    |                                  | _                   |                                  | Slope (0.13)                         | 1                                 |                   |  |                              |  |    |  |  |  |
| Ha                 | Hatboro silt loam                | Very limited        | Hatboro (95%)                    | Seasonal high water table (1.00)     | 16.8                              | 2.89              |  |                              |  |    |  |  |  |
|                    |                                  |                     |                                  | Flooding (1.00)                      |                                   |                   |  |                              |  |    |  |  |  |
|                    |                                  |                     |                                  | Slow percolation<br>>12" (0.89)      |                                   | ٠                 |  |                              |  |    |  |  |  |
| _                  | [                                |                     |                                  | Slope (0.13)                         | 1                                 |                   |  |                              |  |    |  |  |  |
| PaC                | Parker gravelly                  | Very limited        | Parker (97%)                     | Too steep (1.00)                     | 0.2                               | 0.0%              |  |                              |  |    |  |  |  |
|                    | loam, 8 to 15<br>percent slopes  | •                   |                                  | •                                    | •                                 |                   |  | Fast percolation >12" (1.00) |  | ]. |  |  |  |
|                    | · .                              |                     |                                  |                                      | Slight volded fragments<br>(0.08) |                   |  | ٠                            |  |    |  |  |  |
| •                  |                                  | · ·                 | 11<br>                           | Potential bedrock near<br>60" (0.03) |                                   |                   |  |                              |  |    |  |  |  |
| PaD .              | Parker gravelly                  | Very Ilmited        | Parker (97%)                     | Too steep (1.00)                     | 1.2                               | 0.2%              |  |                              |  |    |  |  |  |
|                    | loam, 15 to 25<br>percent slopes |                     |                                  | Fast percolation<br>>12" (1.00)      |                                   |                   |  |                              |  |    |  |  |  |
|                    |                                  |                     |                                  | Slight volded fragments<br>(0.08)    |                                   |                   |  |                              |  |    |  |  |  |
|                    |                                  |                     |                                  | Potentlal bedrock near<br>60" (0.03) |                                   |                   |  |                              |  |    |  |  |  |
| PaF                | Parker gravelly                  | Very Ilmited        | Parker (85%)                     | Too steep (1.00)                     | 0.0                               | 0.09              |  |                              |  |    |  |  |  |
|                    | loam, 35 to 60<br>percent slopes |                     |                                  | Fast percolation<br>>12" (1.00)      |                                   |                   |  |                              |  |    |  |  |  |
| • •                | -                                |                     |                                  | Slight volded fragments<br>(0.08)    |                                   |                   |  |                              |  |    |  |  |  |
|                    | L.                               |                     | · .                              | Potential bedrock near<br>60" (0.03) |                                   |                   |  |                              |  |    |  |  |  |
| Subtotals fo       | or Soll Survey Area              | · ·                 |                                  |                                      | 20.2                              | . 3.4%            |  |                              |  |    |  |  |  |
| Totals for A       | rea of interest.                 | •                   |                                  |                                      | 601.2                             | · 100.0%          |  |                              |  |    |  |  |  |

Natural Resources Conservation Service

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10/2/2009 Page 3 of 8 Septic System In-Ground Bed (Conventional) (PA)–Chester County, Pennsylvania, and Delaware County, Pennsylvania

Echo Valley Area

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| Map unit<br>symbol | Map unit name                            | Rating             | Component name<br>(percent) | Rating reasons<br>(numeric values)         | Acres in<br>AOI | Percent of<br>AOI |  |  |   |   |   |
|--------------------|------------------------------------------|--------------------|-----------------------------|--------------------------------------------|-----------------|-------------------|--|--|---|---|---|
| BsD                | Brandywine very                          | Very limited       | Brandywine (85%)            | Too steep (1.00)                           | 3.0             | 0.5%              |  |  |   |   |   |
|                    | stony loam, 8 to 25<br>percent slopés    | ·                  |                             | Bedrock, above<br>60" (1.00)               |                 |                   |  |  |   |   |   |
| •                  |                                          |                    |                             | Potential slow<br>percolation >12" (0.01)  |                 |                   |  |  |   |   |   |
| BsF                | Brandywine very                          | Very limited       | Brandywine (85%)            | Too steep (1.00)                           | 2.7             | 0.4%              |  |  |   |   |   |
|                    | stony loam, 25 to<br>50 percent slopes   |                    |                             | Bedrock, above<br>60" (1.00)               |                 |                   |  |  |   |   |   |
|                    | ·                                        | l<br>              |                             | Potentlal slow<br>·percolation >12" (0.01) |                 | •                 |  |  |   |   |   |
| Ch,                | Chewacla sllt loam                       | Very limited       | Chewacla (85%)              | Seasonal high water<br>table (1.00)        | 20.3            | 3.4%              |  |  |   |   |   |
|                    |                                          |                    |                             | Flooding (1.00)                            |                 |                   |  |  | , | , |   |
|                    |                                          |                    |                             | Fast percolation<br>>12" (1.00)            |                 |                   |  |  |   |   | . |
|                    |                                          |                    |                             | Slope (0.13)                               |                 |                   |  |  |   |   |   |
|                    |                                          |                    | Wehadkee (5%)               | Seasonal high water<br>table (1.00)        |                 |                   |  |  |   |   |   |
|                    |                                          |                    |                             | Flooding (1.00)                            |                 |                   |  |  |   |   |   |
|                    |                                          |                    |                             | Slow percolation<br>>12" (0.89)            |                 |                   |  |  |   |   |   |
|                    |                                          |                    |                             | Slope (0.13)                               |                 |                   |  |  |   |   |   |
| CkC3               | Chrome gravelly<br>silty clay loam, 8 to | Very limited       | Chrome (85%)                | Bedrock, above<br>60" (1.00)               | 6.6             | 1.1%              |  |  |   |   |   |
|                    | 15 percent slopes,<br>severely eroded    |                    |                             | Too steep (1.00)                           | ]               |                   |  |  |   |   |   |
|                    |                                          | ۰.<br>۱            |                             | Slow percolation<br>>12" (0.89)            |                 | •                 |  |  |   |   |   |
| CkD3               | Chrome gravelly<br>slity clay loam, 15   | Very limited       | Chrome (90%)                | Bedrock, above<br>60" (1.00)               | 4.0             | 0.7%              |  |  |   |   |   |
|                    | to 25 percent<br>siopes, severely        |                    |                             | Too steep (1.00)                           |                 | •                 |  |  |   |   |   |
|                    | eroded                                   |                    |                             | Slow percolation<br>>12" (0.89)            |                 |                   |  |  |   |   |   |
| GeB                | Glenelg channery<br>silt loam, 3 to 8    | Very limited       | Glenelg (85%)               | Bedrock, above<br>60" (1.00)               | 15.4            | 2.6%              |  |  |   |   |   |
|                    | percent slopes                           |                    |                             | Slow percolation<br>>12" (0.89)            | -               |                   |  |  |   |   |   |
|                    |                                          | •                  |                             | Too steep (0.88)                           |                 |                   |  |  |   |   |   |
| GeB2               | Gleneig channery<br>slit loam, 3 to 8    | Moderately limited | Glenelg (85%)               | Slow percolation<br>>12" (0.89)            | 104.1           | 17.3%             |  |  |   |   |   |
|                    | percent slopes,<br>moderately<br>eroded  |                    |                             | Too steep (0.88)                           |                 | ••                |  |  |   |   |   |

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Septic System In-Ground Bed (Conventional) (PA)–Chester County, Pennsylvania, and Delaware County, Pennsylvania

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| Map unit<br>symbol | Map unit name                                                  | Rating       | Component name<br>(percent) | Rating reasons<br>(numeric values)  | Acres in<br>AOI | Percent of<br>AOI |
|--------------------|----------------------------------------------------------------|--------------|-----------------------------|-------------------------------------|-----------------|-------------------|
| GeC                | Glenelg channery<br>silt loam, 8 to 15                         | Very limited | Glenelg (85%)               | Bedrock, above<br>60" (1.00)        | 49.5            | 8.2%              |
|                    | percent slopes                                                 |              |                             | Too steep (1.00)                    | 1               |                   |
|                    |                                                                |              |                             | Slow percolation<br>>12" (0.89)     |                 | •                 |
| GeC2               | Glenelg channery                                               | Very limited | Glenelg (85%)               | Too steep (1.00)                    | 157.1           | 26.19             |
|                    | slit loam, 8 to 15<br>percent slopes,<br>moderately<br>eroded  |              |                             | Slow percolation<br>>12" (0.89)     |                 | •                 |
| GeD .              | Gleneig channery<br>silt loam, 15 to 25                        | Very limited | Glenelg (85%)               | Bedrock, above<br>60" (1.00)        | 54.0            | 9.0%              |
| ·                  | percent slopes                                                 |              |                             | Too steep (1.00)                    | -               |                   |
|                    |                                                                |              |                             | Slow percolation<br>>12" (0.89)     |                 |                   |
| GeD2               | Glenelg channery                                               | Very limited | Gleneig (85%)               | Too steep (1.00)                    | 7.9             | . 1.39            |
|                    | slit loam, 15 to 25<br>percent slopes,<br>moderately<br>eroded |              |                             | Slow percolation<br>>12" (0.89)     |                 |                   |
| GeD3               | Gleneig channery                                               | Verý limited | Gleneig (85%)               | Too steep (1.00)                    | 15.8            | 2.6%              |
| •                  | sllt ioam, 15 to 25<br>percent slopes,<br>severely eroded      |              |                             | Bedrock, above<br>60" (1.00)        |                 | ٠                 |
| •                  |                                                                |              |                             | Slow percolation<br>>12" (0.89)     |                 |                   |
| GeE -              | Glenelg channery<br>sllt loam, 25 to 35                        | Very limited | Glenelg (85%)               | Too steep (1.00)                    | 32.2            | 5.3%              |
|                    | percent slopes                                                 |              |                             | Bedrock, above<br>60" (1.00)        |                 |                   |
| 4                  |                                                                |              |                             | Slow percolation >12" (0.89)        |                 |                   |
| GeE3               | Glenelg channery<br>silt loam, 25 to 35                        | Very Ilmited | Glenelg (85%)               | Too steep (1.00)                    | 3.2             | 0.5%              |
|                    | percent slopes,<br>severely eroded                             |              |                             | Bedrock, above<br>60" (1.00)        |                 |                   |
|                    |                                                                |              |                             | Slow percolation<br>>12" (0.89)     |                 |                   |
| βnΒ                | Glenville silt loam, 3<br>to 8 percent                         | Very limited | Glenville (90%)             | Seasonal high water<br>table (1.00) | 26.4            | 4.4%              |
|                    | slopes ·                                                       |              |                             | Slow percolation<br>>12" (1.00)     |                 |                   |
|                    |                                                                |              |                             | Too steep (0.88)                    |                 |                   |
|                    |                                                                |              | Balle (5%)                  | Seasonal high water<br>table (1.00) |                 |                   |
|                    |                                                                |              |                             | Slow percolation<br>>12" (1.00)     |                 |                   |
|                    |                                                                |              |                             | Siope (0.13)                        |                 |                   |

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Natural Resources Conservation Service Web Soll Survey National Cooperative Soll Survey 10/2/2009 Page 5 of 8 Septic System In-Ground Bed (Conventional) (PA)-Chester County, Pennsylvania, and Delaware County, Pennsylvania

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| Map unlt<br>symbol | Map unit name                                             | Rating           | Component name<br>(percent)     |                        | g reasons<br>eric values) | Acres in<br>AOI | Percent of<br>AOI |
|--------------------|-----------------------------------------------------------|------------------|---------------------------------|------------------------|---------------------------|-----------------|-------------------|
| GnB2               | Glenville slit loam, 3<br>to 8 percent                    | Very limited     | Glenville (85%)                 | Seasonal<br>table (1   | high water<br>.00)        | 18.7            | 3.1               |
| •                  | slopes,<br>moderately<br>eroded                           |                  |                                 | Siow perc<br>>12" (1.  |                           |                 |                   |
|                    |                                                           |                  |                                 | Too steep              | (0.88)                    | 1               |                   |
|                    |                                                           | -<br>. ·         | Worsham (7%)                    | Seasonal<br>table (1   | high water<br>,00)        |                 |                   |
| •                  |                                                           |                  |                                 | Slow perc<br>>12" (1.  |                           |                 |                   |
| . ·                |                                                           |                  |                                 | Too steep              | (0.88)                    |                 |                   |
| NsD                | Neshaminy very<br>stony sllt loam, 8                      | Very limited     | Neshaminy,<br>extremely         | Slow perc<br>>12" (1.  |                           | 19.5            | 3.2               |
|                    | to 25 percent<br>slopes                                   |                  | bouldery (97%)                  | Too steep              | (1.00)                    |                 |                   |
|                    |                                                           |                  |                                 | Bedrock, a<br>60" (1.0 |                           |                 |                   |
|                    |                                                           |                  | Towhee, extremely<br>stony (3%) | Seasonal<br>table (1   | high water<br>.00)        |                 |                   |
|                    |                                                           |                  |                                 | Slow perc<br>>12" (1.  |                           |                 |                   |
|                    |                                                           |                  | _·                              | Slope (0.5             | 50)                       |                 | •                 |
| Ve                 | Wehadkee sllt loam                                        | Very limited     | Wehadkee (90%)                  | Seasonal<br>table (1   | hlgh water<br>.00)        | 30.6            | - 5.1             |
| **                 |                                                           |                  |                                 | Flooding (             | 1.00)                     |                 |                   |
|                    | 1                                                         |                  |                                 | Slow perc<br>>12" (0,  |                           |                 |                   |
|                    | ,                                                         |                  |                                 | Slope (0.1             | 3)                        | l .             |                   |
| VoA                | Worsham slit loam, 0<br>to 3 percent ·<br>slopes          | Very Ilmited     | Worsham (85%)                   | Seasonal<br>table (1.  | hlgh water<br>.00)        | . 5.4           | . 0.9             |
|                    |                                                           |                  |                                 | Slow perc<br>>12" (1.  | 00)                       |                 |                   |
|                    |                                                           |                  |                                 | Slope (0.1             |                           |                 |                   |
| Vs₿                | Worsham very stony<br>sllt loam, 0 to 8<br>percent slopes | Very limited     | Worsham (85%)                   | table (1.              |                           | 4.5             | 0.7               |
| •                  |                                                           |                  |                                 | Slow perc<br>>12" (0,  | 94)                       |                 | •                 |
|                    |                                                           |                  |                                 | Slope (0.5             | 0)                        |                 |                   |
|                    | or Soil Survey Area                                       |                  | •                               |                        |                           | 581.0           | 96.6              |
|                    | Area of Interest                                          |                  |                                 |                        |                           | 601.2           | 100.0             |
|                    | * * * * * * * * * * * * * * * *                           | tem In-Ground Be | d (Conventional) (PA)—          |                        |                           | **              | • ;               |
|                    | Rating                                                    | ·                | Acres in A                      | .ói                    | F                         | Percent of AO   |                   |
| ery limited        |                                                           |                  |                                 | 496.9                  | _                         | -               | 82.7              |

Natural Resources Conservation Service

Totals for Area of Interest

Web Soll Survey National Cooperative Soil Survey

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601.2

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100.0%

#### Echo Valley Area

#### Description

This is a system of subsurface lines that distribute effluent from a septic tank into the natural soil. The distribution lines are at a minimum depth of 12 inches. Only the part of the soils between depths of 0 and 60 inches is considered when the soils are rated.

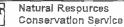
The soil properties and site features considered are those that affect absorption of the effluent and construction and maintenance of the system and those that may affect public health. These include depth to a water table, depth to bedrock, content of rock fragments, flooding, slope, and saturated hydraulic conductivity (Ksat). Flooding is a serious problem because it can result in Improper treatment of the effluent and contamination of ground water or surface water. If Ksat is too fast or too slow, if the content of rock fragments is too high, or if the water table Is too close to the surface, the effluent can contaminate the ground water. If this system is improperly installed on the steeper slopes, the effluent could flow along the surface . of the soils. Additional grading may be needed in areas downslope from the system.

The ratings are both verbal and numerical. Rating class terms indicate the extent to which the soils are limited by all of the soil features that affect the specified use. "Not limited" indicates that the soil has features that are very favorable for the specified use. Good performance and very low maintenance can be expected. "Slightly limited" indicates that the soil has features that are favorable for the specified use. The limitations are minor and can be easily overcome. Good performance and low maintenance can be expected. "Moderately limited" indicates that are somewhat favorable for the specified use. The limitations can be overcome or minimized by special planning, design, or installation. Fair performance and moderate maintenance can be expected. "Very limited" indicates that the soil has one or more features that are unfavorable for the specified use. The limitations generally cannot be overcome without major soil reclamation, special design, or expensive installation procedures. Poor performance and high maintenance can be expected.

Numerical ratings indicate the severity of Individual limitations. The ratings are shown as decimal fractions ranging from 0.01 to 1.00. They indicate gradations between the point at which a soil feature has the greatest negative impact on the use (1.00) and the point at which the soil feature is not a limitation (0.00).

The map unit components listed for each map unit in the accompanying Summary by Map Unit table in Web Soil Survey or the Aggregation Report in Soil Data Viewer are determined by the aggregation method chosen, which is displayed on the report. An aggregated rating class is shown for each map unit. The components listed for each map unit are only those that have the same rating class as listed for the map unit. The percent composition of each component in a particular map unit is presented to help the user better understand the percentage of each map unit that has the rating presented.

Other components with different ratings may be present in each map unit. The ratings for all components, regardless of the map unit aggregated rating, can be viewed by generating the Selected Soll Interpretations report with this interpretation included from the Soil Reports tab in Web Soil Survey or from the Soil Data Mart



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Septic System Drip Irrigation (Alternate) (PA)--Chester Cumry, Pennsylvania, and Delaware County, Pennsylvania (Echo Valley Area)

| MA                            | P LEGEND                                | MAP INFORMATION                                                                                                                                                                                                       |
|-------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Area of Int                   | erest (AOI)                             | Map Scale: 1:15,900 if printed on A size (8.5" × 11") sheet.                                                                                                                                                          |
| Soils                         | Area of Interest (AOI)                  | The soil surveys that comprise your AOI were mapped at scales ranging from 1:20,000 to 1:24,000.                                                                                                                      |
| <sup>}</sup><br>Soil Rati     | Soil Map Units<br>ings                  | Please rely on the bar scale on each map sheet for accurate map measurements.                                                                                                                                         |
|                               | Very limited<br>Moderately limited      | Source of Map: Natural Resources Conservation Service<br>Web Solf Survey URL: http://websoilsurvey.nrcs.usda.gov<br>Coordinate System: UTM Zone 18N NAD83                                                             |
|                               | Slightly limited<br>Not limited         | This product is generated from the USDA-NRCS certified data as of the version date(s) fisted below.                                                                                                                   |
| Political F                   | Not rated or not available              | Soil Survey Area: Chester County, Pennsylvania<br>Survey Area Data: Version 3, Dec 3, 2008                                                                                                                            |
| Ø                             | Cities                                  | Soil Survey Area: Delaware County, Pennsylvania                                                                                                                                                                       |
| Water Feat                    | tures                                   | Survey Area Data: Version 6, Feb 24, 2009                                                                                                                                                                             |
|                               | Oceans<br>Streams and Canals            | Your area of interest (AOI) includes more than one soil survey area.<br>These survey areas may have been mapped at different scales, with<br>a different land use in mind, at different times, or at different levels |
| Transporta<br><del>+**+</del> | Rails                                   | of detail. This may result in map unit symbols, soil properties, and<br>interpretations that do not completely agree across soil survey area<br>boundaries.                                                           |
| ~                             | Interstate Highways                     | Date(s) aerial images were photographed: 4/13/1999                                                                                                                                                                    |
| ~                             | US Routes<br>Major Roads<br>Local Roads | The orthophoto or other base map on which the soil lines were<br>compiled and digitized probably differs from the background<br>imagery displayed on these maps. As a result, some minor shifting                     |
| ~                             | Local Roads                             | of map unit boundaries may be evident.                                                                                                                                                                                |
|                               |                                         |                                                                                                                                                                                                                       |
|                               |                                         |                                                                                                                                                                                                                       |
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# Septic System Drip Irrigation (Alternate) (PA)

| GdB                |                                                            | Rating                 | Component name<br>(percent) | Rating reasons (numeric values)        | Acres in<br>AOI | Percent of        |
|--------------------|------------------------------------------------------------|------------------------|-----------------------------|----------------------------------------|-----------------|-------------------|
|                    | Gladstone gravelly<br>loam, 3 to 8 percent<br>slopes       | Slightly Ilmited       | Gladstone (93%)             | Slope (0.12)                           | 0.1             | 0.0%              |
| GdC<br>            | Gladstone gravelly<br>loam, 8 to 15<br>percent slopes      | Slightly limited       | Gladstone (90%)             | Slope (0:46)                           | 1.9             | 0.3%              |
| Ha                 | Hạtboro silt Ioam                                          | Very Ilmited           | Hatboro (95%)               | Seasonal high<br>water table<br>(1.00) | . 16.8          | 2.89              |
|                    |                                                            |                        |                             | Flooding (1.00)                        | ]               |                   |
|                    |                                                            |                        |                             | Slope (0.01)                           | 1               | •                 |
| PaC                | Parker gravelly loam,                                      | Slightly limited       | Parker (97%)                | Słope (0.46)                           | 0.2             | 0.0%              |
|                    | 8 to 15 percent<br>slopes                                  | · .                    | •                           | Slight volded<br>fragments (0.08)      |                 | -                 |
| PaD .              | Parker gravelly loam,                                      | Moderately Ilmited     | Parker (97%)                | Too steep (0.92)                       | 1.2             | 0.2%              |
|                    | 15 to 25 percent slopes                                    |                        |                             | Slight volded<br>fragments (0.08)      |                 |                   |
| PaF                | Parker gravelly loam,                                      | Very limited           | Parker (85%)                | Too steep (1.00)                       | 0.0             | 0.0%              |
| ·                  | 35 to 60 percent<br>slopes                                 |                        |                             | Slight volded<br>fragments (0.08)      |                 |                   |
| Subtotals fo       | r Soil Survey Area                                         |                        |                             |                                        | 20.2            | 3.4%              |
| Totals for A       | rea of Interest                                            |                        |                             |                                        | 601.2           | 100.0%            |
| . Sep              | ntic System Drip Irriga                                    | tion (Alternate) (PA)- | – Summary by Map Ur         | ilt — Delaware <b>Cour</b>             | ty, Pennsyl     | vania             |
| Map unit<br>symbol | Map unit name                                              | Rating                 | Component name<br>(percent) | Rating reasons<br>(numeric values)     | Acres In<br>AOI | Percent of<br>AOI |
| BsD .              | Brandywine very<br>stony loam, 8 to 25<br>percent slopes   | Moderately limited     | Brandywine (85%)            | Slope (0.80)                           | 3.0             | 0.5%              |
| BsF                | Brandywine very<br>stony loarn, 25 to<br>50 percent slopes | Very limited           | Brandywine (85%)            | Too steep (1.00)                       | 2.7             | 0.4%              |
| 2h                 | Chewacla silt loam                                         | Very limited           | Chewacia (85%)              | Seasonal high<br>water table<br>(1.00) | 20.3            | 3.4%              |
| ٠                  | •                                                          |                        |                             | Flooding (1.00)                        |                 |                   |
|                    |                                                            |                        |                             | Slope (0.01)                           |                 |                   |
|                    |                                                            | •                      | Wehadkee (5%)               | Seasonal high<br>water table<br>(1.00) |                 |                   |

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Flooding (1.00) Slope (0.01)

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Echo Valley Area

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| Map unit<br>symbol | Map unit name                                                                                   | Rating             | Component name<br>(percent)               | Rating reasons<br>(numeric values)               | Acres In<br>AOÍ | Percent of<br>AOI |
|--------------------|-------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|--------------------------------------------------|-----------------|-------------------|
| CkC3               | Chrome gravelly silty                                                                           | Slightly Ilmited   | Chrome'(85%)                              | Slope (0.46)                                     | 6.6             | 1.1%              |
| •                  | clay loarn, 8 to 15<br>percent slopes,<br>severely eroded                                       |                    |                                           | Potential bedrock<br>near 20" (0.27)             |                 |                   |
| CkD3               | · Chrome gravelly silty                                                                         | Moderately limited | Chrome (90%)                              | Too steep (0.92)                                 | 4.0             | · 0.7%            |
|                    | clay loam, 15 to 25<br>percent slopes,<br>severely eroded                                       |                    |                                           | Potential bedrock<br>near 20" (0.27)             |                 |                   |
| GeB .              | Glenelg channery silt<br>loam, 3 to 8 percent<br>slopes                                         | Slightly limited   | Glenelg (85%)                             | Slope (0.12)                                     | 15.4            | 2.6%              |
| GeB2               | Glenelg channery silt<br>loam, 3 to 8 percent<br>slopes, moderately<br>eroded                   | Slightly limited   | Gleneig (85%)                             | Slope (0.12)                                     | 104.1           | 17.3%             |
| GeC                | Glenelg channery silt<br>loam, 8 to 15<br>percent slopes                                        | Slightly limited   | Glenelg (85%)                             | Slope (0.46)                                     | 49.5            | 8.2%              |
| GeC2 · ·           | Glenelg channery slit<br>loam, 8 to 15<br>percent slopes,<br>moderately eroded                  | Slightly limited   | Glenelg (85%)                             | Slope (0.46)                                     | 157.1           | 26.1%             |
| GeD                | Glenelg channery sllt<br>loam, 15 to 25<br>percent slopes                                       | Moderately limited | Glenelg (85%)                             | Too steep (0.92)                                 | . 54.0          | . 9.0%            |
| GeD2               | Gleneig channery silt<br>Ioam, 15 to 25<br>percent slopes,<br>moderately eroded                 | Moderately limited | Glenelg (85%)                             | Too steep (0.92)                                 | 7.9             | 1.3%              |
| GeD3 ·             | Glenelg channery silt<br>loam, 15 to 25<br>percent slopes,<br>severely eroded                   | Moderately limited | Glenelg (85%)                             | Too steep (0.92)                                 | 15.B            | 2.6%              |
| ĢeE                | Gleneig channery silt<br>Ioam, 25 to 35<br>• percent slopes                                     | Very limited       | Glenelg (85%)                             | Too steep (1.00)                                 | 32.2            | 5.3%              |
| GeE3               | Glenelg channery silt<br>loam, 25 to 35<br>p <b>erce</b> nt slopes,<br>s <b>ever</b> ely eroded | Very limited       | Glenelg (85%)                             | Too steep (1.00)                                 | . 3,2           | 0.5%              |
| GnB *              | Glenville silt loam, 3<br>to 8 percent slopes                                                   | Moderately limited | Glenville (90%)                           | Potential seasonal<br>high water table<br>(0.98) | 26.4            | 4.4%              |
|                    |                                                                                                 |                    |                                           | Sloge (0.12)                                     |                 |                   |
| GnB2               | Glenville slit loam, 3<br>to 8 percent slopes,<br>moderately eroded                             | Moderately limited | Glenville (85%)                           | Potential seasonal<br>high water table<br>(0.98) | 18.7            | 3.1%<br>•.        |
|                    |                                                                                                 | •                  |                                           | Siope (0.12)                                     |                 |                   |
| NsD                | Neshaminy very<br>stony silt loarn, 8 to<br>25 percent slopes                                   | Moderately limited | Neshaminy,<br>extremely bouldery<br>(97%) | Slope (0.80)                                     | 19,5            | 3.2%              |

Natural Resources Conservation Service Web Soil Survey National Cooperative Soil Survey .

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| Map unit<br>symbol | . Map unit name                                           | . Rating                               | Component name<br>(percent) | Rating reasons<br>(numeric values)     | Acres in<br>AOI | Percent of<br>AOI |
|--------------------|-----------------------------------------------------------|----------------------------------------|-----------------------------|----------------------------------------|-----------------|-------------------|
| We ·               | Wehadkee silt loam                                        | Very limited                           | Wehadkee (90%)              | Seasonal high<br>water table<br>(1.00) | 30.6            | 5.1%              |
|                    |                                                           |                                        |                             | Flooding (1.00)                        | 1 [             | •                 |
|                    |                                                           | l                                      |                             | Slope (0.01)                           |                 | т <b>к</b>        |
| WoA                | Worsham silt loam, 0<br>to 3 percent slopes               | Very limited                           | Worsham (85%)               | Seasonal high<br>water table<br>(1.00) | 5.4             | 0.9%              |
| _ ,                |                                                           |                                        |                             | Slope (0.01)                           |                 |                   |
| WsB                | Worsham very stony<br>silt loam, 0 to 8<br>percent slopes | Very limited                           | Worsham (85%)               | Sèasonal hIgh<br>water table<br>(1.00) | 4.5             | 0.7%              |
|                    |                                                           |                                        |                             | Siope (0.05)                           |                 |                   |
| Subtotals f        | or Soll Survey Area                                       | ······································ | •                           |                                        | 581.0           | 96.6%             |
| Totals for A       | rea of Interest                                           | • •                                    | •                           |                                        | 601.2           | 100.0%            |

| Septic System               | Drip Irrigation (Alte | rnate) (PA)— Summary by R | ating Value    |
|-----------------------------|-----------------------|---------------------------|----------------|
| Rating                      |                       | Acres in AOI              | Percent of AOI |
| Slightly Ilmited            | •                     | 334,8                     | 55.7%          |
| Moderately limited          |                       | 150.6                     | 25.1%          |
| Very Ilmited                | •                     | 115.7                     | .19.2%         |
| Totals for Area of Interest |                       | 601.2                     | 100.0%         |

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#### Echo Valley Area

#### Description

This system is currently listed as an alternate system in the Pennsylvania regulations. It is a subsurface system of drip tubing that distributes effluent from a septic tank, intermittent sand filter tank, and hydraulic filtration unit into the natural soil. The maximum depth of the drip tubing is 12 inches. Only the part of the soils between depths of 0 and 20 inches is considered when the soils are rated.

The soil properties and site features considered are those that affect absorption of the effluent and construction and maintenance of the system and those that may affect public health. These include depth to a water table, depth to bedrock, content of rock fragments, flooding, slope, and saturated hydraulic conductivity (Ksat). Flooding is a serious problem because it can result in improper treatment of the effluent and contamination of ground water or surface water. If Ksat is too fast or too slow, if the content of rock fragments is too high, or if the water table is too close to the surface, the effluent can contaminate the ground water. If this system is improperly installed on the steeper slopes, the effluent could flow along the surface of the soils. Additional grading may be needed in areas downslope from the system.

The ratings are both verbal and numerical. Rating class terms indicate the extent to which the soils are limited by all of the soil features that affect the specified use. "Not limited" indicates that the soil has features that are very favorable for the specified use. Good performance and very low maintenance can be expected. "Slightly limited" indicates that the soil has features that are favorable for the specified use. The limitations are minor and can be easily overcome. Good performance and low maintenance can be expected. "Moderately limited" indicates that are somewhat favorable for the specified use. The limitations can be overcome or minimized by special planning, design, or installation. Fair performance and moderate maintenance can be expected. "Very limited" indicates that the soil has one or more features that are unfavorable for the specified use. The limitations generally cannot be overcome without major soil reclamation, special design, or expensive installation procedures. Poor performance and high maintenance can be expected.

Numerical ratings indicate the severity of individual limitations. The ratings are shown as decimal fractions ranging from 0.01 to 1.00. They indicate gradations between the point at which a soil feature has the greatest negative impact on the use (1.00) and the point at which the soil feature is not a limitation (0.00).

These ratings do not preclude the need for onsite investigation to determine the limitations affecting system placement. This septic system requires a soil morphological evaluation, which must be conducted by a qualified soil scientist.

The map unit components listed for each map unit in the accompanying Summary by Map Unit table in Web Soil Survey or the Aggregation Report In Soil Data Viewer are determined by the aggregation method chosen, which is displayed on the report. An aggregated rating class is shown for each map unit. The components listed for each map unit are only those that have the same rating class as listed for the map unit. The percent composition of each component in a particular map unit is presented to help the user better understand the percentage of each map unit that has the rating presented.

Natural Resources Conservation Service Web Soil Survey National Cooperative Soll Survey 10/2/2009 Page 6 of 7

Other components with different ratings may be present in each map unit. The ratings for all components, regardless of the map unit aggregated rating, can be viewed by generating the Selected Soil Interpretations report with this interpretation included from the Soil Reports tab in Web Soil Survey or from the Soil Data Mart site. Onsite investigation may be needed to validate these interpretations and to confirm the identity of the soil on a given site.

#### **Rating Options**

Aggregation Method: Dominant Condition

Component Percent Cutoff: None Specified

Tie-break Rule: Higher

Natural Resources Conservation Service Web Soil Survey National Cooperative Soil Survey Echo Valley Area

Sewer Needs Assessent NWTP 080402 .

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ECHO VALLEY NEWTOWN TOWNSHIP

SEO Activity History 2000-2008

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| PERMIT NUMBER        | DATE             | ADDRESS                             | OWNER             | TYPE                         | SOIL TYPE/SLOPE | PERC RATE    | LIMITING ZONE        | NEW SYSTEM                                                     | COMMENTS                                                                                                                                                |
|----------------------|------------------|-------------------------------------|-------------------|------------------------------|-----------------|--------------|----------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0-58932              | Apr-00           | 4112 Battles Lane                   | Scattergood       | Replacement                  |                 |              | -                    | ,                                                              | soil probes conducted; no further info<br>provided                                                                                                      |
| 0-58943              | 00-luL           | 304 Echo Valley                     | Kirkland          | Replacement                  |                 |              |                      |                                                                | cesspool collapse; LZ @ 32", 36" and 38"<br>due to mottles; drip or sandmound<br>recommended; 8/00 additional probes,<br>none suitable                  |
| 0-59036              | Oct-00           | 4116 Battles Lane                   | Lepera            | Replacement                  | GeB2            |              |                      | replace D-box & Instali<br>Zabel Filter                        | soil probes conducted; perc tests (2) failed<br>01/01 drip system approved; 05/01 permit<br>issued                                                      |
| Q-59090              | Nov-00           | 324 Echo Valley                     | Carden            | Repair (tank)                |                 |              |                      |                                                                | permit issued 11/00                                                                                                                                     |
| 0-59087              | Nov-00           | 327 Echo Valley                     | Ulansey           | Repair (drain field)         |                 |              |                      |                                                                | soll probes ok; 02/01 permit issued;<br>standard trench installed                                                                                       |
| 0-59089/R-19878      | Nov-00           | 359 Echo Valley                     | Koonz             | Repair                       | Ge/5-6%         | N/A          | Fractured Rock @ 26" | drip irrigation system-<br>aerobic tank with drip<br>emitter   | soll probes & perc tests ok for sand<br>mound; drip Inigation decided by<br>applicant: permit issued 10/01                                              |
| 0-58930/R-35300      | Feb-01           | 4105 Méadow Lane                    | Reiffy            | Repair                       |                 |              |                      | pressure dosed subsurface<br>sand with Infiltrator<br>chambers | cesspool malfunction; inground sand filter<br>permit issued 03/01                                                                                       |
| Q-59099              | Feb-01           | 3S1 Echo Valley                     | Yeakle            | Repair                       | Ge              | 21_50 min/in | Bedrock @ 72"        | pressure dosed subsurface<br>sand                              | malfunction; probes ok for inground<br>system: permit issued 03/01                                                                                      |
| O-59097              | Mar-01           | 300 Crum Creek Ln                   | Myers             | Repair                       | Ge©/8%          | 11.38        | Fractured Rock @ 75" | standard bed                                                   | soil probe of for Inground system; permit<br>issued 05/01                                                                                               |
| R-22076/R-22521      | <br>Jun-02       | 1 Partridge Lane                    | Cuiloty           | Repair (existing micromound) | Ge              | N/A          | Mottling @ 11" & 22" | •<br>Micro-mound                                               | 06/02 drip test failed due to seasonal high<br>water table; 05/04 permit issued,<br>removed damaged micromound and<br>replaced w/new sand & drip tubing |
| R-22078              | Jun-02           | 302 Crum Creek Lo                   | Montagno          | Repair                       | Ge/3-5%         | 35.32 min/in | None                 | Infiltrator trenches with lift                                 | 2 perc tests- first failed @ 30", second ok<br>for inground system                                                                                      |
| N/A                  | Aug-02           | 331 Echo Valley                     |                   | 'N/A                         | N/A             | N/A          | N/A                  | N/A -                                                          | 08/02 inspected for possible malfunction,<br>none observed                                                                                              |
| R-22523              | May-04           | 4020 Fox Hill Lane                  | Perkins           | New"                         |                 |              |                      |                                                                |                                                                                                                                                         |
| R-22541              | Mar-05           | 323 Echo Valley                     | Titus             | Repair                       | Ge/12%          | 51.43 min/in | N/A                  | alt-leach chambers                                             | permit (ssued 04/05                                                                                                                                     |
| O-58989              | Aug-05           | 331 Crum Creek Ln                   | Russo             | Repair                       |                 |              |                      | subsurface sand trenches                                       | permit issued 08/28/06                                                                                                                                  |
| R-22507              | Oct-05           | 7 Phillps Lane                      | Witchko           | New                          |                 |              |                      | standard bed                                                   | permit issued 10/13/05                                                                                                                                  |
| Z-014656             | May-06           | 305 Crum Creek-Ln                   | Tate              | Repair                       |                 |              |                      |                                                                | 04/05 modification to existing system                                                                                                                   |
| 2-014655             | Jun-06           | 4208 Goshen Road                    | Groff             | Repair                       |                 |              |                      | subsurface sand trenches                                       | permit Issued 6/27/06                                                                                                                                   |
| 2-008658<br>2-011968 | Oct-06           | 4116 Goshen Road                    | Masterpiece       | New New                      | Co line         | <u>N/A</u>   | Mottling @ 24"       | drip irrigation system<br>drip irrigation system               | permit issued 10/27/06                                                                                                                                  |
| 2-014579             | Feb-07<br>Jun-07 | 4104 Meadow Lane<br>319 Echo Valley | Claypool<br>Ellis | Repair                       | Ge/9%<br>Ge/10% | 29.6 min/in  | N/A                  | standard trench w/Simtech<br>STF-110 filter                    | permit issued 03/07                                                                                                                                     |
| 2-014684             | Aug-07<br>Jun-08 | 315 Echo Valley<br>4104 Meedow Lane | Conty             | Repair                       |                 | 54 mln/in    | N/A                  | standard bed                                                   | permit issued 10/07                                                                                                                                     |

# APPENDIX B

# LETTERS AND PERMISSION FORMS DATED JULY 23, 2009 TO PROPERTY OWNERS

JAMES M. SHELDHARK X BOARD OF SUPERVISORS TOWRSHIP OF NEWTOWN TOWNSHIP MALLAGER JOSEPH CATANIA, ESQ. DELAWARE TOUNTS' CHAIRMAN BRUCE TRATES. 280. LINDA M. HOULDIN TOWNSHIP SQUETEROR VICE CHAIRPURSON PERNONE & ASSURDATES, IN TOWNSHIPERCINELL GEORGE WOOD JACK DI POMPEO RARRY J. ROBINSON 209 RISHOP HG J. OW ROAD BUILDING INSPECTOR. DR. FL ROSS LAMBERT NEWTOWN SQUARE, IT NNS YEVANIA 19073 PHONE (610) 356-0200 FAX (610) 356-8722 July 23, 2009 WWW.NEWTOWN WPDELCO.ORG Dear Residem.

Newtown Township Board of Supervisors wants to give each resident an update on the issue of sewering of Echo Valley:

- Board of Supervisors adopted a new or finance on March 25<sup>rd</sup>, 2009 which allows each resident to have the option to connect or not- to- connect to the proposed sewer system. Each resident must provide a certification to the Township proving that your septic system is in proper working order, if they elect not to connect. The PA Department of Environmental Protection may require connection to sewer upon sale of a home.
- We have held numerous meetings with the Municipal Authority, Township Engineer and our Management Staff for the past several months trying to establish a "Sewer District or Districts" that would fairly assess the costs to construct sewers.
- 3. The Supervisors are having has Township Engineer perform a visual survey of Echo Valley existing on for septic systems. This survey should take place within the next three weeks. Attached to this letter is a sample of our Engineer's survey and information that you will need to provide to them. Also attached is a letter from our Township Manager and a per mission form for your signature and return to the Township within five (5) days.
- The Township is presently exploring different financial institutions to gef the best percentage rate for a Board issue to pay for the infrastructure cost for connection to CDCA, "Central Delaware County, outbority", which impacts your sewer assessment.
- 5. Our Management Staff is looking into low interest loan rates for residents who have a hardship or need financial help o pay the assessment over time.
- 6. We are very close to resolving all issu's and the final steps to revise and amend our 537 Sewer Plan for the Township.

The Supervisors thank each and every resident for being patient. We are working towards a solution that would behavit all our residents especially making sure we address the health and welfare of everyone.

#### Samerely,

Joseph Catania, Chairman, Board of Supervisors

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ROARD OF SUPERVISORS

JOSEPH CATANIA, ESQ. -CHAIRMAN LINDA M. HOULDIN VICE CHAIRPERSON

GEORGE WOOD JACK DI POMPEO DR. E. ROSS LAMBERT TOWNSHIP OF NEWTOWN DELAWARE COUNTY



209 BISHOP HO 4:0W ROAD NEWTOWN SOUARE, F NNSYLVANIA (9075 PHORE (610) 356-0200 - FAN (610) 356-8722 WWW.NEWTOWN: WPDELCO.0RG JAMES M. SHELDRAKE TOWNSHIP MANAGER

P . 7

BRUCE TRMINEL ESQL DOWNSHIP SOLUTION

PURISHING ASSACTORISHIG Advised and Selection

> RECEIVED REPORTS SALAS BORDINO 1980-400 (DR

#### July 23, 2009

Dear Resident:

The Township of Newtown is performing visual curveys of existing on-lot septic systems in the Echo Valley neighborhood. This survey will take place over the next three (3) weeks.

The Township has authorized its' engineer, Periodi Associates, to conduct this survey. A representative from Pennoni will be performing the visual observations and inquiries regarding septic system repairs, improvements and/or replac ments.

The Township requires your permission to enter your property to conduct this survey. Please find enclosed two (2) copies of a permission for u to be signed by you as the property owner. Please sign the form, indicating your street address in the space provided, and return it in the enclosed self addressed stamped onvelope. Kee: one copy for your records. If we have your authorization to conduct the visual inspection and you are not home, the Pennoni representative surveying your property will leave a cord at the font door indicating he/she has completed your on-lot evaluation. All Pennoni representatives vill be wearing a highly visible reflective vest and will have appropriate identification. They will not need to enter your home.

Should you have any questions, please contact the Township at 610-356-0200 Monday-Friday, from 8:30 AM to 4:30 PM. Thank you for your cooperation.

Vary truly yours James Sheldra

Township Manager

Sep 29 2009 11:58AM HP LASERDET FAX

#### NEWTOWN TOWNSHIP

#### Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWN SHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

(Signature)

(Date)

. . ·i

(Street Address)

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# APPENDIX C

# COMPLETED PERMISSION FORMS.

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| 1           |                                                                                 |
|-------------|---------------------------------------------------------------------------------|
|             |                                                                                 |
|             |                                                                                 |
| )           | Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)           |
| •           | (SEPTIC TANK) INGROUND BED                                                      |
|             | CESSPOOL INGROUND TRENCH                                                        |
|             | ELEV. SAND MOUND HOLDING TANK                                                   |
|             | PIPE TO SURFACE OTHER FRENCH DRAWLERON CESSFORL TANK                            |
|             | How old is your system? Torrer Was it permitted? Y/N When?                      |
|             | Have you ever noticed any of the following near your septic system?             |
|             | GREEN LUSH GRASS WETNESS OR SPONGY AREAS                                        |
|             | ODORS WATER PONDING OR SURFACING                                                |
|             | SLUGGISH DRAINS WASTEWATER BACKING INTO HOME                                    |
|             | SYSTEM OVERFLOW OTHER                                                           |
|             |                                                                                 |
|             | Was your system ever pumped out? (Y) N                                          |
|             | How often? DSALLY EAST time? _ JULY & 2009 BY KI EXCANATING                     |
|             | If your system was pumped, was it inspected for cracks or broken baffles? (Y) N |
|             | Was your system ever repaired? (Y/N · When? <u>Just to Zoo</u> g                |
| · · · · · · |                                                                                 |
| 1           | By permit? (YY N                                                                |
|             | What part was repaired or replaced?                                             |
|             | TANK DEPATED / DEDIACED INTE DEPATED /DEDIACED                                  |
|             | DRAIN FIELD: REPAIRED / REPLACED                                                |
|             | Pose there with Re                                                              |
|             | What kind of water system do you have? WELL (PUBLIC) OTHER                      |
|             | How far from the well from the drain field? $\mu/\lambda$ ft.                   |
|             | Is the well uphill or downhill from the drain field?                            |
|             | Was the water ever tested? Y or N $+ \sqrt{\lambda}$                            |
|             |                                                                                 |
|             | COMMENTS OF PROPERTY OWNER:                                                     |
|             |                                                                                 |
|             |                                                                                 |
|             |                                                                                 |
|             | COMMENTS OF SURVEYOR:                                                           |
|             |                                                                                 |
|             |                                                                                 |
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|             |                                                                                 |
|             | SURVEYOR SIGNATURE:                                                             |
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JUL 2 9 2009

Permission to Enter Property and Conduct Survey

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28/09

ATT / ES

(Street Address

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(Signat

<u>7-27-09</u> (Date)

. (Street Address)

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# NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information                                                                                                                                                                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| NAME: JoHN T. STEVENS PHONE: 610-356-                                                                                                                                                                                                              | 353 |
| ADDRESS: 4107 BATTLESLA, NIS,                                                                                                                                                                                                                      |     |
| TAX PARCEL #: 2                                                                                                                                                                                                                                    |     |
| SURVEYORS NAME:                                                                                                                                                                                                                                    |     |
| Section 2. Observed Conditions Via Visual Survey                                                                                                                                                                                                   |     |
| Weather conditions at time of survey: Sunny Partly Cloudy - Clo                                                                                                                                                                                    | udy |
| Raining Last rain event:                                                                                                                                                                                                                           |     |
| . Heavy Medium Light                                                                                                                                                                                                                               |     |
| General condition of non-septic area grounds: Dry Damp Wet Spongy Soggy                                                                                                                                                                            |     |
| Sewage Odor: Wet above or near system: Raw sewage surfacing:                                                                                                                                                                                       |     |
| Other areas of dampness noted in yard: Location:                                                                                                                                                                                                   |     |
| Photographs taken: Water Sample taken: Parcel # on container:                                                                                                                                                                                      | -   |
| Section 3. Questions for Homeowner (only if available at time of survey)<br>Number of Residents:<br>How large is your lot? ACRES<br>What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)<br>SEPTIC TANK INGROUND BED<br>INGROUND TRENCH |     |
| ELEV. SAND MOUND HOLDING TANK<br>OTHER                                                                                                                                                                                                             |     |

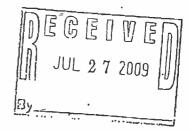
| )        | Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>'</i> | (SEPTIC TANK) INGROUND BED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | CESSPOOL INGROUND TRENCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|          | ELEV. SAND MOUND HOLDING TANK .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|          | PIPE TO SURFACE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|          | How old is your system? 35 Was it permitted? $\vec{x}$ N When? 35 4RS AGO,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|          | Have you ever noticed any of the following near your septic system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| -        | GREEN LUSH GRASS WETNESS OR SPONGY AREAS $///$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|          | ODORS WATER PONDING OR SURFACING $NO_{e}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | SLUGGISH DRAINS WASTEWATER BACKING INTO HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|          | SYSTEM OVERFLOW OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|          | Was your system ever pumped out? YN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|          | How often? Last time? AGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|          | If your system was pumped, was it inspected for cracks or broken baffles? $(Y)$ N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| _        | Was your system ever repaired? Y N When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ).       | By permit? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|          | What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / REPLACED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|          | What kind of water system do you have? WELL (PUBLIC OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | How far from the well from the drain field?ILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILILIL_IL |
|          | Was the water ever tested? Y or N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|          | COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|          | NEDER HAY HWY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|          | - PROBLEMS WITH SYSTEM !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|          | COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|          | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| _        | SURVEYOR SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

(Signature)

- 22

(Street Address

DÓNALD S. MILLS 4113 BATTLES LANE MEWTOWN SQUARE, PA 19073

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

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Signature)

tles Lane

(Street Address)

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Nore: We include Attached in Cotse we are NOT bone at Time of survey. Think AUG 0 3 2009

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411 6 BATT LOS LANE

(Street Address)

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Signature)

\_\_\_\_\_ (Date)

(Street Address)

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Date)

or Rd (Street Address)

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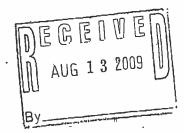
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Signature)

41. ROAT (Street Address)

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Permission to Enter Property and Conduct Survey

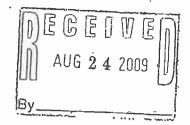
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(Signature)

<u>1-27-09</u> (Date)

BOOI Re (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.



Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY . GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

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Newtran Aune (Street A

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Permission to Enter Property and Conduct Survey

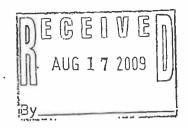
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(Signature)

N.S. PA 19073 ROAN (Street Address)

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15 2009



Permission to Enter Property and Conduct Survey

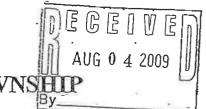
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(Signature)

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(Signature

-13/09 (Date)

073 (Street Address) · .

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#### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information         |                                     |                        |
|--------------------------------------------|-------------------------------------|------------------------|
| NAME: ROBERSW & DORDOWY L CU               | RRY                                 | PHONE: 6-10.353.7874   |
| ADDRESS: 113 BODT A                        | 19                                  | °p73                   |
| TAX PARCEL #: <u>36000026000</u>           | · ·                                 | • .                    |
| SURVEYORS NAME:                            |                                     |                        |
| ·                                          |                                     |                        |
| Section 2. Observed Conditions Via         | Visual Survey                       |                        |
| Weather conditions at time of survey:      | Sunny                               | Partly Cloudy Cloudy   |
|                                            | Raining                             | Last rain event:       |
| · ·                                        | Heavy                               | Medium Light           |
| General condition of non-septic area groun | ds: Dry Dam                         | p Wet Spongy Soggy     |
| Sewage Odor: Wet above or near s           | ystem:                              | Raw sewage surfacing:  |
| Other areas of dampness noted in yard:     | _ Location:                         |                        |
| Photographs taken: Water Sampl             | e taken:                            | Parcel # on container: |
| Section 3. Questions for Homeowner         | (only if availa                     | ble at time of survey) |
| Number of Residents:                       | - 1                                 |                        |
| How large is your lot? 1.27 Acres (        | APPROX)                             | ·                      |
| What kind of sewage system do you have?    | (CIRCLE ALI                         | THAT APPLY)            |
| 6                                          | OUND BED<br>OUND TRENO<br>DING TANK | CH                     |

| SEPTIC TANK                 | ) INGROUND BED .                                           |
|-----------------------------|------------------------------------------------------------|
| CESSPOOL                    | INGROUND BED<br>INGROUND TRENCH                            |
| ELEV. ŞAND MO               |                                                            |
| PIPE TO SURFAC              |                                                            |
| How old is your system?     | Gyrs Was it permitted? Y/N When? 2003                      |
| Have you ever noticed any   | of the following near your septic system?                  |
| GREEN LUSH GF               | RASS WETNESS OR SPONGY AREAS                               |
| ODORS                       | WATER PONDING OR SURFACING                                 |
| SLUGGISH DRAI               |                                                            |
| SYSTEM OVERF                | LOW OTHER                                                  |
| Was your system ever pun    | aped out? Y/N                                              |
| How often? 3 1/25           | Last time? JULY 2009                                       |
| If your system was pum      | aped, was it inspected for cracks or broken baffles? Y/N ? |
| Was your system ever repa   | aired? Y (N) When?                                         |
| By permit? Y/N              | · · ·                                                      |
| What part was repaired or   | replaced?                                                  |
|                             | EPLACED LINE: REPAIRED / REPLACED                          |
| DRAIN FIELD: REPAI          | RED/REPLACED                                               |
| What kind of water system   | n do you have? WELL PUBLIC OTHER                           |
| How far from the well from  | m the drain field? >150 ft.                                |
| Is the well uphill or down! | aill from the drain field? downhill                        |
| Was the water ever tested?  | VorN PASSED                                                |
| COMMENTS OF PROPE           | RTY OWNER:                                                 |
|                             | · · ·                                                      |
| <u>;</u>                    | ·                                                          |
|                             | •                                                          |
| COMMENTS OF SURVE           | EYOR:                                                      |
|                             |                                                            |
|                             |                                                            |
|                             |                                                            |
|                             | · · · · · · · · · · · · · · · · · · ·                      |
|                             |                                                            |

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· Permission to Enter Property and Conduct Survey

I/WE IIAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

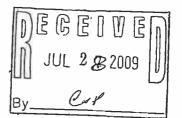
(Signature)

Gord, Steve

(Date)

Rà 115 Boot (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.



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(Signature)

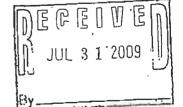
(Date)

(Street Address)

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THANK YOU FOR YOUR PROMPT RESPONSE.

Howard Walker 102 Boot Road



Newtown Square, Ra 19023 - Not Applicable

ma de

do NOT live in the Echo Valley Neighborhood

Permission to Enter Property and Conduct Survey

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| (Signature)      | · · · | (Date) |
|------------------|-------|--------|
| (Street Address) |       |        |

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Does not apply to us - and we do not

7/30/09

106 BOOT RD\_

aller J. Rogers

| DE | G   | E   |    | V  | ß  |              |
|----|-----|-----|----|----|----|--------------|
|    | JUL | · 2 | .7 | 20 | 09 | $\mathbb{U}$ |
| By | •   |     |    |    |    |              |

Permission to Enter Property and Conduct Survey

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(Signature)

7-25-09 (Date)

203 CARTIAge -Ane

(Street Address)

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# DEGEOVEL JUL 282 By

# NEWTOWN TOWNSHIP

Permission to Enter Property and Conduct Survey

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(Signature)

RING 8

(Street Address)

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(Signature)

7.24.09 (Date)

LIAG

(Street Address)

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# NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Info                          | rmation ,                                       |
|------------------------------------------------------|-------------------------------------------------|
| NAME: BRENNAN                                        | PHQNE:                                          |
|                                                      | CARRIAGE LONG                                   |
| TAX PARCEL #:                                        | · · · ·                                         |
| SURVEYORS NAME:                                      | · · · · · · · · · · · · · · · · · · ·           |
|                                                      |                                                 |
| Section 2. Observed Condi                            | ions Via Visual Survey                          |
| Weather conditions at time of su                     | rvey: Sunny Partly Cloudy Cloudy                |
|                                                      | Raining Last rain event:                        |
| · .                                                  | Heavy Medium Light                              |
| General condition of non-septic                      | rea grounds: Dry Damp Wet Spongy Soggy          |
| Sewage Odor: Wet above                               | or near system: Raw sewage surfacing:           |
| Other areas of dampness noted in                     | yard:Location:                                  |
|                                                      | ter Sample taken: Parcel # on container:        |
| Section 3. Questions for He                          | meowner (only if available at time of survey)   |
| Number of Residents:                                 |                                                 |
| How large is your lot?A                              | CRE                                             |
| What kind of sewage system do                        | you have? (CIRCLE ALL THAT APPLY)               |
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>OTHER | INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK |

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| APPATTIC TANK                       |                                                   |
|-------------------------------------|---------------------------------------------------|
| CESSPOOL                            | INGROUND BED<br>INGROUND TRENCH                   |
| ELEV. SAND MOUND                    | HOLDING TANK                                      |
| PIPE TO SURFACE                     | OTHER ·                                           |
| How old is your system? 3.5         | Was it permitted? (D'N When? 2005                 |
| Have you ever noticed any of the    | following near your septic system?                |
| GREEN LUSH GRASS                    | WETNESS OR SPONGY AREAS                           |
| ODORS                               | WATER PONDING OR SURFACING                        |
| SLUGGISH DRAINS                     | WASTEWATER BACKING INTO HOME                      |
| SYSTEM OVERFLOW                     | OTHER                                             |
| Was your system ever pumped or      | nt? Y/N                                           |
| How often? EACH Vir                 |                                                   |
| If your system was minned w         | as it inspected for cracks or broken baffles? Y/N |
|                                     |                                                   |
| Was your system ever repaired?      | Y N When? NO                                      |
| By permit? Y/N                      | · · ·                                             |
| N PT                                |                                                   |
| What part was repaired or replace   |                                                   |
| TANK: REPAIRED / REPLA              |                                                   |
| DRAIN FIELD: REPAIRED /             | REPLACED                                          |
| What kind of water system do you    | u have? WELL (PUBLIC OTHER                        |
| How far from the well from the d    |                                                   |
| Is the well uphill or downhill from | n the drain field?                                |
| Was the water ever tested? Y or ]   | N                                                 |
| COMMENTS OF PROPERTY O              | WNER:                                             |
|                                     | ·                                                 |
|                                     | · ·                                               |
|                                     |                                                   |
| COMMENTS OF SURVEYOR:               |                                                   |
|                                     |                                                   |
|                                     |                                                   |
|                                     |                                                   |
|                                     | · · · · · · · · · · · · · · · · · · ·             |
| •                                   | SURVEYOR SIGN                                     |

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Permission to Enter Property and Conduct Survey

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(onature)

-7/28/09 (Date)

300 Crum Creek Lane \_ (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

Please contact when coming, +

610 349 972 2 home

610 308 7096 Cele

would like to be home,

RE AUG 1 9 2009

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Alain (Signature)

.<u>8 17 09</u> (Date)

301 Crum Creek (w) S. PA15073

(Street Address)

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8/17 (Date)

(Signature)

un Creek (1) (Street Address)

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#### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information          |                       | •                      |
|---------------------------------------------|-----------------------|------------------------|
| NAME: Rob. & Cathorciase.                   | KeiGh:                | PHONE ( (010) 355-7566 |
| ADDRESS: 331 Crum Gree                      | K LN                  | N.S. PA 19073          |
| TAX PARCEL #:                               |                       |                        |
| SURVEYORS NAME:                             |                       | ·                      |
| Section 2. Observed Conditions Via          | Visual Survey         | · · · ·                |
| Weather conditions at time of survey:       | Sunny                 | Partly Cloudy Cloudy   |
|                                             | Raining               | Last rain event:       |
|                                             | Heavy                 | Medium Light           |
| General condition of non-septic area ground | ls: Dry Dam           | p Wet Spongy Soggy     |
| Sewage Odor: Wet above or near sy           | stem:                 | Raw sewage surfacing:  |
| Other areas of dampness noted in yard:      | _Location:            | · · ·                  |
| Photographs taken: Water Sample             | e taken:              | Parcel # on container: |
| Section 3. Questions for Homeowner          | (only if availa       | ble at time of survey) |
| Number of Residents: 5                      |                       |                        |
| How large is your lot? APPI to a cres       |                       |                        |
| What kind of sewage system do you have?     | (CIRCLE ALI           | L THAT APPLY)          |
| CESSPOOL INGR                               | OUND BED<br>OUND TREN | СН .                   |
| ELEV. SAND MOUND HOLI OTHER                 | DING TANK             |                        |

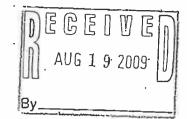
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| SEPTIC TANK                                                                                        | INGROUND BED                                                    |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| CESSPOOL                                                                                           | INGROUND TRENCH                                                 |
| ELEV. SAND MOUND                                                                                   | HOLDING TANK                                                    |
| PIPE TO SURFACE                                                                                    | OTHER                                                           |
| How old is your system? 14                                                                         | w/C<br><u>yF</u> : Was it permitted? Y/N When? <u>VP8</u> /1999 |
| Have you ever noticed any of the                                                                   | following near your septic system?                              |
| GREEN LUSH GRASS                                                                                   | WETNESS OR SPONGY AREAS                                         |
| (ODOB)                                                                                             | WATER PONDING OR SURFACING                                      |
| SLUGGISH DRAINS                                                                                    | WASTEWATER BACKING INTO HOME                                    |
| SYSTEM OVERFLOW                                                                                    | OTHER                                                           |
| Was your system ever pumped ou                                                                     | at? 𝔄/N                                                         |
| How often? 24 yr.                                                                                  | Last time?                                                      |
| If your system was pumped, w                                                                       | as it inspected for cracks or broken baffles? Y/N               |
| Was your system ever repaired? (                                                                   | EXIN When? 1999                                                 |
|                                                                                                    | •                                                               |
| By permit? (YYN (The)in                                                                            | eneso.)                                                         |
| What part was repaired or replace<br>TANK: REPAIRED / REPLA(<br>DRAIN FIELD: REPAIRED /            | CED LINE: REPAIRED / REPLACED                                   |
|                                                                                                    |                                                                 |
| How far from the well from the d                                                                   | u have? WELL <u>PUBLIC</u> OTHER                                |
|                                                                                                    |                                                                 |
|                                                                                                    | n the drain field?                                              |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I                           |                                                                 |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I                           | N                                                               |
| Is the well uphill or downhill from                                                                | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I                           | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I                           | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I                           | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I<br>COMMENTS OF PROPERTY O | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I<br>COMMENTS OF PROPERTY O | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I<br>COMMENTS OF PROPERTY O | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I<br>COMMENTS OF PROPERTY O | N                                                               |
| Is the well uphill or downhill from<br>Was the water ever tested? Y or I<br>COMMENTS OF PROPERTY O | N                                                               |

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Permission to Enter Property and Conduct Survey

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Ignature leathours

<u>Augst 7</u>2009 (Date).

(Street Address)

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JUL 3 0 2009

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(Signature

ALL LANS 302

(Street Address)

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| <b>NEWTOWN TOWNS</b> | HP |
|----------------------|----|
| DOOR-TO-DOOR         |    |
| VISUAL INSPECTION    |    |

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1 1.

| Section 1. Preliminary Information                                       |               |                        |  |  |  |
|--------------------------------------------------------------------------|---------------|------------------------|--|--|--|
| NAME: (BLE CISANTI                                                       | , .<br>       | PHONE: 610.353.5800    |  |  |  |
| ADDRESS: 302 (TUN . (TTR)                                                |               |                        |  |  |  |
| TAX PARCEL #:                                                            |               |                        |  |  |  |
| SURVEYORS NAME:                                                          |               | · .                    |  |  |  |
| Section 2. Observed Conditions Via                                       | Visual Survey | •                      |  |  |  |
| Weather conditions at time of survey:                                    | Sunny         | Partly Cloudy Cloudy   |  |  |  |
|                                                                          | Raining       | Last rain event:       |  |  |  |
|                                                                          | Heavy         | Medium Light           |  |  |  |
| General condition of non-septic area groun                               | ds: Dry Dam   | p Wet Spongy Soggy     |  |  |  |
| Sewage Odor: Wet above or near sy                                        | ystem:        | Raw sewage surfacing   |  |  |  |
| Other areas of dampness noted in yard:                                   | _ Location:   |                        |  |  |  |
| Photographs taken: Water Sampl                                           | e taken:      | Parcel # on container: |  |  |  |
| Section 3. Questions for Homeowner (only if available at time of survey) |               |                        |  |  |  |
| Number of Residents:                                                     |               |                        |  |  |  |
| How large is your lot? 2/2 Acres 7                                       |               |                        |  |  |  |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)          |               |                        |  |  |  |
|                                                                          | OUND BEDS     | CH                     |  |  |  |
|                                                                          | DING TANK     |                        |  |  |  |
|                                                                          |               |                        |  |  |  |

| <ul> <li></li> </ul> | SEPTIC TANK (INGROUND BED)                                                                                            |
|----------------------|-----------------------------------------------------------------------------------------------------------------------|
|                      | CESSPOOL INGROUND TRENCH                                                                                              |
|                      | ELEV. SAND MOUND . HOLDING TANK                                                                                       |
|                      | PIPE TO SURFACE OTHER                                                                                                 |
| How c                | old is your system? 7/65 Was it permitted? YN When? 1062                                                              |
| Have                 | you ever noticed any of the following near your septic system?                                                        |
|                      | GREEN LUSH GRASS WETNESS OR SPONGY AREAS                                                                              |
|                      | ODORS WATER PONDING OR SURFACING                                                                                      |
|                      | SLUGGISH DRAINS WASTEWATER BACKING INTO HOME                                                                          |
|                      | SYSTEM OVERFLOW OTHER                                                                                                 |
| 777                  | The second se       |
| Was y<br>Hov         | v often? <u>OLCE</u> Last time? <u>Sor 4 XK115 49</u> 0                                                               |
| Ify                  | our system was pumped, was it inspected for cracks or broken baffles? Y. N                                            |
| Was y                | our system ever repaired? YN When?                                                                                    |
| By per               | mit? Y/N                                                                                                              |
| TAI                  | part was repaired or replaced?<br>NK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>AIN FIELD: REPAIRED / REPLACED |
| ۲ <b>۱</b> /۲۰+ ۲    | kind of water system do you have? WELL PUBLIC OTHER                                                                   |
|                      | kind of water system do you have? WELL (PUBLIC) OTHER<br>ar from the well from the drain field? ft.                   |
|                      | well uphill or downhill from the drain field?                                                                         |
|                      | he water ever tested? Y or N                                                                                          |
|                      |                                                                                                                       |
| COMI                 | VIENTS OF PROPERTY OWNER:                                                                                             |
| <u>alus</u>          | SUSTAN IONS REPLECT IN JOED WARD WA PURChaud The How                                                                  |
|                      | MAUX TWO OPARTING COMOSTISTICS WITH A Shut att is Allo                                                                |
| Corx.                | Finde To fast white using The other "learks Fine"                                                                     |
| COM                  | MENTS OF SURVEYOR:                                                                                                    |
| •                    |                                                                                                                       |
|                      |                                                                                                                       |
|                      |                                                                                                                       |
|                      | · · · ·                                                                                                               |
|                      |                                                                                                                       |

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Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

Signature)

<u>Barbieri</u> m Creek Lane

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

7 2009

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. Shman

24/09

uek Lane (Street Address)

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(Date) + Kevin Tate <u>305 CRUM CREEK LN.</u> (Street Address) NEWTOWN SQ., PA 19073

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<u>08-01-09</u> (Date)·

CRUM CREEK LANE

(Street Address)

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#### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

5.7

| Survey             | PHONE: <u>610-325-0987</u> Partly Cloudy Last rain event: Medium Light |
|--------------------|------------------------------------------------------------------------|
| Survey             | Partly Cloudy Cloudy                                                   |
| Survey<br>y<br>ing | Partly Cloudy Cloudy                                                   |
| Survey<br>y<br>ing | Partly Cloudy Cloudy                                                   |
| ing .              | Last rain event:                                                       |
| ing .              | Last rain event:                                                       |
| •                  | _                                                                      |
| У                  | Medium Light                                                           |
|                    |                                                                        |
| y Damp             | Wet Spongy Soggy                                                       |
|                    | Raw sewage surfacing: ·                                                |
| tion:              | · · · · · · · · · · · · · · · · · · ·                                  |
| l:                 | Parcel # on container:                                                 |
| ·                  | le at time of survey)<br>THAT APPLY)<br>H                              |
| ſ                  | CLE ALL<br>D BED<br>D TRENC                                            |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

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| • | CESSPOOL INGROUND BED<br>INGROUND TRENCH                                                                                                                                                                       |  |  |  |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|   | ELEV. SAND MOUND HOLDING TANK.<br>PIPE TO SURFACE OTHER                                                                                                                                                        |  |  |  |  |
|   | How old is your system? Was it permitted? Y/N When?                                                                                                                                                            |  |  |  |  |
|   | Have you ever noticed any of the following near your septic system?                                                                                                                                            |  |  |  |  |
|   | GREEN LUSH GRASSWETNESS OR SPONGY AREASODORSWATER PONDING OR SURFACINGSLUGGISH DRAINSWASTEWATER BACKING INTO HOMESYSTEM OVERFLOWOTHER                                                                          |  |  |  |  |
|   | Was your system ever pumped out? O/N<br>How often? <u>EVERY 5 YES</u> Last time? <u>APRIL 22, 2005</u>                                                                                                         |  |  |  |  |
|   | If your system was pumped, was it inspected for cracks or broken baffles? $\widetilde{Y}$ / N                                                                                                                  |  |  |  |  |
|   | Was your system ever repaired? Y/N When?                                                                                                                                                                       |  |  |  |  |
|   | By permit? Y/N                                                                                                                                                                                                 |  |  |  |  |
|   | What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / REPLACED                                                                                 |  |  |  |  |
|   | What kind of water system do you have? WELL <u>PUBLIC</u> OTHER<br>How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N |  |  |  |  |
|   | COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                    |  |  |  |  |
|   |                                                                                                                                                                                                                |  |  |  |  |
|   | COMMENTS OF SURVEYOR:                                                                                                                                                                                          |  |  |  |  |
|   |                                                                                                                                                                                                                |  |  |  |  |
|   |                                                                                                                                                                                                                |  |  |  |  |
|   | SURVEYOR SIGNATURE:                                                                                                                                                                                            |  |  |  |  |
|   |                                                                                                                                                                                                                |  |  |  |  |

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(Street Address)

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(Signature)

(Date)

<u>.</u> . . .

CREEK LANE CRUN

(Street Address)

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(Signature) (Street Address)

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#### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

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| NAME:                                                                                                                                                                                                                                        |                                                                | PHONE:                                                                  |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|----------|
| ADDRESS:                                                                                                                                                                                                                                     | · .                                                            |                                                                         | •        |
|                                                                                                                                                                                                                                              |                                                                |                                                                         | <u> </u> |
| TAX PARCEL #:                                                                                                                                                                                                                                | ·                                                              |                                                                         |          |
| SURVEYORS NAME:                                                                                                                                                                                                                              | •                                                              |                                                                         |          |
| Section 2. Observed Conditions Via                                                                                                                                                                                                           |                                                                |                                                                         | <u></u>  |
| •                                                                                                                                                                                                                                            |                                                                |                                                                         |          |
| Weather conditions at time of survey:                                                                                                                                                                                                        | Sunny                                                          | Partly Cloudy                                                           | Cloudy   |
| · · · ·                                                                                                                                                                                                                                      | Raining                                                        | Last rain event:                                                        |          |
|                                                                                                                                                                                                                                              | Heavy                                                          | Medium Ligh                                                             | nt       |
| General condition of non-septic area grou                                                                                                                                                                                                    | nds: Dry Da                                                    | mp Wet Spongy S                                                         | Poeen    |
| •                                                                                                                                                                                                                                            |                                                                |                                                                         |          |
|                                                                                                                                                                                                                                              | avratome.                                                      | Derry corrige on the                                                    |          |
| Sewage Odor: Wet above or near s                                                                                                                                                                                                             | system:                                                        | Raw sewage surfac                                                       | ing:     |
| Other areas of dampness noted in yard:                                                                                                                                                                                                       |                                                                | -                                                                       | ·        |
| Other areas of dampness noted in yard:                                                                                                                                                                                                       | Location:                                                      |                                                                         |          |
|                                                                                                                                                                                                                                              | Location:                                                      |                                                                         |          |
| Other areas of dampness noted in yard:                                                                                                                                                                                                       | Location:                                                      | Parcel # on contain                                                     | er:      |
| Other areas of dampness noted in yard:<br>Photographs taken: Water Samp<br><br>Section 3. Questions for Homeowne                                                                                                                             | Location:                                                      | Parcel # on contain                                                     | er:      |
| Other areas of dampness noted in yard:<br>Photographs taken: Water Samp<br><br>Section 3. Questions for Homeowne<br>Number of Residents:                                                                                                     | Location:                                                      | Parcel # on contain                                                     | er:      |
| Other areas of dampness noted in yard:<br>Photographs taken: Water Samp<br><br>Section 3. Questions for Homeowne                                                                                                                             | Location:                                                      | Parcel # on contain                                                     | er:      |
| Other areas of dampness noted in yard:<br>Photographs taken: Water Samp<br><br>Section 3. Questions for Homeowne<br>Number of Residents:                                                                                                     | Location:<br>ole taken:<br>or (only if avai                    | Parcel # on contain                                                     | er:      |
| Other areas of dampness noted in yard:<br>Photographs taken: Water Samp<br>Section 3. Questions for Homeowne<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do you have?                                    | Location:<br>ole taken:<br>or (only if avai                    | Parcel # on contain<br>lable at time of survey<br>LL THAT APPLY)        | er:      |
| Other areas of dampness noted in yard:<br>Photographs taken: Water Samp<br>Section 3. Questions for Homeowne<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do you have?<br>SEPTIC TANK ING<br>CESSPOOL ING | Location:<br>ole taken:<br>or (only if avai<br><br>? (CIRCLE A | Parcel # on contain<br>lable at time of survey<br>LL THAT APPLY)<br>NCH | er:      |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

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| J - |                                     |                                                  |
|-----|-------------------------------------|--------------------------------------------------|
|     | SEPTIC TANK                         | INGROUND BED                                     |
| •   | CESSPOOL                            | INGROUND TRENCH                                  |
| •   | ELEV. SAND MOUND<br>PIPE TO SURFACE | HOLDING TANK<br>OTHER                            |
|     |                                     |                                                  |
|     | How old is your system? 1591        | B. Was it permitted? D/N When? <u>Sept 94</u>    |
|     | Have you ever noticed any of the fo | ollowing near your septic system? ~              |
|     | GREEN LUSH GRASS                    | WETNESS OR SPONGY AREAS                          |
|     | . ODORS                             | WATER PONDING OR SURFACING                       |
| ,   | SLUGGISH DRAINS<br>SYSTEM OVERFLOW  | WASTEWATER BACKING INTO HOME<br>OTHER            |
|     | SISTEM OVERFLOW                     |                                                  |
|     | Was your system ever pumped out     | (T)N                                             |
|     | How often? <u>Elen 24 no</u> L      | ast time? 2008                                   |
|     |                                     |                                                  |
|     | If your system was pumped, was      | it inspected for cracks or broken baffles? (Y) N |
|     | Was your system ever repaired? Y    | / (1) When?                                      |
|     |                                     |                                                  |
|     | By permit? Y/N                      |                                                  |
|     | What part was repaired or replaced  | ?                                                |
|     |                                     | ED LINE: REPAIRED / REPLACED                     |
|     | DRAIN FIELD: REPAIRED / R           | EPLACED                                          |
|     | What kind of water system do you !  | have? WELL PUBLIC OTHER                          |
|     | How far from the well from the dra  |                                                  |
|     | Is the well uphill or downhill from |                                                  |
|     | Was the water ever tested? Y or N   | · · · · · · · · · · · · · · · · · · ·            |
|     |                                     |                                                  |
| 1   | COMMENTS OF PROPERTY OV             | jusi AFTER EXSISTIN SepTLE TANK                  |
| Ĵ   | Secant pump Tank                    | w 1/2 ho por That would cunst                    |
| cr  | iTen al Front AWN                   | TO New AbsongTion Anek                           |
|     |                                     | /                                                |
|     | COMMENTS OF SURVEYOR:               |                                                  |
|     |                                     |                                                  |
|     | ·····                               |                                                  |
|     |                                     |                                                  |
| 1   |                                     |                                                  |
| )   | · ·                                 | SURVEYOR SIGNATURE:                              |
|     |                                     |                                                  |

|                       |                                                                                                                                                                                                                                       | nk water go? (CIRCLE ALL THAT APPLY)                                                                            |  |  |  |  |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                       | SEPTIC TANK                                                                                                                                                                                                                           | INGROUND BED                                                                                                    |  |  |  |  |
|                       | CESSPOOL                                                                                                                                                                                                                              | INGROUND TRENCH .                                                                                               |  |  |  |  |
|                       | ELEV. SAND MOUND                                                                                                                                                                                                                      | HOLDING TANK                                                                                                    |  |  |  |  |
|                       | .PIPE TO SURFACE                                                                                                                                                                                                                      | OTHER                                                                                                           |  |  |  |  |
| H                     | Iow old is your system?                                                                                                                                                                                                               | Was it permitted? Y/N When?                                                                                     |  |  |  |  |
| H                     | lave you ever noticed any of the fo                                                                                                                                                                                                   | ollowing near your septic system?                                                                               |  |  |  |  |
|                       | GREEN LUSH GRASS                                                                                                                                                                                                                      | WETNESS OR SPONGY AREAS                                                                                         |  |  |  |  |
|                       | ODORS                                                                                                                                                                                                                                 | WATER PONDING OR SURFACING                                                                                      |  |  |  |  |
|                       | SLUGGISH DRAINS"                                                                                                                                                                                                                      | WASTEWATER BACKING INTO HOME                                                                                    |  |  |  |  |
|                       | SYSTEM OVERFLOW                                                                                                                                                                                                                       | OTHER                                                                                                           |  |  |  |  |
|                       | • •                                                                                                                                                                                                                                   | · · · · ·                                                                                                       |  |  |  |  |
| V                     | Vas your system ever pumped out                                                                                                                                                                                                       | ?Y/N                                                                                                            |  |  |  |  |
|                       | How often? Last time?                                                                                                                                                                                                                 |                                                                                                                 |  |  |  |  |
|                       | · .                                                                                                                                                                                                                                   |                                                                                                                 |  |  |  |  |
|                       | If your system was pumped, was                                                                                                                                                                                                        | it inspected for cracks or broken baffles? Y/N                                                                  |  |  |  |  |
| V                     | Vas your system ever repaired? Y                                                                                                                                                                                                      | //N When?                                                                                                       |  |  |  |  |
| E                     | By permit? Y/N                                                                                                                                                                                                                        | · ·                                                                                                             |  |  |  |  |
|                       |                                                                                                                                                                                                                                       |                                                                                                                 |  |  |  |  |
| V                     | What part was repaired or replaced                                                                                                                                                                                                    | 7                                                                                                               |  |  |  |  |
| V                     | Vhat part was repaired or replaced<br>TANK: REPAIRED / REPLACI                                                                                                                                                                        |                                                                                                                 |  |  |  |  |
| V                     | TANK: REPAIRED / REPLACE                                                                                                                                                                                                              | ED LINE: REPAIRED / REPLACED                                                                                    |  |  |  |  |
| V                     |                                                                                                                                                                                                                                       | ED LINE: REPAIRED / REPLACED                                                                                    |  |  |  |  |
|                       | TANK: REPAIRED / REPLACE                                                                                                                                                                                                              | ED LINE: REPAIRED / REPLACED<br>EPLACED                                                                         |  |  |  |  |
| V<br>H                | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>What kind of water system do you<br>low far from the well from the dra                                                                                                       | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field? ft.                             |  |  |  |  |
| V<br>H<br>L:          | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>What kind of water system do you<br>low far from the well from the dra<br>s the well uphill or downhill from                                                                 | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field? ft.<br>the drain field?         |  |  |  |  |
| V<br>H<br>L:          | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>What kind of water system do you<br>low far from the well from the dra                                                                                                       | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field? ft.<br>the drain field?         |  |  |  |  |
| V<br>H<br>L:<br>V     | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>What kind of water system do you<br>low far from the well from the dra<br>s the well uphill or downhill from                                                                 | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?          |  |  |  |  |
| V<br>H<br>L:<br>V     | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>Vhat kind of water system do you<br>low far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N                            | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?          |  |  |  |  |
| V<br>H<br>L:<br>V     | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>Vhat kind of water system do you<br>low far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N                            | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?          |  |  |  |  |
| V<br>H<br>L:<br>V     | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>Vhat kind of water system do you<br>low far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N                            | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?          |  |  |  |  |
| V<br>H<br>L!<br>      | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>Vhat kind of water system do you<br>low far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N                            | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?          |  |  |  |  |
| V<br>H<br>L!<br>      | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>What kind of water system do you<br>low far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?          |  |  |  |  |
| V<br>H<br>L:<br>      | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>Vhat kind of water system do you<br>Iow far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?          |  |  |  |  |
| V<br>H<br>L:<br>      | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>Vhat kind of water system do you<br>Iow far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?<br>VNER: |  |  |  |  |
| V<br>H<br>L<br>U<br>U | TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / R<br>Vhat kind of water system do you<br>Iow far from the well from the dra<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV | ED LINE: REPAIRED / REPLACED<br>EPLACED<br>have? WELL PUBLIC OTHER<br>in field?ft.<br>the drain field?<br>VNER: |  |  |  |  |

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Permission to Enter Property and Conduct Survey

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senbloom (Signature)

318 Crum Creek Lane (Street Address)

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Permission to Enter Property and Conduct Survey

(Signature)

Crum Creek 319

(Street Address)

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THANK YOU FOR YOUR PROMPT RESPONSE.

ME ßE AUG 0 3 2009

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Permission to Enter Property and Conduct Survey

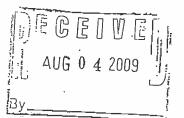
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(Signature)

Street Address)

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Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

Edile Conurs

(Signature)

7/29/2009 (Date)

323 Cum Cuel dane ... n. (Street Address) 19073

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6 15 JUL 2 8 2009

Valid united Sept 30:

# NEWTOWN TOWNSHIP

Permission to Enter Property and Conduct Survey

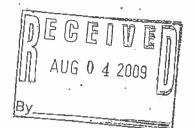
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(Signature)

(Date

324 CRUM CREEK LANE 19073 (Street Address)

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(Signature) Joseph R. NASK JR.

<u>8-1-D</u> (Date)

CRUM CREEK LANE 326

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

2000

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(Signature)

CRUM K LANE

(Street Address)

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ondrad Madism re) Crum Creek Lane (Signature)

331

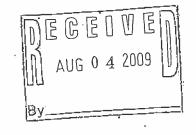
(Street Address)

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THANK YOU FOR YOUR PROMPT RESPONSE.

UL 3 0 2009

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nature)

(Date)

rym Creek Cn.

(Street Address)

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| (Signature) |   |        | • • |   |      | <u>8/1/09</u><br>(Date) |
|-------------|---|--------|-----|---|------|-------------------------|
| 0 /         |   |        |     | • |      |                         |
|             | - | $\sim$ | F   | 1 | N. 1 |                         |

332 Crum Creek In Newtown Square,

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

# NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| PHONE: 610-324-646      |
|-------------------------|
| -Mr                     |
| · .                     |
|                         |
| ·                       |
| Partly Cloudy Cloudy    |
| Last rain event:        |
| Medium Light            |
| np Wet Spongy Soggy     |
| Raw sewage surfacing:   |
| ·                       |
| Parcel # on container:  |
| able at time of survey) |
|                         |
| •                       |
| L THAT APPLY)           |
| СН                      |
|                         |

| SEPTIC TANK                                                                               | INGROUND BED                                             |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------|
| CESSPOOL                                                                                  | INGROUND TRENCH                                          |
| ELEV. SAND MOUND                                                                          | HOLDING TANK                                             |
| PIPE TO SURFACE                                                                           | OTHER                                                    |
|                                                                                           |                                                          |
| ow old is your system?                                                                    | Was it permitted? Y / N When?                            |
| ive you ever noticed any of the f                                                         | ollowing near your septic system? $NO$                   |
| GREEN LUSH GRASS                                                                          | WETNESS OR SPONGY AREAS                                  |
| ODORS                                                                                     | WATER PONDING OR SURFACING                               |
| SLUGGISH DRAINS                                                                           | WASTEWATER BACKING INTO HOME                             |
| SYSTEM OVERFLOW                                                                           | OTHER                                                    |
| as your system.ever pumped out<br>How often? I                                            | t? Y/N Moved in Sept. 08                                 |
|                                                                                           |                                                          |
| If your system was pumped, wa                                                             | s it inspected for cracks or broken baffles? (Y) N       |
| as your system ever repaired?                                                             | The When? <u>Previous Owner</u> replaced baffle<br>4/08. |
| y permit? Y/N 7 (Previ                                                                    | ous owner).                                              |
| /hat part was repaired or replace<br>TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / 1 | CED LINE: REPAIRED / REPLACED                            |
|                                                                                           | Laver WELL DIBLIC DITHER                                 |
| That kind of water system do you                                                          | have? WELL PUBLIC DTHER                                  |
| low far from the well from the d                                                          | a the drain field?                                       |
| s the well uphill or downhill from<br>Vas the water ever tested? Y or 1                   | Ň .                                                      |
| COMMENTS OF PROPERTY O                                                                    | WNER:                                                    |
| ,,,,,                                                                                     |                                                          |
| COMMENTS OF SURVEYOR:                                                                     |                                                          |
| ·                                                                                         |                                                          |
|                                                                                           |                                                          |
|                                                                                           |                                                          |
|                                                                                           |                                                          |
| ,                                                                                         |                                                          |
|                                                                                           |                                                          |

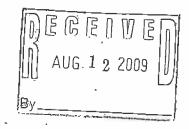
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(Signature)

GUM CHEEK CN. NP PA. 190 (Street Address)

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ppe A. Sirard-Signature)

1 28, 2009

335 Crum Creek Lane, Newtown Square, 1 (Street Address)

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## NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information         | a '              | •                                                                                                                    |
|--------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------|
| NAME: PAILIPPE A. GIRA                     | RD.              | PHONE: 610-356-6336                                                                                                  |
| ADDRESS: 335 CRUM CREEK                    |                  |                                                                                                                      |
| TAX PARCEL #:                              | •                |                                                                                                                      |
| SURVEYORS NAME:                            |                  | ۲۵.<br>۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ |
| Section 2. Observed Conditions Via         |                  |                                                                                                                      |
| Weather conditions at time of survey:      | Sunny            | Partly Cloudy Cloudy                                                                                                 |
|                                            | Raining          | Last rain event:                                                                                                     |
|                                            | Heavy            | Medium Light                                                                                                         |
| General condition of non-septic area groun | nds: Dry Dar     | np Wet Spongy Soggy                                                                                                  |
| Sewage Odor: Wet above or near s           | system:          | Raw sewage surfacing:                                                                                                |
| Other areas of dampness noted in yard:     | Location:        |                                                                                                                      |
| Photographs taken: Water Samp              | le taken:        | Parcel # on container:                                                                                               |
| Section 3. Questions for Homeowner         | r (only if avail | able at time of survey)                                                                                              |
| Number of Residents:                       | -                |                                                                                                                      |

How large is your lot? <u>APPOX</u> 2 ACRES

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

(<u>SEPTIC TANK</u>) CESSPOOL ELEV. SAND MOUND OTHER\_\_\_

INGROUND BED INGROUND TRENCH · HOLDING TANK

| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEPTIC TANKINGROUND BEDCESSPOOLINGROUND TRENCHELEV. SAND MOUNDHOLDING TANKPIPE TO SURFACEOTHER                                                                                                           |
| How old is your system? <u>44 YRS</u> Was it permitted? $Y$ N When? <u>1965</u> .                                                                                                                        |
| Have you ever noticed any of the following near your septic system? $\mathcal{N}_{\mathcal{O}}$                                                                                                          |
| GREEN LUSH GRASSWETNESS OR SPONGY AREASODORSWATER PONDING OR SURFACINGSLUGGISH DRAINSWASTEWATER BACKING INTO HOMESYSTEM OVERFLOWOTHER                                                                    |
| Was your system ever pumped out? (Y) N<br>How often? <u>YEARLY</u> Last time? <u>Spring 2009</u> .                                                                                                       |
| If your system was pumped, was it inspected for cracks or broken baffles? $\widetilde{Y}$ N                                                                                                              |
| Was your system ever repaired? (Y)/N When? $1975 - LEACHING FIELD$<br>By permit? (Y)N<br>By permit? (Y)N                                                                                                 |
| By permit? (Y) N . 2009 - NEW EXIT BAFFLE                                                                                                                                                                |
| What part was repaired or replaced?<br>(TANK: REPAIRED) REPLACED LINE: REPAIRED / REPLACED<br>(DRAIN FIELD) REPAIRED (REPLACED)                                                                          |
| What kind of water system do you have? WELL PUBLIC OTHER<br>How far from the well from the drain field? ft.<br>Is the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N |
| COMMENTS OF PROPERTY OWNER:                                                                                                                                                                              |
|                                                                                                                                                                                                          |
| COMMENTS OF SURVEYOR:                                                                                                                                                                                    |
|                                                                                                                                                                                                          |
| · · · · · ·                                                                                                                                                                                              |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                    |
| SURVEYOR SIGNATU                                                                                                                                                                                         |
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Permission to Enter Property and Conduct Survey

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(nature)

(Date)

reck LA.

(Street Address)

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Sure (Signature) 610-356-2826 Tel Jane Thurstown Squared PA. (Street Address)

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150 WI OWNER" NARC (Signature) Erlin the Vally (Street Address)

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Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) **INGROUND BED** SEPTIC TANK INGROUND TRENCH CESSPOOL HOLDING TANK ELEV. SAND MOUND OTHER PIPE TO SURFACE SWE- PREMIM NOF How old is your system? 720Was it permitted? Y/N When? Have you ever noticed any of the following near your septic system? WETNESS OR SPONGY AREAS GREEN LUSH GRASS WATER PONDING OR SURFACING ODORS WASTEWATER BACKING INTO HOME SLUGGISH DRAINS OTHER. ✓ SYSTEM OVERFLOW Was your system ever pumped out? ()/N How often? 7 MUN My Last time Last time? \_\_\_\_\_\_\_\_ If your system was pumped, was it inspected for cracks or broken baffles? (i / N)Was your system ever repaired? Y (N) When? By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED OTHER What kind of water system do you have? WELL ÝUBLIC) How far from the well from the drain field? <del>Ĩ</del>f Is the well uphill or downhill from the drain field? Was the water ever tested? Y or N COMMENTS OF PROPERTY OWNER: COMMENTS OF SURVEYOR: SURVEYOR SIGNATURE:

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ani Kin Kland (Signature)

Date) 26, 2009

the Valley Lave (Street Address)

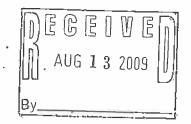
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### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Informa                                                                       |                     |                        |
|------------------------------------------------------------------------------------------------------|---------------------|------------------------|
| NAME: LEET DIANE +                                                                                   | Siekland            | PHONE: 610 - 356-6089  |
| ADDRESS: 304 Echo Va                                                                                 | bley Lave           |                        |
| TAX PARCEL #:                                                                                        | • •                 | · · ·                  |
| SURVEYORS NAME:                                                                                      |                     |                        |
| Section 2. Observed Conditions                                                                       | . Via Visual Survey |                        |
| Weather conditions at time of survey                                                                 | : Sunny             | Partly Cloudy Cloudy   |
|                                                                                                      | Raining             | Last rain event:       |
|                                                                                                      | Heavy               | Medium Light           |
| General condition of non-septic area                                                                 | grounds: Dry Damp   | Wet Spongy Soggy       |
| Sewage Odor: Wet above or r                                                                          | near system:        | Raw sewage surfacing:  |
| Other areas of dampness noted in yar                                                                 | d:Location:         | ·                      |
| Photographs taken: Water                                                                             | Sample taken:       | Parcel # on container: |
| Section 3. Questions for Homeo<br>Number of Residents: <u>2</u><br>How large is your lot? <u>1.5</u> |                     | ole at time of survey) |
| What kind of sewage system do you                                                                    | have? (CIRCLE ALL   | , THAT APPLY)          |
| ELEV. SAND MOUND                                                                                     |                     |                        |
|                                                                                                      |                     |                        |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) (in that order SEPTIC TANK ÍNGROUND BEI INGROUND TRENCH CESSPOOL HOLDING TANK ELEV. SAND MOUND PIPE TO SURFACE OTHER How old is your system? <u>Un Kurron</u> Was it permitted? Y/N When?.\_\_ Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME. SYSTEM OVERFLOW OTHER . NOOL: DYGON Was your system ever pumped out Y/N How often? iff ander Last time? If your system was pumped, was it inspected for cracks or broken baffles? Y Was your system ever repaired? (Y) N When? 2000 By permit? (Y) N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL (PUBLIC) OTHER How far from the well from the drain field? ft. Is the well uphill or downhill from the drain field? Was the water ever tested? Y or N COMMENTS OF PROPERTY OWNER: the had a major overhaul in 2000- The and when ompletely robuilt and a live from Septer ton 1 Carsport repaired. a new lid tran made for carport A Small drain tin by a derek. beyond cess pool was also dis cover Sie was dore by Abbe duskey Bie was about \$6,000.00 SURVEYOR SIGNATURE:



Permission to Enter Property and Conduct Survey

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ust.12, 2009 seene hature) (Street Address)

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(Signature)

(Date

Echo Valley Ln (Street Address)

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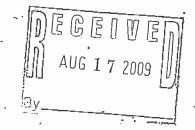
(Signature)

11.09

(Street Address)

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(Signature)

\$/14/09 (Date)

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NEWTOWN TOWNSHIP Permission to Enter Property and Conduct Survey I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM. 18/09 Mate (Signature) 313 Echo Valley ( A, Newtown Square PA (Street Address) PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 •NO LATER THAN (5) FIVE DAYS. THANK YOU FOR YOUR PROMPT RESPONSE. EGEINE AUG 0 64 2009

#### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

Cloudy

Section 1. Preliminary Information
NAME:\_\_\_\_\_\_ PHONE:
ADDRESS:\_\_\_\_\_\_
TAX PARCEL #:

SURVEYORS NAME:

Section 2. Observed Conditions Via Visual Survey Weather conditions at time of survey: Sunny Partly Cloudy Raining Last rain event:

 Heavy
 Medium
 Light

 General condition of non-septic area grounds: Dry
 Damp
 Wet
 Spongy
 Soggy

 Sewage Odor:
 \_\_\_\_\_\_
 Wet above or near system:
 \_\_\_\_\_\_
 Raw sewage surfacing:

 Other areas of dampness noted in yard:
 \_\_\_\_\_\_\_
 Location:
 \_\_\_\_\_\_\_

 Photographs taken:
 \_\_\_\_\_\_
 Water Sample taken:
 Parcel # on container:

Section 3. Questions for Homeowner (only if available at time of survey)

Number of Residents:

How large is your lot?\_\_\_\_

What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

SEPTIC TANKINGROUND BEDCESSPOOLINGROUND TRENCHELEV. SAND MOUNDHOLDING TANKOTHER\_\_\_\_\_

| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY                                                                        | ) , , , , , , , , , , , , , , , , , , , |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| SEPTIC TANK) INGROUND BED                                                                                                                   |                                         |
| CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK                                                                                   |                                         |
| PIPE TO SURFACE OTHER                                                                                                                       |                                         |
| How old is your system? <u>I yrs ald</u> Was it permitted? Y/N When?                                                                        |                                         |
| Have you ever noticed any of the following near your septic system?                                                                         |                                         |
| GREEN LUSH GRASS WETNESS OR SPONGY AREAS                                                                                                    |                                         |
| ODORS WATER PONDING OR SURFACING<br>SLUGGISH DRAINS WASTEWATER BACKING INTO HOM<br>SYSTEM OVERFLOW OTHER                                    | Œ                                       |
| Was your system ever pumped out? Y N                                                                                                        |                                         |
| How often? $2 \times / 4 \Gamma$ Last time?                                                                                                 |                                         |
| If your system was pumped, was it inspected for cracks or broken baffles? Y                                                                 | /N                                      |
| Was your system ever repaired? Y/N When?                                                                                                    |                                         |
| By permit? Y/N                                                                                                                              |                                         |
| What part was repaired or replaced?                                                                                                         |                                         |
| TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / REPLACED.                                                    | ، ' ادر<br>د بو<br>۲۰۰۰ و ۲۰۰۰ و ۲۰۰۰   |
| What kind of water system do you have? WELL (PUBLIC) OTHER                                                                                  |                                         |
| How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N | *<br>. ~                                |
|                                                                                                                                             |                                         |
| COMMENTS OF PROPERTY OWNER.                                                                                                                 |                                         |
|                                                                                                                                             |                                         |
|                                                                                                                                             | · · · · ·                               |
| COMMENTS OF SURVEYOR:                                                                                                                       |                                         |
|                                                                                                                                             | •                                       |
|                                                                                                                                             |                                         |
|                                                                                                                                             | · · ·                                   |
| SURVEY                                                                                                                                      | OR SIGNATURE:                           |

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2 6 2 AUG 1 4 2009

#### Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

Signature)

.314

(Street Address

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

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the Valley Linke

(Street Address)

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15 || AUG 0 3 2009

|                | , ·               | VISUA          | OR-TO-DO<br>LL INSPEC               | TION               | * m                   | ora au. |
|----------------|-------------------|----------------|-------------------------------------|--------------------|-----------------------|---------|
| Section 1.     | Preliminary       | Information    | Prope                               | Ag is liste        | d under J<br>10 356 6 | udthi   |
| NAME:          | Eerla.s           | 4 J401         | KG-A                                | APTONE: 6          | 10 356 6              | 603     |
| ADDRESS:       | 316 Ea            | Go VAL         | ley LAN                             | 1 <u>e</u>         |                       |         |
| TAX PARC       | EL #:             |                |                                     |                    | -                     |         |
|                | RS NAME:          | •              |                                     |                    |                       |         |
| Section 2.     | Observed Co       | onditions Via  | Visual Surve                        | у.                 |                       |         |
| Weather con    | ditions at time c | of survey:     | Sunny                               | Partly Cloudy      | Cloudy                | ,       |
|                |                   |                | Raining                             | Last rain ever     | at:                   | •       |
|                |                   | -              | Heavy                               | Medium             | Light                 |         |
| General cond   | lition of non-sep | otic area grou | nds: Dry Da                         | mp Wet Spon        | gy Soggy              |         |
| Sewage Odo     | r: Wet a          | bove or near s | system:                             | Raw sewage s       | surfacing:            |         |
| Other areas of | of dampness not   | ed in yard:    | Location:                           |                    |                       |         |
| Photographs    | taken:            | Water, Samp    | le taken:                           | Parcel # on co     | ontainer:             |         |
| Section 3.     | Ouestions for     | Homeowne       | r (only if avai                     | lable at time of s |                       |         |
| Number of R    | _                 |                | ·                                   |                    | <u>.</u>              |         |
|                | your lot? Z       | ABS            | - ,                                 |                    | `                     |         |
| -              |                   |                | ·<br>? (CIRCLE A                    | LL THAT APPL`      | Ŷ)                    |         |
| SEPT<br>CESS   | TIC TANK<br>SPOOL | ING:<br>ING    | ROUND BED<br>ROUND TRE<br>DING TANK | NCH                | - ) '                 |         |

[.\*\_)

| NEWTOWN TOW<br>DOOR-TO-DOOR<br>VISUAL INSPECTI                                                                                                                                                                                                                                                                                                                                                    | X                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Section 1. Preliminary Information<br>NAME: Kristen Keel<br>ADDRESS: 317 Echo Vallerf Lane                                                                                                                                                                                                                                                                                                        | PHONE: 508 612 2939                                      |
| ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| Section 2. Observed Conditions Via Visual Survey<br>Weather conditions at time of survey: Sunny<br>Raining<br>Heavy                                                                                                                                                                                                                                                                               | Partly Cloudy Cloudy<br>Last rain event:<br>Medium Light |
| General condition of non-septic area grounds: Dry Da<br>Sewage Odor: Wet above or near system:<br>Other areas of dampness noted in yard: Location:_<br>Photographs taken: Water Sample taken:                                                                                                                                                                                                     | Raw sewage surfacing                                     |
| Section 3. Questions for Homeowner (only if aver<br>Number of Residents: <u>Z</u><br>How large is your lot? <u>196.32 × 302</u> <del>I</del><br>What kind of sewage system do you have? (CIRCLE<br>SEPTIC TANK INGROUND BI<br>CESSPOOL<br>ELEV. SAND MOUND HOLDING TAN<br>OTHER<br>HOME & INSPECTOR Said <del>I</del><br>HOME & INSPECTOR Said <del>I</del><br>HOME & INSPECTOR Said <del>I</del> | ALL THAT APPLY)                                          |

|                                                                                       |                                   |                                                                                 |              | 7.1.        |
|---------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------|--------------|-------------|
| Where does your l                                                                     | aundry and/or s                   | ink water go? (CIRCLE ALL THA                                                   | AT APPL'Y)   | : to th     |
| SEPTIC TA<br>CESSPOO<br>ELEV. SA<br>PIPE TO S                                         | L<br>ND MOUND                     | INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK<br>OTHER                        |              | system      |
| How old is your sy                                                                    | stem?                             | Was it permitted? Y/N W                                                         | /hen?        | · .         |
| Have you ever not                                                                     | ced any of the :                  | following near your septic system?                                              | No           | · ·         |
| ODORS<br>SLUGGISI                                                                     | JSH GRASS<br>H DRAINS<br>DVERFLOW | WETNESS OR SPONGY ARI<br>WATER PONDING OR SURI<br>WASTEWATER BACKING I<br>OTHER | FACING       | · .         |
| Was your system e<br>. How often? <u>eve</u>                                          |                                   | t?(Y)/N<br>Last time? <u>2008</u>                                               | -            |             |
| If your system v                                                                      | vas pumped, wa                    | s it inspected for cracks or broken                                             | baffles? Y/1 | 1.          |
| Was your system e                                                                     | ver repaired?                     | Y/N When?                                                                       | ?            |             |
| By permit? Y/N                                                                        |                                   |                                                                                 | •            |             |
| What part was repair<br>TANK: REPAIR<br>DRAIN FIELD:                                  | ED/REPLAC                         | ED LINE: REPAIRED / REPLA                                                       | ACED         |             |
| What kind of wate<br>How far from the v<br>Is the well uphill o<br>Was the water even | vell from the dr<br>downhill from | ain field?ft.                                                                   | ER .         |             |
| COMMENTS OF                                                                           | PROPERTY O                        | WNER:                                                                           |              |             |
| We purcha<br>history<br>comments of                                                   |                                   | have in 2006, and                                                               | Lavent       | ausane of f |
| ·                                                                                     |                                   |                                                                                 |              |             |
|                                                                                       |                                   |                                                                                 |              |             |
|                                                                                       |                                   |                                                                                 |              |             |



Permission to Enter Property and Conduct Survey

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alleyLane

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GET W 2 9 2009

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Signature)

7/26/2009

323 Echo Valley (Street Address)

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rahr C Dizante (Signature)

triling 25, 2009

Echo Valley In. New form Aquere 1/2 19073

(Street Address)

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(Signature) ARE 2T Mr. Robert A. Kalherine 4102 Battles In Newtown Square, PA- 19073 AME BATTLES LANE HENELAWA (Street Äddress)

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**MISUAL INSPECTION** DOOR-TO-DOOR **JIHSNMOL NMOLMIN** 

Number of Residents: (Z) 2 and is when is With Questions for Homeowner (only if available at time of survey) -E noites2 Photographs taken:\_ Water Sample taken: Parcel # on container:\_\_\_\_ Other areas of dampness noted in yard. \_\_\_\_ Location: Sewage Odor: Wet above or near system: Raw sewage surfacing: General condition of non-septic area grounds: Dry Damp Wet Spongy Soggy trarit Afgil Theavy Itedian Last rain event: **g**ainia**A** Weather conditions at time of survey. Sumry Partly Cloudy Cloudy Section 2. Observed Conditions Via Visual Survey DODPI BOLLOTAH CARKETTRAL APPROL 3storon3 SURVEYORS NAME: YESI (FE ENGINEERING Co, CNICENCINERS E EUSIT TAX PARCEL # 1'VE ATOLIED CORES OF HAY CONEY TOWNEND & SUBJENCE ADDRESS ALOS KATTLES LANE NEWTONN SOLATES FA. 1907 THATE ROLED A TREAD SMAN PHONE (60) 253 - 575, .L nottos2 Preliminary Information

CE22bOOL INCEROUND TRENCH INCEONND BED -SEPTIC TANK What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)

How large is your lot? Z. S. Deares + -

TOW TO HE TEX TERN TOTAL AND TO TOTAL AND TO TOTAL OTHER IN COUNTS FRAM OF DRAWN MONT CECTOON JAN HOLDING TANK ELEV. SAND MOUND

ITPO Ju PURATI

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

| r | SEPTIC TANK                                                           | INGROUND BÊD                                      |
|---|-----------------------------------------------------------------------|---------------------------------------------------|
|   | CESSPOOL                                                              | INGROUND TRENCH                                   |
|   | ELEV. SAND MOUND<br>PIPE TO SURFACE                                   | HOLDING TANK                                      |
|   | FIFE IO SURFACE                                                       | OTHER                                             |
|   | How old is your system?                                               | Was it permitted? Y/N When?                       |
|   | Have you ever noticed any of the                                      | following near your septic system?                |
|   | GREEN LUSH GRASS                                                      | WETNESS OR SPONGY AREAS                           |
|   | ODORS                                                                 | WATER PONDING OR SURFACING                        |
|   | SLUGGISH DRAINS                                                       | WASTEWATER BACKING INTO HOME                      |
|   | SYSTEM OVERFLOW                                                       | OTHER                                             |
|   | Was your system ever pumped or                                        | t? Y/N                                            |
|   | . How often?                                                          | Last time?                                        |
|   | . '                                                                   |                                                   |
|   | If your system was pumped, w                                          | as it inspected for cracks or broken baffles? Y/N |
|   | Was your system ever repaired?                                        | Y/N When?                                         |
| ) | Bypermit? Y/N                                                         | • • •                                             |
|   | What part was repaired or replace                                     | · · · · · · · · · · · · · · · · · · ·             |
|   | TANK: REPAIRED / REPLA                                                | CED LINE: REPAIRED / REPLACED                     |
|   | DRAIN FIELD: REPAIRED /                                               | REPLACED                                          |
|   |                                                                       | • · · · ·                                         |
|   | What kind of water system do you<br>How far from the well from the dr | have? WELL PUBLIC OTHER                           |
|   | Is the well uphill or downhill from                                   | the drain field?ft_                               |
|   | Was the water ever tested? Y or 1                                     | V                                                 |
|   |                                                                       |                                                   |
|   | COMMENTS OF PROPERTY O                                                | WNER:                                             |
|   |                                                                       |                                                   |
|   |                                                                       |                                                   |
|   |                                                                       |                                                   |
|   | COMMENTS OF SURVEYOR:                                                 |                                                   |
|   |                                                                       |                                                   |
|   |                                                                       |                                                   |
|   |                                                                       |                                                   |
|   |                                                                       |                                                   |
| J | •                                                                     |                                                   |
|   | •                                                                     | SURVEYOR SIGNATURE:                               |
|   |                                                                       |                                                   |

# Permission to Enter Property and Conduct Survey

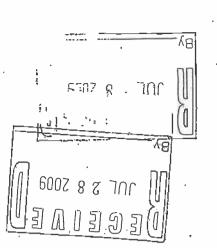
MEMLOWN TOWNSHIP

ENTER THE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY UWE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY I'WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY

(Date) · 60-88-6

POL

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722



THANK YOU FOR YOUR PROMPT RESPONSE.

NO LATER THAN (5) FIVE DAYS.

. (Street Address)

(SutangiZ)

NEWTOWN TOWNSI AUG 0 4 2009 Permission to Enter Property and Conduct Survey I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM. (Street Address)

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(Signature)

<u>(Date)</u>

330 Echo Valley Lane (Street Address)

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ALIG 0 3 2009

# NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information                    |                           | · .                    | •        |
|-------------------------------------------------------|---------------------------|------------------------|----------|
| NAME: David & Erin Duge                               | ,ra                       | PHONE: 610             | 3-550344 |
| NAME: David & Erin Duge<br>ADDRESS: 330 France Valley | tane                      | • • •                  | · · ·    |
| TAX PARCEL #:                                         |                           |                        |          |
| SURVEYORS NAME:                                       |                           |                        |          |
| ·                                                     | :                         |                        | <u>.</u> |
| Section 2. Observed Conditions Via                    | Visual Survey             | 7                      |          |
| • Weather conditions at time of survey: .             | Sunny                     | Partly Cloudy          | Cloudy   |
| •                                                     | Raining                   | Last rain event:       |          |
|                                                       | Heavy                     | Medium Lig             | ht       |
| General condition of non-septic area grou             | ınds: Dry Dar             | np Wet Spongy          | Soggy    |
| Sewage Odor: Wet above or near                        | system:                   | Raw sewage surfa       | cing:    |
| Other areas of dampness noted in yard:                | Location:                 |                        | ·        |
| Photographs taken: Water Sam                          | ple taken:                | Parcel # on contain    | ner:     |
| ·                                                     |                           |                        | <u> </u> |
| Section 3. Questions for Homeown                      | er (only if avai          | lable at time of surve | èy)      |
| Number of Residents:                                  |                           |                        |          |
| How large is your lot? 2-6 60                         | res                       |                        |          |
| What kind of sewage system do you have                | ? (CIRCLE A               | LL THAT APPLY)         |          |
|                                                       | GROUND BED                |                        |          |
|                                                       | GROUND TRE<br>DLDING TANK |                        |          |
| OTHER NOT SUM                                         |                           | alvar the fear         | (        |
| please note, we are p<br>pumped every 14 d            | reserving he              | ) fue here             | _        |
| pumper every 14 d                                     | uj-s                      |                        |          |

| Where does your laundry and/or s                                                                                                                                                                                                                                                     | ink water go? (CIRCLE ALL THAT APPLY)                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>PIPE TO SURFACE                                                                                                                                                                                                                       | INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK<br>OTHER                                                                                                                       |
| How old is your system??                                                                                                                                                                                                                                                             | Was it permitted? Y/N When? 7                                                                                                                                                  |
| Have you ever noticed any of the                                                                                                                                                                                                                                                     | following near your septic system?                                                                                                                                             |
| GREEN LUSH GRASS<br>ODORS<br>SLUGGISH DRAINS<br>SYSTEM OVERFLOW                                                                                                                                                                                                                      | WETNESS OR SPONGY AREAS No<br>WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME<br>OTHER                                                                              |
| Was your system ever pumped ou<br>How often? <u> </u>                                                                                                                                                                                                                                | Last time?<br>ras it inspected for cracks or broken baffles? Y N                                                                                                               |
|                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
| Was your system ever repaired?                                                                                                                                                                                                                                                       | BIN When? <u>REOLACED SINCE</u> WE DWNED TR                                                                                                                                    |
| Was your system ever repaired?<br>By permit? (Y) N                                                                                                                                                                                                                                   |                                                                                                                                                                                |
| By permit? N<br>What part was repaired or replac                                                                                                                                                                                                                                     | (B/N When? <u>REPAIRED / REPLACED</u> 77                                                                                                                                       |
| By permit? N<br>What part was repaired or replac<br>TANK: REPAIRED / REPLA<br>DRAIN FIELD: REPAIRED ?                                                                                                                                                                                | When? <u>AEOLACED</u> SIJCE WE DWNED TR<br>CED LINE: REPAIRED / REPLACED 7<br>REPLACED<br>ou have? WELL, PUBLIC OTHER<br>train field? <u>JA</u>                                |
| By permit? N<br>What part was repaired or replace<br>TANK: REPAIRED / REPLA<br>DRAIN FIELD: REPAIRED /<br>What kind of water system do you<br>How far from the well from the of<br>Is the well uphill or downhill from                                                               | When? <u>AROLACED</u> SIJCE WE DWNED TR<br>CED LINE: REPAIRED / REPLACED 7<br>REPLACED<br>ou have? WELL PUBLIC OTHER<br>train field? <u>JA</u><br>m the drain field? <u>JA</u> |
| By permit? N<br>What part was repaired or replace<br>TANK: REPAIRED / REPLA<br>DRAIN FIELD: REPAIRED /<br>What kind of water system do you<br>How far from the well from the of<br>Is the well uphill or downhill from<br>Was the water ever tested? Y or                            | When? <u>AEOLACED</u> SIJCE WE DWNER:<br>MENNE: REPAIRED / REPLACED 7<br>REPLACED<br>N T<br>DWNER:                                                                             |
| By permit? N<br>What part was repaired or replace<br>TANK: REPAIRED / REPLA<br>DRAIN FIELD: REPAIRED /<br>What kind of water system do yo<br>How far from the well from the<br>Is the well uphill or downhill fro<br>Was the water ever tested? Y or<br>COMMENTS OF PROPERTY (       | CED LINE: REPAIRED / REPLACED 7<br>REPLACED<br>ou have? WELL, PUBLIC OTHER<br>train field? TL<br>m the drain field? J/A<br>N 7<br>OWNER:                                       |
| By permit? N<br>What part was repaired or replace<br>TANK: REPAIRED / REPLA<br>DRAIN FIELD: REPAIRED /<br>What kind of water system do you<br>How far from the well from the of<br>Is the well uphill or downhill from<br>Was the water ever tested? Y or<br>COMMENTS OF PROPERTY OF | CED LINE: REPAIRED / REPLACED 7<br>REPLACED<br>ou have? WELL, PUBLIC OTHER<br>train field? TL<br>m the drain field? J/A<br>N 7<br>OWNER:                                       |

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Permission to Enter Property and Conduct Survey

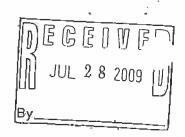
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MalleyLN. Neuton Sz PAT19073

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(Signature).

 $\frac{7/2b/09}{(\text{Date})}$ 

343 ECHO VALLEY LANE

(Street Address)

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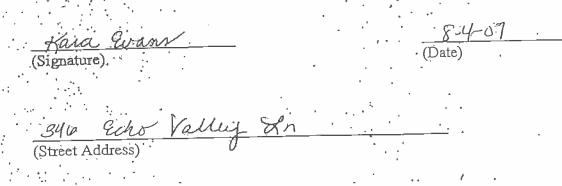
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Sam V, Fally (Signature)

vo ul:U4a

<u>8/3/09</u> (Date)

6106440254

ECHO VALLEY LANE. (Street Address)

M Falkie

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

| NEWTOWN TOWNSHIP  |
|-------------------|
| DOOR-TO-DOOR      |
| VISUAL INSPECTION |

| Section 1. Preliminary Information                                                                                                                                                                                                                                                                   | 1 '                                                                                                                   |                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| NAME: THOMAS V. FI                                                                                                                                                                                                                                                                                   | ALKIE                                                                                                                 | - PHONE: 610-356-2                                                                                                   |
| ADDRESS: 347 ECHO VA                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                                      |
| TAX PARCEL #:                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                      |
| SURVEYORS NAME:                                                                                                                                                                                                                                                                                      |                                                                                                                       | ·                                                                                                                    |
| Section 2. Observed Conditions Vi                                                                                                                                                                                                                                                                    | a Visual Surve                                                                                                        | y .                                                                                                                  |
| Weather conditions at time of survey:                                                                                                                                                                                                                                                                | Sunny                                                                                                                 | Partly Cloudy Cloudy                                                                                                 |
| • • •                                                                                                                                                                                                                                                                                                | Raining                                                                                                               | Last rain event:                                                                                                     |
|                                                                                                                                                                                                                                                                                                      | Heavy                                                                                                                 | Medium Light                                                                                                         |
|                                                                                                                                                                                                                                                                                                      | -                                                                                                                     | 0                                                                                                                    |
| General condition of non-septic area grou                                                                                                                                                                                                                                                            | -                                                                                                                     | <u> </u>                                                                                                             |
| General condition of non-septic area grou<br>Sewage Odor: Wet above or near                                                                                                                                                                                                                          | unds: Dry Dai                                                                                                         | mp Wet Spongy Soggy                                                                                                  |
| Sewage Odor: Wet above or near                                                                                                                                                                                                                                                                       | unds: Dry Dai                                                                                                         | mp Wet Spongy Soggy<br>Raw sewage surfacing:                                                                         |
| Sewage Odor: Wet above or near<br>Other areas of dampness noted in yard:                                                                                                                                                                                                                             | unds: Dry Day<br>system:<br>Location:                                                                                 | mp Wet Spongy Soggy<br>Raw sewage surfacing:                                                                         |
|                                                                                                                                                                                                                                                                                                      | unds: Dry Day<br>system:<br>Location:                                                                                 | mp Wet Spongy Soggy<br>Raw sewage surfacing:                                                                         |
| Sewage Odor: Wet above or near<br>Other areas of dampness noted in yard:                                                                                                                                                                                                                             | unds: Dry Day<br>system:<br>Location:<br>aple taken:                                                                  | mp Wet Spongy Soggy<br>Raw sewage surfacing:<br>Parcel # on container:                                               |
| Sewage Odor: Wet above or near<br>Other areas of dampness noted in yard:<br>Photographs taken: Water Sam<br>Section 3. Questions for Homeown<br>Number of Residents:                                                                                                                                 | unds: Dry Day<br>system:<br>Location:<br>aple taken:<br>er (only if avai                                              | mp Wet Spongy Soggy<br>Raw sewage surfacing:<br>Parcel # on container:<br>lable at time of survey)                   |
| Sewage Odor: Wet above or near<br>Other areas of dampness noted in yard:<br>Photographs taken: Water Sam<br>Section 3. Questions for Homeown<br>Number of Residents:                                                                                                                                 | unds: Dry Day<br>system:<br>Location:<br>aple taken:<br>er (only if avai                                              | mp Wet Spongy Soggy<br>Raw sewage surfacing:<br>Parcel # on container:<br>lable at time of survey)                   |
| Sewage Odor: Wet above or near<br>Other areas of dampness noted in yard:<br>Photographs taken: Water Sam<br>Section 3. Questions for Homeown                                                                                                                                                         | unds: Dry Dat<br>system:<br>Location:<br>ple taken:<br>er (only if avai<br><br>2 Acres                                | mp Wet Spongy Soggy<br>Raw sewage surfacing:<br>Parcel # on container:<br>lable at time of survey)                   |
| Sewage Odor: Wet above or near<br>Other areas of dampness noted in yard:<br>Photographs taken: Water Sam<br>Section 3. Questions for Homeown<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do you have                                                             | unds: Dry Dat<br>system:<br>Location:<br>ple taken:<br>er (only if avai<br><br>2 Acres                                | mp Wet Spongy Soggy<br>Raw sewage surfacing:<br>Parcel # on container:<br>lable at time of survey)                   |
| Sewage Odor: Wet above or near<br>Other areas of dampness noted in yard:<br>Photographs taken: Water Sam<br>Section 3. Questions for Homeown<br>Number of Residents:<br>How large is your lot?<br>How large is your lot?<br>What kind of sewage system do you have<br>SEPTIC TANK<br>INC<br>CESSPOOL | unds: Dry Day<br>system:<br>Location:<br>uple taken:<br>er (only if avait<br><br>2 Acress<br>2 Acress<br>2 (CIRCLE A) | mp Wet Spongy Soggy<br>Raw sewage surfacing:<br>Parcel # on container:<br>lable at time of survey)<br>LL THAT APPLY) |

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|                                       |                  |                                |                 | •               |                    |
|---------------------------------------|------------------|--------------------------------|-----------------|-----------------|--------------------|
| Where de                              |                  |                                |                 | ,               | -,                 |
| where does your                       | laundry and/or . | sink water go? (CIRC           | LE ALL THAT     | T APPLY)        |                    |
| SÉPTIC T                              | 'ANK)            | INGROUND BE                    |                 |                 |                    |
| CESSPOC                               |                  | INGROUND TRI                   | U<br>ENICU      |                 |                    |
| ELEV. SA                              | ND MOUND         | HOLDING TANI                   | CIVCH<br>K      | .*              |                    |
| PIPE TO S                             | SURFACE          | OTHER                          |                 |                 |                    |
| How old is your s                     | •<br>Vstem?      |                                |                 |                 | <u> </u>           |
| NOTE: I                               | bought !         | nouse 11 permitte              | d? Y/N Wh       | en?             | , ,                |
| Have you ever not                     | iced any of the  | Was it permitte                | ptic system?    | was built       | Ein 602<br>records |
| GREEN LI                              | USH GRASS        | WETNESS OR SP                  | ONGV ADDA       | ,<br>,          |                    |
| ODORS                                 |                  | WATER PONDIN                   | GOR SLIPEA.     | CDIC            |                    |
| SUUGGISI                              | H DRAINS         | WASIEWAIERI                    | BACKING INT     | CING<br>CO HOME |                    |
| SISTEMU                               | OVERFLOW         | OTHER                          |                 | OHOME           |                    |
| Was your system e                     | ver.pumped out   | (V) N<br>ast time? _ 7/1/      |                 |                 | -                  |
| How often? _/                         | <u>YR </u> I     | ast time? 7/1/                 | 09              |                 |                    |
|                                       |                  | it inspected for crack         |                 |                 |                    |
| Was your system ev                    |                  |                                | s of bloken bar | iles? Y/N       |                    |
|                                       | el repaired? Y   | N When?                        | ·               |                 |                    |
| By permit? Y/N                        |                  |                                |                 | •               |                    |
| What part was                         |                  | *                              |                 |                 |                    |
| What part was repair<br>TANK: REPAIRS | red or replaced? |                                |                 |                 |                    |
| DRAIN FIELD: F                        | EPAIRED / RI     | D LINE: REPAIRE                | D/REPLACE       | D               |                    |
|                                       |                  |                                |                 |                 |                    |
| What kind of water s                  | ystem do you h   | ave? WELL (PUBL                | IC OTHER        |                 |                    |
|                                       |                  |                                |                 | OT KNOW         |                    |
| Was the water ever te                 | sted? Y (N)      | n held? H.<br>ne drain field?O | NOT KA          | JOW .           |                    |
|                                       |                  |                                |                 |                 |                    |
| COMMENTS OF PR                        | OPERTY OW        | VER:                           |                 |                 |                    |
| ha                                    | ve not h         | Aria abla t                    | o Find          | DANTS ON        | ~                  |
| either                                | ords, Pri        | evious owner                   | did d           | of have         | Idela              |
|                                       |                  |                                |                 |                 |                    |
| OMMENTS OF SU                         | RVEYOR:          |                                |                 |                 |                    |
|                                       |                  |                                | ٣               |                 |                    |
|                                       |                  |                                |                 |                 |                    |
|                                       |                  |                                | ···· ···        |                 |                    |
|                                       |                  |                                |                 |                 |                    |
| •                                     |                  |                                |                 | ·               |                    |
|                                       |                  |                                | SURV            | VEYOR SIGNA     | יימוד              |
|                                       |                  |                                |                 | 2. OR DIONA     | IUKE:              |
| •                                     |                  |                                | •               |                 |                    |
| •                                     |                  |                                |                 |                 |                    |



Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION, TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE **PROPERTY** TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

(Signature)

(Date

MO VALLO (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.



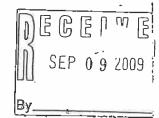
Permission to Enter Property and Conduct Survey

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(Signature)

Lanc (Street Address)

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(Signature)

 $\frac{q/109}{(\text{Date})}$ 

357 Echo Vallay Lare Nustaun Square, Pia 19073 (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

I an sorre of this was not a prompt response. I just discover of This letter this welter of as I was going through popers. Feel free to reachine if necessary. The Rowil (267)278-0528 cell plane

. Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

(Signature)

AUG 0 3 2009

Echo Valley Lane s) aka 4117 Echo Valley Lan (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

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(Signature)

123/2009

2, 8, 2009

LN. 363

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

TELETER STREETER STREETER STREETER STREETER

JUI 30 2009 11:10AM HP CASERJET FAX

CASINE

P. 3

FAX: 610- 356-8722

#### NEWTOWN TOWNSHIP

#### Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO . ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

Signature)

Lane Aller (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

JUL 30 2009 11:18AM HP CASERJET FAX

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#### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

EXEMPTICAL STREET ST

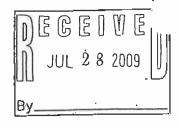
Susan & Joe & Bridge Sect ord-300-Joco

| -             | Section 1. Preliminary Information                                                                 |                         |
|---------------|----------------------------------------------------------------------------------------------------|-------------------------|
|               | NAME: Joseph H. Long + Susan L. MEASE                                                              | PHONE: 610-353-5627     |
|               | ADDRESS: 367 Echo Valley Lave                                                                      | ·                       |
|               | TAX PARCEL #: 30-00-00686-00                                                                       | •                       |
|               | SURVEYORS NAME:                                                                                    |                         |
| ;             | Section 2. Observed Conditions Via Visual Survey                                                   |                         |
|               | Weather conditions at time of survey: Sunny                                                        | Partly Cloudy Cloudy    |
|               | Raining                                                                                            | Last rain event:        |
|               | . Heavy                                                                                            | Medium Light            |
|               | General condition of non-septic area grounds: Dry Dam                                              | p Wet Spongy Soggy      |
|               | Sewage Odor: Wet above or near system:                                                             |                         |
|               | Other areas of dampness noted in yard: Location:                                                   |                         |
|               | Photographs_taken: Water Sample taken:                                                             | Parcel # on container:  |
|               | Section 3. Questions for Homeowner (only if avails                                                 | able at time of survey) |
|               | Number of Residents:2                                                                              |                         |
|               | How large is your lot? 2.37 acres                                                                  |                         |
|               | What kind of sewage system do you have? (CIRCLE AL                                                 | L THAT APPLY)           |
| 1,000<br>2,00 | A SERVIC TANK INGROUND BED<br>STA CESSPOOL INGROUND TREM<br>ELEV. SAND MOUND HOLDING TANK<br>OTHER |                         |

p.5

. 1.6

susan & Joe & Bridge Sett 610-353-5628 Received Lax . Far Smarnen Susan & Joe & Endore Sen n. 6 JUI 30 2009 11:18AH HP CASERJET FAX p.6 Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK INGROUND BED Suppose - ; frs all me System <u>CESSPOOL</u> INGROUND TRENCH ELEV. SAND MOUND HOLDING TANK PIPE TO SURFACE OTHER How old is your system? ( Soyrs Was it permitted? Y/N When? 2 Have you ever noticed any of the following near your septic system? NO GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS ... WASTEWATER BACKING DATO HOME SYSTEM OVERFLOW OTHER Was your system ever pumped out Y IN How often? where 2 years Last time? Since Win bought for line in 12/05 If your system was pumped, was it inspected for cracks or broken baffles? Y/N took down tree block Was your system ever repaired? When? SNaked & repaired break in line clearch outflow literal to transh By permit? Y/N. laker Wastara repaired outflow piping. IN Abso What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field? Π Is the will uphill or downhill from the drain field? Was the water ever tested? Y or N COMMENTS OF PROPERTY OWNER: + what the provious owner did We boundit the house 12/05 every 2 years and leave a front load wash COMMENTS OF SURVEYOR: . SURVEYOR SIGNATURE:



Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

Signature) (Signature)

24, 0,9

369 Echo Valley Lane, New Your (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

GEN JUL 2 8 2009

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(Signature)

 $\frac{1}{(Date)} + \frac{1}{29} \frac{09}{09}$ 

Bob Jackson

Cathy Colburn

(Street Address) Cho Valley (Street Address) Must. Call first - German Shepher's on premises and very protectives .....

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

Not responsibilité le de not have

advance Warning Thank you' 610 353 4119

610 547-1856



Permission to Enter Property and Conduct Survey

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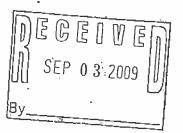
Couffman

4016 FOX HILL LANE NEWTOWN SQUARE

(Street Address)

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| NEWTOWN TOWNSHIP  |
|-------------------|
| DOOR-TO-DOOR      |
| VISUAL INSPECTION |



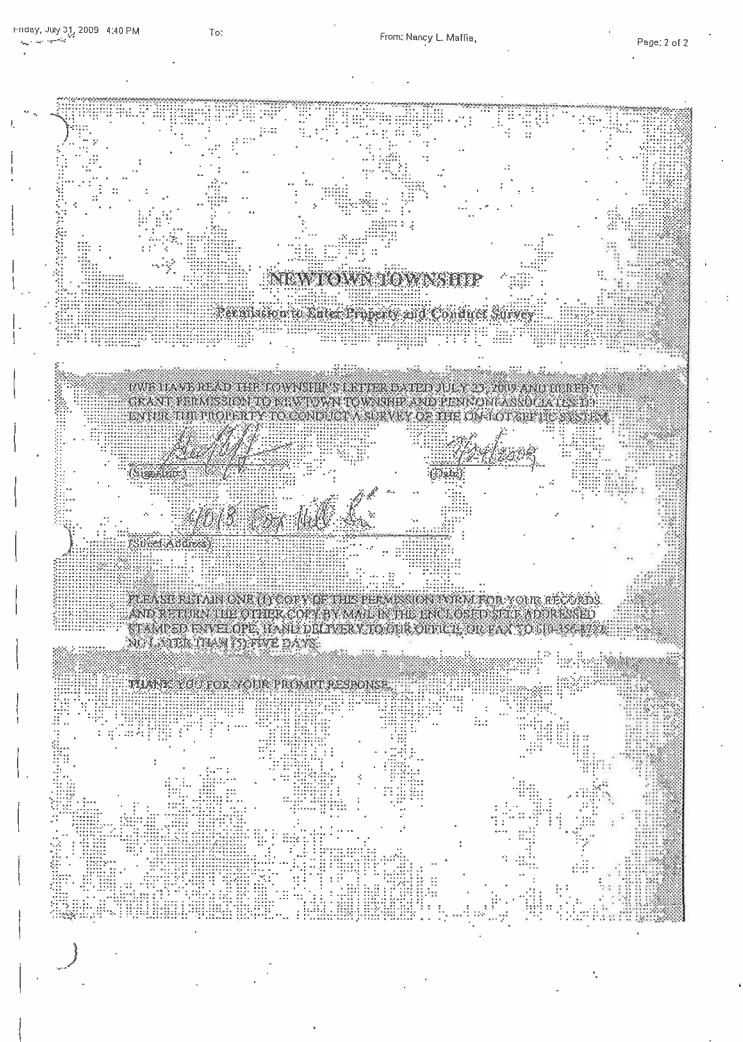
| Section 1. Preliminary Information             | ,                      | · · ·                  |
|------------------------------------------------|------------------------|------------------------|
| NAME: AMELA + JOHN LA                          | 1RD/ESON               | PHONE: 6/0-325-330     |
| NAME: AMELA + JOHN LA<br>ADDRESS: 4019 FOXHILL | LANE                   |                        |
| TAX PARCEL #:                                  |                        |                        |
| SURVEYORS NAME-                                |                        |                        |
| Section 2. Observed Conditions Via             | Visual Survey          | ·                      |
| Weather conditions at time of survey:          | Sunny                  | Partly Cloudy Cloudy   |
| •<br>•                                         | Raining                | Last rain event:       |
|                                                |                        | Medium Light           |
| -General condition of non-septic area groun    | ds: Dry Dam            | p Wet Spongy Soggy     |
| Sewage Odor: Wet above or near sy              | /stem:                 | Raw sewage surfacing:  |
| Other areas of dampness noted in yard:         |                        |                        |
| Photographs taken: Water Sample                | e taken:               | Parcel # on container: |
| Section 3. Questions for Homeowner             |                        | ole at time of survey) |
| Number of Residents:                           |                        |                        |
| How large is your lot? 1.8 Genes               |                        |                        |
| What kind of sewage system do you have?        | (CIRCLE ALL            | THAT APPLY).           |
| (SEPTIC TANK) INGRO                            | OUND BED<br>OUND TRENC |                        |

| Whe             | e does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | SEPTIC TANK       INGROUND BED         CESSPOOL       INGROUND TRENCH         ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER                                         |
|                 | old is your system? <u>// /// Was it permitted? Y/N When?</u>                                                                                                                                 |
| Have            | you ever noticed any of the following near your septic system? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$                                                                                        |
|                 | GREEN LUSH GRASSWETNESS OR SPONGY AREASODORSWATER PONDING OR SURFACINGSLUGGISH DRAINSWASTEWATER BACKING INTO HOMESYSTEM OVERFLOWOTHER                                                         |
| Was<br>H        | your system ever pumped out? Y/N<br>ow often? <u>every z</u> Last time? <u>His spire</u>                                                                                                      |
| If              | or 3 Years<br>your system was pumped, was it inspected for cracks or broken baffles? Y/N                                                                                                      |
|                 | your system ever repaired? Y (N) When?                                                                                                                                                        |
| By J<br>Wh<br>T | ermit? Y/N<br>It part was repaired or replaced?ADD`ADD`ADD`ADD`ADD`ADD`ADD`ADD`ADD`<br>ANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>RAIN FIELD: REPAIRED / REPLACED                  |
| Hov<br>Is th    | at kind of water system do you have? WELL PUBLIC OTHER<br>v far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?ft.<br>the water ever tested? Y or N |
| CO              | MMENTS OF PROPERTY OWNER:<br>DUR SYSTEM WORKS FINE.                                                                                                                                           |
| •               |                                                                                                                                                                                               |
| СО              | MMENTS OF SURVEYOR:                                                                                                                                                                           |
|                 |                                                                                                                                                                                               |
|                 |                                                                                                                                                                                               |
|                 |                                                                                                                                                                                               |
|                 | SURVEYOR SIGNATUR                                                                                                                                                                             |
|                 | · ·                                                                                                                                                                                           |

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Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

(Signatur

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Note we would be with the work of the work

(Street Address)

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(Signature)

, 4/09 Mate

Rund (Street Address)

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## NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| NAME: William + JEANNie M CArth HONE: 610-325<br>ADDRESS: 4105 Goshen Road           | 2   |
|--------------------------------------------------------------------------------------|-----|
|                                                                                      | - J |
|                                                                                      |     |
| TAX PARCEL #:                                                                        |     |
| SURVEYOR'S NAME:                                                                     |     |
| <u></u>                                                                              | _   |
| Section 2. Observed Conditions Via Visual Survey                                     |     |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloud                      | dy  |
| Raining Last rain event:                                                             | _   |
| Heavy Medium Light                                                                   |     |
| General condition of non-septic area grounds: Dry Damp Wet Spongy Soggy              |     |
| Sewage Odor: Wet above or near system: Raw sewage surfacing:                         | _   |
| Other areas of dampness noted in yard: Location:                                     | _   |
| Photographs taken: Water Sample taken: Parcel # on container:                        |     |
|                                                                                      |     |
| Section 3. Questions for Homeowner (only if available at time of survey)             |     |
| Number of Residents:                                                                 |     |
| How large is your lot? 2.0 Acces                                                     |     |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                      |     |
| SEPTIC TANKINGROUND BEDCESSPOOLINGROUND TRENCHELEV. SAND MOUNDHOLDING TANKOTHEROTHER |     |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK INGROUND BED CESSPOOL INGROUND TRENCH ELEV. SAND MOUND HOLDING TANK PIPE TO SURFACE OTHER Reca How old is your system? 3 (\_\_\_\_\_ Was it permitted? (Y) When? 2009/ inspectio Have you ever noticed any of the following near your septic system? NO GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER Was your system ever pumped out?(Y) N How often? Every 24 Last time? April 2009 If your system was pumped, was it inspected for cracks or broken baffles  $\frac{Y}{N}$  N Was your system ever repaired? Y(N) When? New riser over which recess for inspection and cleaning. By permit? Y/N Apr. 1 'ZONG What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field? 150 ft. Is the well uphill or downhill from the drain field?  $\bigcup \alpha h$ Was the water ever tested? (Y) or N COMMENTS OF PROPERTY OWNER: istem tested, cleaned and inspected to include both falet and outlet in ffler as well as draining. Jasacction. All elements of the system deems sound and in satisfactury work! na order COMMENTS OF SURVEYOR: Document' Arthached from Eldredy. Sipti management Straices. SURVEYOR SIGNATURE:



septic management services

April 17, 2009

Bill McCarthy 4105 Goshen Road Newtown Square, PA 19073

Re: On-site septic inspection

Dear Mr. McCarthy,

Thank you for allowing Jeremiah Eldredge Septic Management Services to inspect the septic system at the above captioned address on March 18, 2009.

As a result of that inspection additional work was required. That work consisted of:

- 1. Uncovering the main access of the septic tank.
- 2. Inspecting the outlet baffle.
- 3. Determining the amount of accumulated solids in the septic tank.
- 4. Installing a riser over the main access of the septic tank to provide an inspection
  - and cleaning port which meets current local and state standards.

The inspection included a number of items that began with physical probes with a depth locater and sensor to identify the location of the drainage field. The field was successfully located and found to be in working order.

On April 8, 2009 we uncovered the main access of the septic tank and installed a riser closer to grade. We determined that septic tank needed to be cleaned. The septic tank was cleaned on April 9, 2009. After the septic tank was pumped and cleaned, an inspector entered the tank and performed a thorough inspection of both the inlet and outlet baffles as well as an inspection of the tank itself. All elements of the system were deemed to be sound and in satisfactory working order.

Jeremiah Eldredge Septic Management Services is now able to state that the septic system is presently in satisfactory working condition for its current occupancy. The future condition will depend on the number of occupants in the prospective buyers household, their water use, and maintenance. Even the weather can impact the operation of a septic system.

Again, thank you for allowing us the opportunity to be of service. If you have any questions, please do not hesitate to call.

Sincerely,

at stay

Curt Eldredge

520 S. Caln Road East Fallowfield, Pa 19320 610-384-6005 Fax 610-384-3995 www.EldredgeSeptic.com



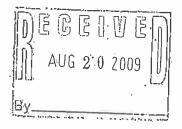
Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

| (Signature)      | <u>7-3089</u><br>(Date) |
|------------------|-------------------------|
| ) HSIS Contra    | RL                      |
| (Street Address) |                         |

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

|   | NEWTOWN TOWNSHIP                                                         |
|---|--------------------------------------------------------------------------|
|   | DOOR-TO-DOOR                                                             |
|   | VISUAL INSPECTION                                                        |
|   | VAME: Dran Clarge PHONE: 610 32575                                       |
|   | ADDRESS: 4718 Dashen Rd. Meatin Squar                                    |
|   | TAX PARCEL #:                                                            |
|   |                                                                          |
| 1 | SURVEYORS NAME:                                                          |
| • |                                                                          |
| 1 | Section 2. Observed Conditions Via Visual Survey                         |
|   | Weather conditions at time of survey: Sunny Partly Cloudy Cloudy         |
|   | Raining Last rain event:                                                 |
|   | Heavy Medium Light                                                       |
|   |                                                                          |
|   | General condition of non-septic area grounds: Dry Damp' Wet Spongy Soggy |
|   | Sewage Odor: Wet above or near system: Raw sewage surfacing:             |
|   | Other areas of dampness noted in yard: Location:                         |
|   |                                                                          |
|   | Photographs taken: Water Sample taken: Parcel # on container:            |
|   | Section 3. Questions for Homeowner (only if available at time of survey) |
|   |                                                                          |
|   | Number of Residents:                                                     |
|   | How large is your lot?                                                   |
|   | What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)          |
|   | SEPTIC TANK INGROUND BED.                                                |
|   | CESSPOOL INGROUND TRENCH .<br>ELEV. SAND MOUND HOLDING TANK              |
|   | OTHER                                                                    |



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nature)

(Street Address)

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nature)

4100 Gosten Rond

(Street Address)

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2009 (Signature) (Date) Gosten Rd Bestaen SF. Pa. 19073

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

THANK YOU FOR YOUR PROMPT RESPONSE.

(Street Address)



#### Permission to Enter Property and Conduct Survey

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ienature)

(Street Address)

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2 9 2009

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(Signature)

Date

RI (Street Address)

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### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information                                                             |
|------------------------------------------------------------------------------------------------|
| NAME: KERK FARREIL PHONE: 610 - 325-3133                                                       |
| NAME: KERK FARREIL PHONE: 610 - 325-3133<br>ADDRESS: 4205 GOSINEN RU                           |
| TAX PARCEL #:                                                                                  |
| SURVEYORS NAME:                                                                                |
| Section 2. Observed Conditions Via Visual Survey                                               |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloudy                               |
| Raining Last rain event:                                                                       |
| Heavy Medium Light                                                                             |
| General condition of non-septic area grounds: Dry Damp Wet Spongy Soggy                        |
| Sewage Odor: Wet above or near system: Raw sewage surfacing:                                   |
| Other areas of dampness noted in yard: Location:                                               |
| Photographs taken: Water Sample taken: Parcel # on container:                                  |
| Section 3. Questions for Homeowner (only if available at time of survey)                       |
| Number of Residents:                                                                           |
| How large is your lot? $\frac{3/-1}{1+1}(1+2)$                                                 |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                                |
| SEPTIC TANK INGROUND BED<br>CESSEOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK<br>OTHER |
|                                                                                                |

L

| Where does your laundry and/or s                                                                                                                          | ink water go? (CIRCLE ALL THAT APPLY)                                                          |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------|
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>PIPE TO SURFACE                                                                                            | INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK<br>OTHER                                       |         |
| How old is your system?                                                                                                                                   | Was it permitted? Y/N When?                                                                    |         |
| Have you ever noticed any of the f                                                                                                                        | ollowing near your septic system?                                                              | •       |
| GREEN LUSH GRASS<br>ODORS<br>SLUGGISH DRAINS<br>SYSTEM OVERFLOW                                                                                           | WETNESS OR SPONGY AREAS<br>WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME<br>OTHER | •       |
| Was your system ever pumped out?<br>How often? La                                                                                                         | V / N                                                                                          |         |
| If your system was pumped, was                                                                                                                            | it inspected for cracks or broken baffles? Y/N                                                 |         |
| Was your system ever repaired? Y                                                                                                                          |                                                                                                |         |
| By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / RE                                           | D LINE PEDAMED (DED)                                                                           |         |
| What kind of water system do you h<br>How far from the well from the drain<br>Is the well uphill or downhill from th<br>Was the water ever tested? Y or N | ave? WELL PUBLIC OTHER                                                                         |         |
| COMMENTS OF PROPERTY OWN                                                                                                                                  | VER:                                                                                           |         |
|                                                                                                                                                           |                                                                                                |         |
| COMMENTS OF SURVEYOR:                                                                                                                                     | · ·                                                                                            | ·       |
|                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                          | ·       |
|                                                                                                                                                           |                                                                                                | <br>    |
| )                                                                                                                                                         |                                                                                                | · · · · |
| · ·                                                                                                                                                       | SURVEYOR SIGNA                                                                                 | TURE:   |

# 

## NEWTOWN TOWNSHIP

Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

<u>elaway</u> Cen Rd. (Signature)

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722

THANK YOU FOR YOUR PROMPT RESPONSE.

NO LATER THAN (5) FIVE DAYS.

GEIV JUL:292009

Permission to Enter Property and Conduct Survey

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Signature) JRAY ACCIAN

(Date)

4207 GOSHEN. ROAD, (Street Address)

(Succi Address)

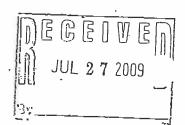
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### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information           |                                      |                         |
|----------------------------------------------|--------------------------------------|-------------------------|
| NAME: RAY ACCIAUATI                          |                                      | PHONE: 610. 356 8388    |
| NAME: RAY ACCIAUS TT.<br>ADDRESS: 4207 GOSHE | NY ROAD                              | CELL GW, 656, 2721      |
| TAX PARCEL #:                                |                                      | · · ·                   |
| SURVEYORS NAME:                              |                                      |                         |
| Section 2. Observed Conditions Via           | Visual Survey                        |                         |
| Weather conditions at time of survey:        | Sunny                                | Partly Cloudy Cloudy    |
| · .                                          | Raining                              | Last rain event:        |
|                                              | Heavy                                | Medium Light            |
| General condition of non-septic area groun   | ıds: Dry Dam                         | p Wet Spongy Soggy      |
| Sewage Odor: Wet above or near s             | ystem:                               | Raw sewage surfacing:   |
| Other areas of dampness noted in yard:       | Location:                            |                         |
| Photographs taken: Water Samp                | le taken:                            | Parcel # on container:  |
| Section 3. Questions for Homeowner           | r (only if avail:                    | able at time of survey) |
| Number of Residents: 3                       |                                      |                         |
| How large is your lot? 6 Acres               | (HOUSE                               | is on 2 Acres),<br>Cot  |
| What kind of sewage system do you have?      | (CIRCLE AL                           |                         |
| CESSPOOL ING                                 | ROUND BED<br>ROUND TREN<br>DING TANK |                         |
|                                              |                                      |                         |

| Where does your laundry and/or sin                                                                                                                                 | water go? (CIRCLE ALL THAT APPLY)                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>PIPE TO SURFACE                                                                                                     | INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK<br>OTHER                                       |
| How old is your system? <u>35 YEAR</u>                                                                                                                             |                                                                                                |
| Have you ever noticed any of the foll                                                                                                                              | owing near your septic system?                                                                 |
| SLUGGISH DRAINS                                                                                                                                                    | WETNESS OR SPONGY AREAS<br>WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME<br>OTHER |
| Was your system ever pumped out?<br>How often? <u>EVERY</u> Last                                                                                                   | time? <u>4 montants A</u> 60.                                                                  |
| (6) MONTHS<br>If your system was pumped, was it                                                                                                                    | nspected for cracks or broken baffles?                                                         |
| Was your system ever repaired? Y                                                                                                                                   | When?                                                                                          |
| y permit? Y/N                                                                                                                                                      |                                                                                                |
| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / REPI                                                                   | LINE: REPAIRED / REPLACED                                                                      |
| What kind of water system do you have<br>How far from the well from the drain fi<br>Is the well uphill or downhill from the of<br>Was the water ever tested? Yor N |                                                                                                |
| COMMENTS OF PROPERTY OWNE                                                                                                                                          | R:                                                                                             |
| PLEASE CALL                                                                                                                                                        | MAR WHERE YOU                                                                                  |
|                                                                                                                                                                    | GY MY PROPERTY - I WALLA                                                                       |
| SOUTHING OF SURVEYOR:                                                                                                                                              | -IKE TO BE THERE.                                                                              |
|                                                                                                                                                                    | . 610 - 656 - 2721                                                                             |
| (                                                                                                                                                                  | ×                                                                                              |
| 1                                                                                                                                                                  |                                                                                                |
|                                                                                                                                                                    | SURVEYOR SIGNATURE:                                                                            |
|                                                                                                                                                                    | •                                                                                              |
|                                                                                                                                                                    |                                                                                                |

. .



Permission to Enter Property and Conduct Survey

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gnature)

Mr. John J. Murray, Jr. 4100 Meadow Ln Newtown Sq, PA 19073-1612

(Date)

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

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(Signa

<u>July 25, 2009</u> (Date)

4102 Meadow Lane, Newtown Square, PA 19073 (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEPTIC TANKINGROUND BEDCESSPOOLINGROUND TRENCHELEV. SAND MOUNDHOLDING TANKPIPE TO SURFACEOTHER                                                                                                                  |
| How old is your system?<br>(LIVED LEE JULCE LAG) Was it permitted? (Y/N When? 4ST UTE: 00/95 Have you ever noticed any of the following near your septic system?                                                |
| GREEN LUSH GRASS<br>ODORS<br>SLUGGISH DRAINS<br>SYSTEM OVERFLOW<br>WETNESS OR SPONGY AREAS<br>WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME<br>OTHER Not Street 1985                               |
| Was your system ever pumped out? $\sqrt[1]{N}$<br>How often? $2 \times \sqrt{4}$ Last time? $\sqrt{2}/08$                                                                                                       |
| If your system was pumped, was it inspected for cracks or broken baffles? $(Y/N)$                                                                                                                               |
| Was your system ever repaired? ()/N When? 1985                                                                                                                                                                  |
| By permit? (Y)/N                                                                                                                                                                                                |
| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED (LINE) REPAIRED (REPLACED)<br>DRAIN FIELD: (REPAIRED / REPLACED)                                                                               |
| What kind of water system do you have? WELL <b>(UBLIC)</b> OTHER<br>How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N |
| COMMENTS OF PROPERTY OWNER:<br><u>AS LONG AS WE DRAW THE SEPTIS / CESS Posts</u><br><u>LOE do NOT A AGE ANY PRODUCTED</u>                                                                                       |
| COMMENTS OF SURVEYOR:                                                                                                                                                                                           |
|                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                 |
| SURVEYOR SIGNATURE:                                                                                                                                                                                             |
| ·                                                                                                                                                                                                               |



Permission to Enter Property and Conduct Survey

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(Signature)

(Date)

(Street Address

2 Dobs // Please motify. I must behome.

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Tapi and Michael Schumachel 7-24-09 (Date)

4110 Madow Lone Wenter Squale, PA (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.



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Monia logle (Signature)

<u>1.27.09</u>. (Date)

4115 Meadow Cane, Newtown Square PA 19073

(Street Address)

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(Signature)

(Date)

l¦>

G 0 3 2009

(Street Address)

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by M.P. gnatúre) ·

 $\frac{7/27/09}{(Date)}$ 

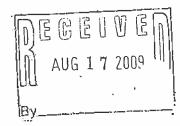
Cheasant Lane, Newtown Square (Street Address)

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### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information         |                                               |                                       |
|--------------------------------------------|-----------------------------------------------|---------------------------------------|
| ADDRESS: 300 Phoasan                       | iglar                                         | PHONE: 6/03250828                     |
| ADDRESS: 300 Phoasan                       | nt La                                         | me + Crum Creek                       |
| . TAX PARCEL #:                            |                                               | · · · · · ·                           |
| SURVEYORS NAME:                            |                                               | · · · · · · · · · · · · · · · · · · · |
| Section 2. Observed Conditions Via         | Visual Survey                                 |                                       |
| Weather conditions at time of survey:      | Sunny                                         | Partly Cloudy Cloudy                  |
|                                            | Raining                                       | Last rain event:                      |
|                                            | Heavy                                         | Medium Light                          |
| General condition of non-septic area grour | ıds: Dry Dam                                  | p Wet Spongy Soggy                    |
| Sewage Odor: Wet above or near s           | ystem:                                        | Raw sewage surfacing:                 |
| Other areas of dampness noted in yard:     | Location:                                     |                                       |
| Photographs taken: Water Samp              | le taken:                                     | Parcel # on container:                |
| Section 3. Questions for Homeowner         |                                               | `                                     |
| Number of Residents:                       |                                               |                                       |
| How large is your lot? 3. 3 acr            |                                               |                                       |
| What kind of sewage system do you have?    | ' (CIRCLE AL                                  | L THAT APPLY)                         |
| CESSPOOL                                   | ROUND BED<br>R <u>OUND TR</u> EN<br>DING TANK | CH ?                                  |
| · · ·                                      |                                               | r<br>- 7                              |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK & INGROUND BED CESSPOOL INGROUND TRENCH ELEV. SAND MOUND HOLDING TANK PIPE TO SURFACE -OTHER back youd How old is your system? 1965+1.99 Was it permitted? (Y/ N When? Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER Was your system ever pumped out? (Y) / N How often? 2-3412- Last time? 2000 If your system was pumped, was it inspected for cracks or broken baffles? Y/N Was your system ever repaired? (Y/ N When? 2000 y permit? (Y)/N What part was repaired or replaced? TANK: REPAIRED / REPLACED\_LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED (REPLACED What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field? \_ ft. Is the well uphill or downhill from the drain field? . Was the water ever tested? Y or N COMMENTS OF PROPERTY OWNER: too farxilian with suptem COMMENTS OF SURVEYOR: SURVEYOR SIGNATURE:



Permission to Enter Property and Conduct Survey

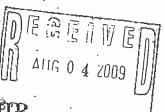
I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

(Signa) heasan

<u>8/10/2009</u> (Date)

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.



Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEW TOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

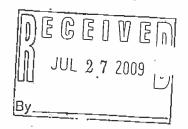
(Signature)

July 31, 2009 (Date)

Philips

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.



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(Signature)

7/25/09

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

# NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information           | •                                     |
|----------------------------------------------|---------------------------------------|
| NAME: SCOT CARRIKER                          | PHONE: 484 420 4012                   |
| ADDRESS: 12. Philips 1                       | · · · · · · · · · · · · · · · · · · · |
| TAX PARCEL #:                                |                                       |
| SURVEYORS NAME:                              |                                       |
|                                              | · · · · · · · · · · · · · · · · · · · |
| Section 2. Observed Conditions Via Vi        | sual Survey                           |
| Weather conditions at time of survey:        | Sunny Partly Cloudy Cloudy            |
| · .                                          | Raining Last rain event:              |
|                                              | Heavy Medium Light                    |
| Jeneral condition of non-septic area grounds | Dry Damp Wet Spongy Soggy             |
| Sewage Odor: Wet above or near syste         | em: Raw sewage surfacing:             |
| Other areas of dampness noted in yard: I     | ocation:                              |
| Photographs taken: Water Sample ta           | ken: Parcel # on container:           |
| Section 3. Questions for Homeowner (or       | ly if available at the c              |
| Number of Residents:                         | ing it available at time of survey).  |
| How large is your lot? 2.6 and               | · · ·                                 |
| What kind of sewage system do you have? (CI  | RCLE ALL THAT ADDI TO                 |
| SEPTIC TANK INGROU                           | ND BED<br>ND TRENCH                   |
|                                              |                                       |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK · INGROUND BED INGROUND TRENCH CESSPOOL ' ELEV. SAND MOUND HOLDING TANK OTHER PIPE TO SURFACE How old is your system? \_\_\_\_\_ Was it permitted? Y/N When? \_\_\_\_? Have you ever noticed any of the following near your septic system? WETNESS OR SPONGY AREAS GREEN LUSH GRASS WATER PONDING OR SURFACING ODORS WASTEWATER BACKING INTO HOME SLUGGISH DRAINS SYSTEM OVERFLOW OTHER \_\_\_\_\_ Was your system ever pumped out? Y/N How often? \_\_\_\_\_ Last time? \_\_\_\_ If your system was pumped, was it inspected for cracks or broken baffles? Y/N Was your system ever repaired? Y/N When? \_\_\_\_\_ By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have (WELL) PUBLIC OTHER How far from the well from the drain field?  $\approx 20^{\circ}$  ft. Is the well uphill or downhill from the drain field? \_\_\_\_\_\_ \. Was the water ever tested? (Y) N COMMENTS OF PROPERTY OWNER: I have only lived here I'z yrs. Bought house and is and thre want histor availab le on the history of rea ann SUATEM. but it does principion property & has since I have COMMENTS OF SURVEYOR: SURVEYOR SIGNATURE.

Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

Au.G. 5/09 (Date) (Signature)

) 108 SPRINGHOUSE IN. (THE SPRINGHOUSE DEVELOPMENT (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

Apologies, but we have been away and just received the attached correspondence.

Permission to Enter Property and Conduct Survey

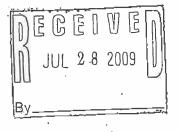
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(Signature)

(Date)

10 (Street Address

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(Signature) 51BERSKI

7-27-2009 (Date)

WOOLMAN DRIVE

(Street Address)

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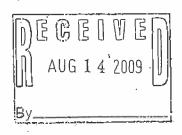
Permission to Enter Property and Conduct Survey

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(Signature)

1/27/09 (Date) U.R. Neutrum SR. P.A 19073 (Street Address)

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(Signature) (Date) (Street Address)

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THANK YOU FOR YOUR PROMPT RESPONSE.

1 WOULD LIKE TO BE NOTIFIED WHEN THE SURVEYOR WILL BE ON SITE I WOULD LIKE TO ALSO BE THERE

GEIM JUL 28 2009

Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

4/09 (Date

Street Address

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### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information        | a                                    |                          |
|-------------------------------------------|--------------------------------------|--------------------------|
| NAME:                                     |                                      | PHONE:                   |
| ADDRESS: & Was/man                        | Dr.                                  |                          |
| TAX PARCEL #:                             | ~                                    | · · ·                    |
| SURVEYORS NAME:                           | ø                                    |                          |
| Section 2. Observed Conditions Viz        | a Visual Surve                       |                          |
| Weather conditions at time of survey:     | Sunny                                | Partly Cloudy . Cloudy   |
|                                           | Raining                              | Last rain event:         |
| <u>}</u> .                                | Heavy                                | Medium Light             |
| General condition of non-septic area grou | nds: Dry Da                          | mp Wet Spongy Soggy      |
| Sewage Odor: Wet above or near s          | system:                              | Raw sewage surfacing:    |
| Other areas of dampness noted in yard:    | Location:                            |                          |
| Photographs taken: Water Samp             |                                      |                          |
| Section 3. Questions for Homeowner        | r (only if avail                     | able at time of survival |
| Number of Residents:                      |                                      | able in time of survey)  |
| How large is your lot? 12 Acre            |                                      | • • •                    |
| What kind of sewage system do you have?   | (CIRCLE AL                           | L THAT APPLY)            |
| CESSPOOL INGR                             | ROUND BED<br>ROUND TREN<br>DING TANK | )<br>ICH                 |
|                                           |                                      | - <u></u>                |
|                                           | ,                                    |                          |

| SEPTIC TANK (                                                          | INGROUND BED               | >                             |               |
|------------------------------------------------------------------------|----------------------------|-------------------------------|---------------|
| CESSPOOL                                                               | INGROUND TREN              | CH ·                          |               |
| ELEV. SAND MOUND                                                       | HOLDING TANK               |                               |               |
| - PIPE TO SURFACE                                                      | OTHER                      |                               |               |
| ow old is your system? 50                                              | ) Was it permitted ?       | YN When? <u>1959</u>          |               |
| ave you ever noticed any of the                                        | following near your sept   | tic system?                   |               |
| GREEN LUSH GRASS                                                       | WETNESS OR SPO             | •                             |               |
| ODORS                                                                  | WATER PONDING              |                               | DALL          |
| SLUGGISH DRAINS                                                        |                            | ACKING INTO HOME              | 0ncc<br>12 ye |
| · SYSTEM OVERFLOW                                                      | OTHER                      |                               | _             |
| /as your system ever pumped or                                         | nt? YN                     |                               |               |
| How often? Eury few your                                               | Last time?                 |                               |               |
| If your system was pumped, w                                           | as it inspected for cracks | s or broken baffles? $\int N$ |               |
| Vas your system ever repaired?                                         | Ý /N When?                 | <u> </u>                      |               |
| y permit? Y/N                                                          | ~                          |                               |               |
| Vhat part was repaired or replace<br>TANK: REPAIRED / REPLA            |                            |                               |               |
| DRAIN FIELD: REPAIRED /                                                |                            |                               |               |
|                                                                        |                            |                               |               |
| What kind of water system do yo                                        |                            | LIC OTHER                     |               |
| low far from the well from the c<br>s the well uphill or downhill from |                            | ahill                         |               |
| Vas the water ever tested?.                                            |                            |                               |               |
| $\sim$                                                                 |                            |                               |               |
| COMMENTS OF PROPERTY (                                                 | OWNER:                     |                               |               |
| · · · · · · · · · · · · · · · · · · ·                                  | 4                          |                               | -             |
|                                                                        | ·                          |                               |               |
| COMMENTS OF SURVEYOR:                                                  | •                          |                               |               |
|                                                                        |                            |                               | •             |
|                                                                        |                            |                               |               |
|                                                                        |                            |                               |               |
| · · ·                                                                  |                            | •                             |               |
| · · ·                                                                  | •                          |                               |               |
| · · · · · · · · · · · · · · · · · · ·                                  |                            | SURVEYOR SIG                  | -             |
| • • •                                                                  | ·                          |                               |               |

Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

<u>c/09</u> Signaf have pleaton 19073

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722. NO LATER THAN (5) FIVE DAYS.

THANK YOU FOR YOUR PROMPT RESPONSE.

10:010000100

Permission to Enter Property and Conduct Survey

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rk feel (Signature)

19 Woolmai

(Street Address)

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#### THANK YOU FOR YOUR PROMPT RESPONSE.

2 (6 2 1 12 0.6.2009

8-4-09

(Date)

# NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Informatio         | n                 | - · ·                                 |                  |
|-------------------------------------------|-------------------|---------------------------------------|------------------|
| NAME:                                     | ·<br>             | PHONE:                                | · .              |
| ADDRESS:                                  | · · ·             |                                       |                  |
| TAX PARCEL #:                             |                   | · · · · · · · · · · · · · · · · · · · | - <u>-</u>       |
| SURVEYORS NAME:                           |                   | · · · ·                               |                  |
| Section 2. Observed Conditions Vi         | a Visual Surve    |                                       | <u> </u>         |
| Weather conditions at time of survey:     | Sunny             | Partly Cloudy Clou                    | dy ·             |
|                                           | Raining           | Last rain event:                      |                  |
|                                           | Heavy             | Medium Light                          |                  |
| General condition of non-septic area grou |                   |                                       |                  |
| Sewage Odor: Wet above or near            | system:           | Raw sewage surfacing:                 |                  |
| • Other areas of dampness noted in yard:  |                   |                                       | · · ·            |
| Photographs taken: Water Samp             |                   |                                       | -                |
| Section 3. Questions for Homcowne         | r (only if availa | ble at time of survey)                | •                |
| Number of Residents:                      |                   |                                       |                  |
| How large is your lot? 2 ac               | El.               | · · · ·                               |                  |
| What kind of sewage system do you have?   | (CIRCLE ALI       | THAT APPLY)                           | , ·<br>,         |
| CESSPOOL                                  | OUND BED          |                                       |                  |
|                                           | DING TANK         | -11                                   | · :              |
|                                           |                   | · · · · ·                             | . <sup>1</sup> . |
|                                           |                   |                                       |                  |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) RIGROUND RED-SEPTIC TANK INGROUND TRENCH CESSPOOL ELEV. SAND MOUND HOLDING TANK PIPE TO SURFACE OTHER '. ZUD Was it permitted? Y/N When? How old is your system? 2.1.6 Have you ever noticed any of the following near your septic system? WETNESS OR SPONGY AREAS GREEN LUSH GRASS WATER PONDING OR SURFACING ODORS SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER Was your system ever pumped out? YV How often? Last time? If your system was pumped, was it inspected for cracks or broken baffles? Y / N Was your system ever repaired?  $\sqrt{N}$  When? By permit? ( ¥ / N What part was repaired or replaced? TANK: BEPAIRED (REPLACED' KINK: REPAIRED REPLACED' DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field?  $\mathcal{G}^* \mathcal{O}$  ft. Is the well uphill or downbril from the drain field? Was the water ever tested? Yor N COMMENTS OF PROPERTY OWNER. COMMENTS OF SURVEYOR: . . SURVEYOR SIGNATURE:

|                | EG   | []  | ME        |  |
|----------------|------|-----|-----------|--|
|                | .AUG | 517 | 2009      |  |
| <sub>By_</sub> |      |     | - Tyukiya |  |

Permission to Enter Property and Conduct Survey

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(Signature)

Drive Newtown Square PA Man (Street Address)

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(Signature)

(Date)

(Street Address)

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We an well real of Eiles Dally Thefen this doct apply to m

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(Signature).

(Date)

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### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

|                                                                                                                                                                                                                                                           |                                                                                                              | PHONE:                                                            |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------|
| NAME:                                                                                                                                                                                                                                                     |                                                                                                              |                                                                   |        |
| ADDRESS:                                                                                                                                                                                                                                                  |                                                                                                              |                                                                   |        |
| TAX PARCEL #:                                                                                                                                                                                                                                             |                                                                                                              |                                                                   |        |
| SURVEYORS NAME:                                                                                                                                                                                                                                           | · · · · ·                                                                                                    |                                                                   |        |
|                                                                                                                                                                                                                                                           |                                                                                                              |                                                                   |        |
| Section 2. Observed Conditions V                                                                                                                                                                                                                          | ia Visual Surve                                                                                              | У                                                                 |        |
| Weather conditions at time of survey:                                                                                                                                                                                                                     | Sunny                                                                                                        | Partly Cloudy                                                     | Cloudy |
| · ·                                                                                                                                                                                                                                                       | Raining                                                                                                      | Last rain event:                                                  |        |
|                                                                                                                                                                                                                                                           | Heavy                                                                                                        | Medium Lig                                                        | ht     |
|                                                                                                                                                                                                                                                           |                                                                                                              |                                                                   |        |
| General condition of non-septic area gro                                                                                                                                                                                                                  | ounds: Dry Da                                                                                                | mp Wet Spongy                                                     | Soggy  |
| General condition of non-septic area gro                                                                                                                                                                                                                  | •                                                                                                            |                                                                   |        |
| Sewage Odor: Wet above or nea                                                                                                                                                                                                                             | r system:                                                                                                    | Raw sewage surfa                                                  | cing:  |
|                                                                                                                                                                                                                                                           | r system:                                                                                                    | Raw sewage surfa                                                  | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar                                                                                                                                                  | nr system:<br>Location:<br>mple taken:                                                                       | Raw sewage surfa<br>Parcel # on contain                           | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar                                                                                                                                                  | nr system:<br>Location:<br>mple taken:                                                                       | Raw sewage surfa                                                  | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar                                                                                                                                                  | nr system:<br>Location:<br>mple taken:                                                                       | Raw sewage surfa                                                  | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar                                                                                                                                                  | nr system:<br>Location:<br>nple taken:<br>ner (only if avai                                                  | Raw sewage surfa                                                  | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar<br>Section 3. Questions for Homeown                                                                                                              | nr system:<br>Location:<br>nple taken:<br>ner (only if avai                                                  | Raw sewage surfa                                                  | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar<br>Section 3. Questions for Homeown<br>Number of Residents:                                                                                      | nr system:<br>Location:<br>nple taken:<br>ner (only if avai                                                  | Raw sewage surfa<br>Parcel # on contain<br>lable at time of surve | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar<br>Section 3. Questions for Homeown<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do you hav                   | nr system:<br>Location:<br>mple taken:<br>ner (only if avai<br><br>ve? (CIRCLE A                             | Raw sewage surfa<br>Parcel # on contain<br>lable at time of surve | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar<br>Section 3. Questions for Homeown<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do you hav<br>SEPTIC TANK IN | r system:<br>Location:<br>nple taken:<br>ner (only if avai<br><br>ve? (CIRCLE A<br>GROUND BED                | Raw sewage surfa<br>Parcel # on contain<br>lable at time of surve | cing:  |
| Sewage Odor: Wet above or nea<br>Other areas of dampness noted in yard:_<br>Photographs taken: Water Sar<br>Section 3. Questions for Homeown<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do you hav<br>SEPTIC TANK IN | r system:<br>Location:<br>nple taken:<br>ner (only if avai<br><br>ve? (CIRCLE A.<br>GROUND BED<br>GROUND TRE | Raw sewage surfa<br>Parcel # on contain<br>lable at time of surve | cing:  |

| SEPTIC TANK                                   | INGROUND BED                                   |
|-----------------------------------------------|------------------------------------------------|
| CESSPOOL                                      | INGROUND TRENCH .                              |
| ELEV. SAND MOUND                              | HOLDING TANK                                   |
| PIPE TO SURFACE                               | OTHER                                          |
| How old is your system?                       | Was it permitted? Y/N When?                    |
| Have you ever noticed any of the f            |                                                |
| GREEN LUSH GRASS                              |                                                |
| ODORS                                         | WATER PONDING OR SURFACING                     |
| SLUGGISH DRAINS                               | WASTEWATER BACKING INTO HOME                   |
| SYSTEM OVERFLOW                               | OTHER                                          |
| Was your system ever pumped out               |                                                |
|                                               | ast time?                                      |
| If your system was pumped, was                | it inspected for cracks or broken baffles? Y/N |
| Was your system ever repaired? Y              |                                                |
| ypermit? Y/N                                  |                                                |
|                                               |                                                |
| What part was repaired or replaced?           | ?                                              |
| TANK: REPAIRED / REPLACE                      | D LINF REPAIRED / DEDI A CED                   |
| DRAIN FIELD: REPAIRED / RI                    | EPLACED                                        |
| What kind of water system do you h            | ave? WELL DUDILO OTTOD                         |
| low far from the well from the drai           | n field?                                       |
| the well uphill or downhill from the          | he drain field?                                |
| <sup>7</sup> as the water ever tested? Y or N |                                                |
| OMMENTS OF PROPERTY OW                        | NFR -                                          |
|                                               |                                                |
| · · · · · · · · · · · · · · · · · · ·         |                                                |
|                                               |                                                |
| OMMENTS OF SURVEYOR:                          | •                                              |
| \$                                            |                                                |
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|                                               |                                                |
|                                               |                                                |
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WAD

## NEWTOWN TOWNSHIP

Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY DO DE GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

(gnature)

me, Doentour Square, PA 90. (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

To: Newtown Township From: William A. O'Donnell III Date: July 28, 2009

Re: Permission to Enter Property and Conduct Survey

I hereby rescind the permission that I had previously granted Newtown Township to enter my property (337 Echo Valley Lane, Newtown Square, PA 19073) to conduct a survey of the on-lot septic system. Attached to this letter is the form that I previously had sent in by mail, on which I reverse my decision.

I am hand carrying this letter to the Newtown Township Building and will have the undersigned confirm receipt of this letter.

Thank you.

William A. O'Donnell III 337 Echo Valley Lane Newtown Square, PA 19073

Newtown Township Building Recipient

. Date:

UL 2 9 2009

GENM

# NEWTOWN TOWNSHIP

Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

Allowell H (Signature)

7/25/09 (Date)

19073 ECITO VALLON LAR NS 337

(Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

THANK YOU FOR YOUR PROMPT RESPONSE.



### NEWTOWN TOWNSHIP

Permission to Enter Property and Conduct Survey

I/WE HAVE READ THE TOWNSHIP'S LETTER DATED JULY 23, 2009 AND HEREBY GRANT PERMISSION TO NEWTOWN TOWNSHIP AND PENNONI ASSOCIATES TO ENTER THE PROPERTY TO CONDUCT A SURVEY OF THE ON-LOT SEPTIC SYSTEM.

| McC-I James Brest 24/09<br>(Signature) (Date) | <u>}</u> |
|-----------------------------------------------|----------|
|                                               |          |

Echo Valley Lane, Neutrun Square, PA 19073 (Street Address)

PLEASE RETAIN ONE (1) COPY OF THIS PERMISSION FORM FOR YOUR RECORDS AND RETURN THE OTHER COPY BY MAIL IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE, HAND DELIVERY TO OUR OFFICE, OR FAX TO 610-356-8722 NO LATER THAN (5) FIVE DAYS.

THANK YOU FOR YOUR PROMPT RESPONSE.

## APPENDIX D

#### VISUAL INSPECTION FORM FOR ON-LOT SEWAGE SYSTEMS BLANK FORM

#### NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information         |                                     | •                                     |
|--------------------------------------------|-------------------------------------|---------------------------------------|
| NAME:                                      |                                     | PHONE:                                |
| ADDRESS:                                   |                                     |                                       |
| TAX PARCEL #:                              |                                     |                                       |
| SURVEYORS NAME:                            |                                     | · .                                   |
| Section 2. Observed Conditions Via         |                                     | , <i>и</i>                            |
| Weather conditions at time of survey:      | Sunny                               | Partly Cloudy Cloudy                  |
|                                            | Raining                             |                                       |
| )                                          | Heavy                               | Bric                                  |
| General condition of non-septic area grour | 1ds: Dry Dam                        | p Wet Spongy Soggy                    |
| Sewage Odor: Wet above or near s           |                                     |                                       |
| Other areas of dampness noted in yard:     |                                     |                                       |
| Photographs taken: Water Samp              | le taken:                           | Parcel # on container:                |
| Section 3. Questions for Homeowner         |                                     |                                       |
| Number of Residents:                       |                                     | · · · · · · · · · · · · · · · · · · · |
| How large is your lot?                     |                                     |                                       |
| What kind of sewage system do you have?    | (CIRCLE ALI                         | - ΤΗΑΤ ΑΡΡΓΥΥ                         |
| SEPTIC TANK INGR<br>CESSPOOL INGR          | OUND BED<br>OUND TRENO<br>DING TANK |                                       |
|                                            | •                                   |                                       |

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|                              | ere does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)                                                                                                                                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              |                                                                                                                                                                                                                                                                                     |
|                              |                                                                                                                                                                                                                                                                                     |
|                              |                                                                                                                                                                                                                                                                                     |
|                              |                                                                                                                                                                                                                                                                                     |
|                              | ,                                                                                                                                                                                                                                                                                   |
| Ho                           | vold is your system? Was it permitted? Y/N When?                                                                                                                                                                                                                                    |
| Ha                           | e you ever noticed any of the following near your septic system?                                                                                                                                                                                                                    |
|                              | GREEN LUSH GRASS WETNESS OR SPONGY AREAS                                                                                                                                                                                                                                            |
|                              | ODORS WATER PONDING OR SURFACING                                                                                                                                                                                                                                                    |
|                              | SLUGGISH DRAINS WASTEWATER BACKING INTO HOME                                                                                                                                                                                                                                        |
|                              | SYSTEM OVERFLOW OTHER                                                                                                                                                                                                                                                               |
| Wa                           | your system ever pumped out? Y/N                                                                                                                                                                                                                                                    |
|                              | ow often? Last time?                                                                                                                                                                                                                                                                |
| ]                            | your system was pumped, was it inspected for cracks or broken baffles? Y / N                                                                                                                                                                                                        |
| Wa                           | your system ever repaired? Y/N When?                                                                                                                                                                                                                                                |
| By                           | permit? Y/N                                                                                                                                                                                                                                                                         |
| Wł                           | t part was repaired or replaced?                                                                                                                                                                                                                                                    |
| I                            | ANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>RAIN FIELD: REPAIRED / REPLACED                                                                                                                                                                                               |
| I<br>Wł<br>Ho<br>Is t        | ANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?<br>the water ever tested? Y or N    |
| I<br>Wł<br>Ho<br>Is t<br>Wa  | RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?                                                                                           |
| I<br>Wł<br>Ho<br>Is t<br>Wa  | RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?<br>the water ever tested? Y or N                                                          |
| I<br>Wł<br>Ho<br>Is t<br>Wa  | RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?<br>the water ever tested? Y or N                                                          |
| Wł<br>Ho<br>Is t<br>Wa<br>CO | RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?ft.<br>the water ever tested? Y or N                                                       |
| Wł<br>Ho<br>Is t<br>Wa<br>CO | RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?ft.<br>the water ever tested? Y or N<br>IMENTS OF PROPERTY OWNER:                          |
| Wł<br>Ho<br>Is t<br>Wa<br>CO | RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?ft.<br>the water ever tested? Y or N<br>IMENTS OF PROPERTY OWNER:<br>IMENTS OF SURVEYOR:   |
| Wł<br>Ho<br>Is t<br>Wa<br>CO | RAIN FIELD: REPAIRED / REPLACED<br>t kind of water system do you have? WELL PUBLIC OTHER<br>far from the well from the drain field?ft.<br>e well uphill or downhill from the drain field?ft.<br>the water ever tested? Y or N<br>IMENTS OF PROPERTY OWNER:<br>IMENTS OF SURVEYOR:   |
| Wł<br>Ho<br>Is t<br>Wa<br>CO | RAIN FIELD: REPAIRED / REPLACED         t kind of water system do you have? WELL PUBLIC OTHER         far from the well from the drain field?ft.         e well uphill or downhill from the drain field?ft.         the water ever tested? Y or N         IMENTS OF PROPERTY OWNER: |

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### APPENDIX E

# COMPLETED VISUAL INSPECTION FORM FOR ON-LOT SEWAGE SYSTEMS

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| ) NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                                                                                                                                                                   |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Section 1. Preliminary Information<br>NAME: PORENT KATHERINE PHONE:<br>ADDRESS: 4102 TATLES LANE<br>TAX PARCEL #: 30-15-047                                                                                                                               |          |
| Section 2. Observed Conditions Via Visual Survey                                                                                                                                                                                                          | <u> </u> |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloud<br>Raining Last rain event: 8/2/03                                                                                                                                                        | ły       |
| Heavy Medium Light<br>General condition of non-septic area grounds: Dr) Damp Wet Spongy Soggy<br>Sewage Odor: <u>NP</u> Wet above or near system: <u>NP</u> Raw sewage surfacing: <u>NP</u><br>Other areas of dampness noted in yard: <u>NP</u> Location: |          |
| Photographs taken: Yes Water Sample taken: No Parcel # on container:                                                                                                                                                                                      |          |
| Section 3. Questions for Homeowner (only if available at time of survey)<br>Number of Residents:<br>How large is your lot?                                                                                                                                |          |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)<br>SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK<br>OTHER                                                                                         |          |
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|   | NA TONY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
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|   | Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|   | (CINCELE ALL THAT APPLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|   | SEPTIC TANK INGROUND BED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|   | CESSPOOL ENGROUND TRENCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|   | ELEV. SAND MOUND HOLDING TANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
|   | PIPE TO SURFACE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·        |
|   | How old is your system? Was it permitted? Y/N When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •        |
|   | Have you ever noticed any of the following near your septic system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·        |
| • |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|   | GREEN LUSH GRASS WETNESS OR.SPONGY AREAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|   | ODORS WATER PONDING OR SURFACING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
|   | SLUGGISH DRAINS WASTEWATER BACKING INTO HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •        |
|   | SYSTEM OVERFLOW OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|   | Was your system ever pumped out? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|   | How often? Last time?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ;        |
|   | If your system was pumped, was it inspected for cracks or broken baffles? $Y/N$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|   | Was your system ever repaired? Y/N When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
| • |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|   | By permit? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| • | YW M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -        |
|   | What part was repaired or replaced?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •        |
|   | TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • •      |
|   | DRAIN FIELD: REPAIRED / REPLACED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
|   | What kind of water is a second s | '        |
|   | What kind of water system do you have? WELL PUBLIC OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|   | How far from the well from the drain field?ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
|   | Is the well uphill or downhill from the drain field?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|   | Was the water ever tested? Y or N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| • | COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
|   | CONDUCTION OF TROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •        |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|   | COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|   | MRSEDIER T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •        |
|   | OBSERVED TWO CONCRETE LIDS TO THE REPAR YARD, NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
|   | ODOL OF MALFUNCTION ODSERVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -        |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
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| • | SURVEYOR SIGNATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ת ח      |
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|   | AT D. SI-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1        |
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|   | The sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u> |

| ) NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                 |          |
|---------------------------------------------------------------------------------------------------------|----------|
| Section 1. Preliminary Information                                                                      |          |
| NAME: John & MANCY Store                                                                                | <i>.</i> |
| ADDRESS: 4107 BATTLES LANE                                                                              | 9 · · ·  |
| TAX PARCEL #: 30-15-043                                                                                 |          |
| SURVEYORS NAME: JOHN RENZO                                                                              | ·        |
| Section 2. Observed Conditions Via Visual Survey                                                        |          |
| weather conditions at time of survey: Sunny Partly Cloud                                                |          |
| Raining Last rain event: 8/2/09                                                                         |          |
| Heaver Heaver                                                                                           |          |
| Same O Longer Septic area grounds: Dr Damp Wet Spongy Same                                              |          |
| Other areas of dampness noted in yard: 100 Location:                                                    | ., .     |
| Photographs taken: Yes Water Sample taken: No Parcel # on container:                                    |          |
|                                                                                                         |          |
| Section 3. Questions for Homeowner (only if available at time of survey)<br>Number of Residents:        |          |
| How large is your lot?                                                                                  |          |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                                         |          |
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>OTHER<br>INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK |          |
|                                                                                                         |          |

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Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK INGROUND BED CESSPOOL INGROUND TRENCH ELEV. SAND MOUND HOLDING TANK PIPE TO SURFACE OTHER How old is your system? \_\_\_\_\_ Was it permitted? Y/N When? Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING WASTEWATER BACKING INTO HOME SLUGGISH DRAINS SYSTEM OVERFLOW OTHER \_\_\_\_\_ Was your system ever pumped out? Y/N How often? Last time? If your system was pumped, was it inspected for cracks or broken baffles? Y/N Was your system ever repaired? Y/N When? \_ By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field? ft. Is the well uphill or downhill from the drain field? Was the water ever tested? Y or N COMMENTS OF PROPERTY OWNER: COMMENTS OF SURVEYOR: OBSERVED TWO CLEANDUTS IN TREAR OF THE PROPERT No Obon on MARFUNCTION. SURVEYOR SIGNATURE

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| ) NEWTOWN T                                                                            | OWNER                             |
| . ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                 |                                   |
| VISUAL INSP                                                                            | PECTION                           |
| Section 1. Preliminary Information                                                     |                                   |
| NAME: JOHN JACOBSEN                                                                    | · · · ·                           |
| ADDRESS GLACH TR                                                                       | PHONE                             |
| ADDRESS: 4104 BATTLES LANE                                                             |                                   |
| TAX PARCEL #: 30-15-046                                                                |                                   |
| SURVEYORS NAME: JOHN TZENZ                                                             | · .                               |
|                                                                                        |                                   |
| Section 2. Observed Conditions Via Visual Surv                                         |                                   |
| Weather conditions at time of survey:                                                  | vey                               |
|                                                                                        | Partly Cloudy Cloudy              |
| Raining                                                                                | Last rain event: $8/2/07$         |
| Heavy                                                                                  |                                   |
| General condition of non-septic area grounds: Dry Da<br>Sewage Odor: No Wet above or a | Light                             |
| Sewage Odor: No Wet above or near system: No                                           | inp Wet Spongy Soggy              |
|                                                                                        | Raw sewage surfacing: NO          |
| Other areas of dampness noted in yard: $\nu \sim$ Location:                            | · · · · · · · · · · · · · · · · · |
| Photographs taken: $\sqrt{ES}$ Water Sample taken: $NO$                                | Parcel # on an a                  |
|                                                                                        | Parcel # on container:            |
| c nomeowner (only if availe                                                            | able at time of any               |
| Number of Residents:                                                                   | - and of survey)                  |
| How large is your lot?                                                                 |                                   |
|                                                                                        | s                                 |
| What kind of sewage system do you have? (CIRCLE ALL                                    | THAT APPLY                        |
| CESERCOR INGROUND BED                                                                  | • •                               |
| ELEV. SAND MOIND INGROUND TRENC                                                        | CH                                |
| OTHER                                                                                  | · .                               |
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| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)         SEPTIC TANK       INGROUND BED         CESSPOOL       INGROUND TRENCH         ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS         ODORS       WATER PONDING OR SURFACING         SULIGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N         How often?                                                                                                                                                                                                                                                                                                                                                                               | Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)         SEPTIC TANK       INGROUND BED         CESSPOOL       INGROUND TRENCH         ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                             |                                       |                                       |     |
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| SEPTIC TANK<br>CESSPOOL       INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK<br>PIPE TO SURFACE         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS<br>ODORS         SLUGGISH DRAINS       WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME         Was your system ever pumped out? Y/N<br>How often?       Last time?         If your system ever repaired? Y/N When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SEPTIC TANK<br>CESSPOOL<br>INGROUND TRENCH<br>ELEV. SAND MOUND<br>PIPE TO SURFACE       INGROUND TRENCH<br>HOLDING TANK<br>OTHER         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS<br>ODORS         WATER PONDING OR SURFACING<br>SLUGGISH DRAINS       WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME         Was your system ever pumped out? Y/N<br>How often?       Last time?         If your system ever pumped out? Y/N<br>How often?       Last time?         If your system ever repaired? Y/N When?       By permit? Y/N         Was your system ever repaired? Y/N When?       By permit? Y/N         Was your system ever repaired? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED       DRAIN.FIELD: COTHER<br>ft         What kind of water system do you have? WELL _ PUBLIC OTHER<br>ft       ft         Sthe well uphill or downhill from the drain field?       ft         Was the water ever tested? Y or N       COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:       Comment of SERMENT OF SURVEYOR:         COMMENTS OF SURVEYOR:       Comment of SERMENT OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *           | hole                        |                                       | *<br>Tapápatén                        |     |
| SEPTIC TANK<br>CESSPOOL       INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK<br>PIPE TO SURFACE         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS<br>ODORS         SLUGGISH DRAINS       WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME         Was your system ever pumped out? Y/N<br>How often?       Last time?         If your system ever repaired? Y/N When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SEPTIC TANK<br>CESSPOOL<br>INGROUND TRENCH<br>ELEV. SAND MOUND<br>PIPE TO SURFACE       INGROUND TRENCH<br>HOLDING TANK<br>OTHER         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS<br>ODORS         WATER PONDING OR SURFACING<br>SLUGGISH DRAINS       WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME         Was your system ever pumped out? Y/N<br>How often?       Last time?         If your system ever pumped out? Y/N<br>How often?       Last time?         If your system ever repaired? Y/N When?       By permit? Y/N         Was your system ever repaired? Y/N When?       By permit? Y/N         Was your system ever repaired? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED       DRAIN.FIELD: COTHER<br>ft         What kind of water system do you have? WELL _ PUBLIC OTHER<br>ft       ft         Sthe well uphill or downhill from the drain field?       ft         Was the water ever tested? Y or N       COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:       Comment of SERMENT OF SURVEYOR:         COMMENTS OF SURVEYOR:       Comment of SERMENT OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Where d     |                             | <i></i>                               |                                       |     |
| CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK<br>PIPE TO SURFACE OTHER<br>How old is your system? Was it permitted? Y/N When?<br>Have you ever noticed any of the following near your septic system?<br>GREEN LUSH GRASS. WETNESS OR SPONGY AREAS<br>ODORS WATER PONDING OR SURFACING<br>SLUGGISH DRAINS WASTEWATER BACKING INTO HOME<br>SYSTEM OVERFLOW OTHER<br>Was your system ever pumped out? Y/N<br>How often? Last time?<br>If your system was pumped, was it inspected for cracks or broken baffles? Y/N<br>Was your system ever repaired? Y/N When?<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELL ft.<br>Is the well uphill or downhill from the drain field? ft.<br>Is the well uphill or downhill from the drain field? ft.<br>Subset was represented? Y or N<br>COMMENTS OF SURVEYOR:                                                                     | CESSPOOL       INGROUND ITEENCH         ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS         ODORS       WATER PONDING OR SURFACING         SUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out?       Y/N         How often?       Last time?         If your system was pumped, was it inspected for cracks or broken baffles?       Y/N         Was your system ever repaired?       Y/N When?         By permit?       Y/N         What part was repaired or replaced?       TANK: REPARED / REPLACED LINE: REPAIRED / REPLACED DRAIN.FIELD: REPAIRED / REPLACED         DRAIN.FIELD: REPAIRED / REPLACED       Mas the water ever tested? Y or N         COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | bes your laundry and/or s   | sunk water go? (CIRCLE ALL T          | HAT APPLY)                            |     |
| ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS         ODORS       WATER PONDING OR SURFACING         SLUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N         How often?       Last time?         If your system ever repaired out? Y/N         Was your system ever repaired? Y/N When?         By permit? Y/N         What part was repaired or replaced?         TANK: REPARED / REPLACED       LINE: REPAIRED / REPLACED         DRAIN.FIELD: REPAIRED / REPLACED       Mat kind of water system do you have? WELL         How far from the well from the drain field?       ft.         Y or N       COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:       COMMENTS OF SURVEYOR:                     | ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS         ODORS       WASTEWATER BACKING INTO HOME         SUUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N       How often?         How often?       Last time?         If your system ever repaired out? Y/N         Was your system ever repaired? Y/N When?         By permit? Y/N         Was repaired or replaced?         TANK: REPAIRED / REPLACED         JNR: REPAIRED / REPLACED         JNR: REPAIRED / REPLACED         JNAM: Field: Repared of replaced?         TANK: REPAIRED / REPLACED         JNAM: Field: Repared of replaced?         TANK: REPAIRED / REPLACED         JNAM for the well from the drain field?         Was the water ever tested? Y or N         COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                             | NGROUND BED                           |                                       |     |
| ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER         How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS         ODORS       WATER PONDING OR SURFACING         SLUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N         How often?       Last time?         If your system ever repaired? W/N When?         By permit? Y/N         Was your system ever replaced?         TANK: REPARED / REPLACED       LINE: REPAIRED / REPLACED         DRAIN.FIELD: REPAIRED / REPLACED       LINE: REPAIRED / REPLACED         What kind of water system do you have? WELL       PUBLIC         How far from the well from the drain field?       ft         St he water ever tested? Y or N       COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:       COMMENTS OF SURVEYOR: | ELEV. SAND MOUND       HOLDING TANK         PIPE TO SURFACE       OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                             |                                       |                                       |     |
| How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS         ODORS       WATER PONDING OR SURFACING         SLUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N       How often?         Last time?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | How old is your system?       Was it permitted? Y/N When?         Have you ever noticed any of the following near your septic system?         GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS<br>ODORS         WAS TER PONDING OR SURFACING<br>SLUGGISH DRAINS       WASTER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME         Was your system ever pumped out? Y/N<br>How often?       Last time?         If your system was pumped, was it inspected for cracks or broken baffles? Y/N         Was your system ever repaired? Y/N When?         By permit? Y/N         What part was repaired or replaced?         TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED         What kind of water system do you have? WELLPUBLIC OTHER<br>how far from the well from the drain field?         Mas the water ever tested? Y or N         COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:         COMMENTS OF SURVEYOR:         COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                             | HOLDING TANK                          |                                       |     |
| Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS. WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER Was your system ever pumped out? Y/N How often? Last time? If your system was pumped, was it inspected for cracks or broken baffles? Y/N Was your system ever repaired? Y/N When? By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN.FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                | Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS. WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PJ          | PE TO SURFACE               |                                       | ·                                     |     |
| Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS. WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS. WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER Was your system ever pumped out? Y/N How often? Last time? If your system ever repaired out? Y/N Was your system ever repaired? Y/N When? By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN.FIELD: REPAIRED / REPLACED What kind of water system do you have? WELLRUBLIC OTHER to was the well from the drain field?ft s the well uphill or downhill from the drain field?ft s the water ever tested? Y or N COMMENTS OF PROPERTY OWNER: COMMENTS OF SURVEYOR: COMMENTS OF SURVEY OF COMMENTS OF S                                                                                                                                                                                                                                                                                                                           | How old     | is your system?             | Was it permitted? Y/N                 | When?                                 |     |
| GREEN LUSH GRASS. WETNESS OR SPONGY AREAS<br>ODORS WATER PONDING OR SURFACING<br>SLUGGISH DRAINS WASTEWATER BACKING INTO HOME<br>SYSTEM OVERFLOW OTHER<br>Was your system ever pumped out? Y/N<br>How often? Last time?<br>If your system was pumped, was it inspected for cracks or broken baffles? Y/N<br>Was your system ever repaired? Y/N When?<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>What kind of water system do you have? WELLft.<br>Is the well uphill from the drain field?ft.<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>                                                                                                                                                                                                                                                                                                                            | GREEN LUSH GRASS.       WETNESS OR SPONGY AREAS         ODORS       WATER PONDING OR SURFACING         SLUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N       How often?         How often?       Last time?         If your system ever pumped, was it inspected for cracks or broken baffles? Y/N         Was your system ever repaired?       Y/N When?         By permit? Y/N         What part was repaired or replaced?         TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED         DRAIN FIELD: REPARED / REPLACED         What kind of water system do you have? WELL PUBLIC OTHER         How far from the well from the drain field?         Was the water ever tested? Y or N         COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Have you    |                             | · · · ·                               |                                       | -   |
| ODORS       WATER PONDING OR SURFACING         SLUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ODORS       WATER PONDING OR SURFACING         SLUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N       How often?         How often?       Last time?         If your system was pumped, was it inspected for cracks or broken baffles? Y/N         Was your system ever repaired?       Y/N When?         By permit?       Y/N         What part was repaired or replaced?       TANK: REPAIRED / REPLACED         DRAIN.FIELD: REPAIRED / REPLACED       LINE: REPAIRED / REPLACED         What kind of water system do you have?       WELL         How far from the well from the drain field?       ft.         St he welt uphill or downhill from the drain field?       ft.         St he water ever tested? Y or N       COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:       Concact         COMMENTS OF SURVEYOR:       Concact         COMMENTS OF SURVEYOR:       Concact         COMMENTS OF METER AND METER VENT TO FRANCE       Concact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                             |                                       |                                       |     |
| SLUGGISH DRAINS WASTEWATER BACKING INTO HOME<br>SYSTEM OVERFLOW OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SLUGGISH DRAINS       WASTEWATER BACKING INTO HOME         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N       How often?         If your system ever pumped, was it inspected for cracks or broken baffles? Y/N         Was your system ever repaired? Y/N When?         By permit? Y/N         What part was repaired or replaced?         TANK: REPAIRED / REPLACED       LINE: REPAIRED / REPLACED         DRAIN FIELD: REPAIRED / REPLACED       LINE: REPAIRED / REPLACED         What kind of water system do you have?       WELL         How far from the well from the drain field?       ft.         St the walter ever tested? Y or N       ft.         COMMENTS OF PROPERTY OWNER:       Start was mean of the drain field?         COMMENTS OF SURVEYOR:       Start was mean of the drain field?         Max Daw on Mathing to a concare Lip and Metric       Ftoat Yac         Max Daw on Mathing to a concare Lip and Metric       Ftoat Yac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                             | WATER PONDING OF GUI                  | KEAS :                                |     |
| SYSTEM OVERPLOW       OTHER         Was your system ever pumped out? Y/N         How often?       Last time?         If your system was pumped, was it inspected for cracks or broken baffles? Y/N         Was your system ever repaired? Y/N When?         By permit? Y/N         What part was repaired or replaced?         TANK: REPAIRED / REPLACED         LINE: REPAIRED / REPLACED         DRAIN.FIELD: REPAIRED / REPLACED         What kind of water system do you have?         Well       PUBLIC         How far from the well from the drain field?         Tanks the water ever tested? Y or N         COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                       | SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N         How often?       Last time?         If your system was pumped, was it inspected for cracks or broken baffles? Y/N         Was your system ever repaired? Y/N When?         By permit? Y/N         What part was repaired or replaced?         TANK: REPAIRED / REPLACED         DRAIN.FIELD: REPAIRED / REPLACED         What kind of water system do you have?         WELL: PUBLIC OTHER         How far from the well from the drain field?         Was the water ever tested? Y or N         COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                             | WASTEWATER PACKAGE                    | KFACING                               |     |
| How often?       Last time?         If your system was pumped, was it inspected for cracks or broken baffles? Y/N         Was your system ever repaired?         Y/N         What part was repaired or replaced?         TANK: REPAIRED / REPLACED         DRAIN.FIELD: REPAIRED / REPLACED         What kind of water system do you have?         WELL       PUBLIC         How far from the well from the drain field?         Mas the water ever tested?         Y or N         COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | How often? Last time?<br>If your system was pumped, was it inspected for cracks or broken baffles? Y/N<br>Was your system ever repaired? Y/N When?<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELLPUBLIC OTHER<br>How far from the well from the drain field? ft.<br>s the well uphill or downhill from the drain field? ft.<br>s the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br><br>COMMENTS OF SURVEYOR:<br><br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEYOR COMENTS OF SURVEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                             | OTHER                                 | INTO HOME                             |     |
| How often? Last time?<br>If your system was pumped, was it inspected for cracks or broken baffles? Y/N<br>Was your system ever repaired? Y/N When?<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN_FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELLUBLIC OTHER<br>How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?ft.<br>Source tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | How often? Last time?<br>If your system was pumped, was it inspected for cracks or broken baffles? Y/N<br>Was your system ever repaired? Y/N When?<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>What kind of water system do you have? WELLPUBLIC OTHER<br>flow far from the well from the drain field? ft.<br>s the well uphill or downhill from the drain field? ft.<br>s the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Was your    | system ever pumped out      | · · · · · · · · · · · · · · · · · · · |                                       |     |
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| Was your system ever repaired? Y/N When?<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELL PUBLIC OTHER<br>How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?ft.<br>Is the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br><br>COMMENTS OF SURVEYOR:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Was your system ever repaired? Y/N When?<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELL PUBLIC OTHER<br>thow far from the well from the drain field?<br>How far from the well from the drain field?<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEY                                                                                                                | If your     | system was more added       |                                       |                                       | . · |
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| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELLPUBLIC OTHER<br>How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?ft.<br>Is the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br><br>COMMENTS OF SURVEYOR:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELL PUBLIC OTHER<br>How far from the well from the drain field?<br>the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEYOR:<br>CO                                                                                                              | Was your    | system ever repaired?       | Y/N When?                             |                                       |     |
| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELLPUBLIC OTHER<br>How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?ft.<br>Is the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br><br>COMMENTS OF SURVEYOR:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELL PUBLIC OTHER<br>How far from the well from the drain field?<br>the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEYOR:<br>CO                                                                                                              | By permit   | ? Y/N                       |                                       |                                       |     |
| TANK: REPAIRED / REPLACED       LINE: REPAIRED / REPLACED         What kind of water system do you have?       WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELLPUBLIC OTHER<br>How far from the well from the drain field?ft.<br>s the well uphill or downhill from the drain field?ft.<br>s the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF                                   | · .         |                             | • • •                                 | •                                     |     |
| TANK: REPAIRED / REPLACED       LINE: REPAIRED / REPLACED         What kind of water system do you have?       WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN.FIELD: REPAIRED / REPLACED<br>What kind of water system do you have? WELLPUBLIC OTHER<br>How far from the well from the drain field?ft.<br>s the well uphill or downhill from the drain field?ft.<br>s the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF                                   | What part   | was repaired or replaced    | ?                                     |                                       |     |
| What kind of water system do you have? WELL PUBLIC OTHER<br>How far from the well from the drain field?ft.<br>Is the well uphill or downhill from the drain field?ft.<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | What kind of water system do you have? WELL PUBLIC OTHER<br>How far from the well from the drain field?ft.<br>is the well uphill or downhill from the drain field?ft.<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEYOR:<br>COMMEN                           | TANK        | REPAIRED / REPLACE          | ED LINE REPAIRED (DED                 | ACED                                  | •   |
| COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UNAIN.      | FIELD: REPAIRED / R         | EPLACED                               | •                                     |     |
| COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | What kind   | of water system do you !    | have? WELL DIDITO OF                  |                                       |     |
| Is the well uphill or downhill from the drain field?         Was the water ever tested? Y or N         COMMENTS OF PROPERTY OWNER:         COMMENTS OF SURVEYOR:         COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEYOR                                                                                                      |             | VIII UID WELL IFOM the dra- | in field? sale "in the                | lER ,                                 |     |
| COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEYOR SURVEYOR SURVEYOR:<br>COMMENTS OF SURVEYOR | is the well | uphill or downhill from t   | the drain field?                      |                                       |     |
| COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMENTS OF PROPERTY OWNER:<br>COMMENTS OF SURVEYOR:<br>COMMENTS OF SURVEYOR:<br>CONCERED CONCRETE LIP AND METER VENT THE FRONT YARD.<br>W ODON ON MATEURICIUM ORSERVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Was the wa  | ater ever tested? Y or N    |                                       | - <del>,</del>                        |     |
| COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | COMMENTS OF SURVEYOR:<br>OCCERED CONLACTE LID AND METER VENT THE FRONT YARD.<br>W DOON OF MATEUNICTION ORSERVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                             |                                       |                                       |     |
| OUTERIED CONCRETE (10 AND MITTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DOLERED CONCRETE LID AND METER VENT IN FRONT YARD.<br>W DON ON MULTION DESERVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMMEN      | TS OF PROPERTY OW           | NER:                                  |                                       |     |
| OCLERVED CONCRETE (10 AND MISTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DOLERED CONCRETE LID AND METER VENT IN FRONT YARD.<br>W DON ON MULTION DESERVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                             |                                       | · · · · · · · · · · · · · · · · · · · |     |
| OUTERIED CONCRETE LID AND MITTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DOLERED CONCRETE LID AND METER VENT IN FRONT YARD.<br>W DON ON MULTION DESERVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·           |                             |                                       | ·                                     |     |
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| NO DON ON METER VENT IN FRONT YARD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OCLERE      | IS OF SURVEYOR:             |                                       | • .                                   |     |
| CEN OF MALFUNCTION OBSERVED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO DAN      | UNCHER LID                  | AND METER VENT IN                     | Front YARD                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SURVEVOD SICKAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>0por</u> | - OC MALFUNCTU              | ORSERVED                              |                                       |     |
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| SOLUEIONSIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                             | · ·                                   | NO                                    |     |

8/5705 Tr d

|                                                                                           | NEWTOWN T<br>DOOR-TO<br>VISUAL INSI                       | -DOOD                                                      |                       |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|-----------------------|
| NAME GUEN & Rom<br>ADDRESS: 4108.                                                         | BARA Wyssy                                                | PHONE:                                                     |                       |
| TAX PARCEL #: <u>30-7</u><br>SURVEYORS NAME:                                              | 2-008                                                     |                                                            |                       |
| Section 2. Observed<br>Weather conditions at time                                         | Conditions Via Visual Sur<br>e of survey: Sunn<br>Raining | vey<br>Partly Cloudy<br>Last rain event:8                  | Cloudy                |
| General condition of non-se<br>Sewage Odor: <u>M</u> Wet a<br>Other areas of dampness not | bove or near system: NO                                   | Medium Light<br>amp Wet Spongy Sog<br>Raw sewage surfacing |                       |
| Photographs taken: <u>Yes</u>                                                             | Water Sample taken: <u>Mo</u>                             | Parcel # on container:                                     | ·                     |
| Section 3. Questions for<br>Number of Residents:                                          | Homeowner (only if avail                                  | able at time of survey)                                    |                       |
| How large is your lot?                                                                    |                                                           |                                                            |                       |
| What kind of sewage system d<br>SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUNI               | INGROUND BED                                              | · · · · · · · · · · · · · · · · · · ·                      | •<br>•<br>• • • • • • |

|              | and the second se |                                                                                               | : .                                   |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | •                                     |
| Where        | e does your laundry and/or si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nk water go? (CIRCLE ALL THAT APPLY                                                           | ) .                                   |
|              | SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>PIPE TO SURFACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INGROUND BED<br>INGROUND TRENCH<br>HOLDING TANK<br>OTHER                                      |                                       |
| Howa         | old is your system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Was it permitted? Y/N When?                                                                   | •••                                   |
| Have         | you ever noticed any of the f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ollowing near your septic system?                                                             |                                       |
| ·            | GREEN LUSH GRASS<br>ODORS<br>SLUGGISH DRAINS<br>SYSTEM OVERFLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WETNESS OR SPONGY AREAS<br>WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOM<br>OTHER | Œ                                     |
| Was y<br>Hov | our system ever pumped out<br>v often? L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y/N<br>ast time?                                                                              |                                       |
| If yo        | our system was pumped, was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | it inspected for cracks or broken baffles? Y                                                  | /N                                    |
|              | our system ever repaired? Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               | ;                                     |
| By per       | mit? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · -                                                                                           |                                       |
| TAN          | oart was repaired or replaced<br>IK: REPAIRED / REPLACE<br>IN FIELD: REPAIRED / R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D LINE REPAIRED / REPLACED                                                                    | •                                     |
| How fa       | ind of water system do you l<br>r from the well from the dra<br>vell uphill or downhill from t<br>e water ever tested? Y or N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n field?                                                                                      | · · · · · · · · · · · · · · · · · · · |
| COMM         | ENTS OF PROPERTY OW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NER:                                                                                          |                                       |
| ·            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | · · · · · · · · · · · · · · · · · · ·                                                         | ·                                     |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                       |
| <u>0165</u>  | ENTS OF SURVEYOR:<br>ERIED VENT AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONCRETE LID IN REAL YAD                                                                      | * <i>M</i> u<br>* _                   |
| <u></u>      | Dan on MALFUNCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISSERVED                                                                                     | ·                                     |
| ·<br>•       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                       |
|              | · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               | <u> </u>                              |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , SURVEYOF                                                                                    | R SIGNATURE                           |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A/R                                                                                           | × 8/5/09                              |
| · ·          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | )                                     |

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| ) NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                          |     |
| Section 1. Preliminary Information                                                               |     |
| NAME: DANIEL & PAULINE GORMEY PHONE.                                                             |     |
| ADDRESS: 4110 BATTLES LANE                                                                       |     |
| TAX PARCEL #: 30-22-007                                                                          |     |
| SURVEYORS NAME: JOHN PENZO                                                                       |     |
|                                                                                                  |     |
| Section 2. Observed Conditions Via Visual Survey                                                 |     |
| Weather conditions at time of survey: Sunny Partly Cloudy Clou<br>Raining Last rain event: 820   | -   |
| General condition of non-                                                                        |     |
| Sewage Odor: <u>Wet above or pear mut</u>                                                        |     |
| Other areas of dampness noted in yard: 10 Location:                                              |     |
|                                                                                                  | •   |
| → Motographs taken: Yes Water Sample taken: ND Parcel # on container:                            |     |
| ~~~~~                                                                                            | _   |
| Section 3. Questions for Homeowner (only if available at time of survey)<br>Number of Residents: |     |
| How large is your lot? 1+ Acre                                                                   |     |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                                  |     |
|                                                                                                  |     |
| CESSPOOL INGROUND BED<br>FLEV SAND Y COM                                                         |     |
| OTHER HOLDING TANK                                                                               |     |
| )                                                                                                |     |
|                                                                                                  |     |

| . or the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| SEPTIC TANK INGROUND BED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| CESSPOOL INGROUND TRENCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| ELEV. SAND MOUND HOLDING TANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| PIPE TO SURFACE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| How old is your system? <u>46</u> Was it permitted? Y/N·When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| Have you ever noticed any of the following near your septic system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , = 2 •  |
| GREEN LUSH GRASS (WETNESS OF SPONGY APPAC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| SYSTEM OVERFLOW OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| Was your system ever pumped out? (Y) N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| How often? Every other Last time?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| week                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
| If your system was pumped, was it inspected for cracks or broken baffles? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| y source particulation of the |          |
| Was your system ever repaired? Y/N When? 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| . By permit? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / REPLACED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| What kind of water system do you have? WELL (PUBLIC)OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •        |
| How far from the well from the drain field?ft_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| Is the well upbill or deput ill 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| Is the well uphill or downhill from the drain field?<br>Was the water ever tested? Y or N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| COMMENTS OF PROPERTY OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| MUST DUE O TAUL C + TOWNER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| MUST DUMP TANK EVER OTHER WEEK TO AVOIDE MITIGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| THE WENDER WENDER STATE STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| YARD. In FROM OF PUBLIC SELVER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| COMMENTS OF SURVEYOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| OBSERVED THE CONTRACT OF CONTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| ANDA REAL THE PLASTIC CUEROLOUSS IN REAL YOLD. CHET SOLLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| ANDER BETAIND TACKS IN AERA OF DRAIN FIELDS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| SURVEYOR SIGNATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | י<br>קק  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NC.      |
| $\mathcal{A}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 -      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 107      |
| $\cdot$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>,</b> |

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| NEWTOWN TOWNSHIP  | , |   |
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| DOOR-TO-DOOR      |   |   |
| VISUAL INSPECTION |   | • |

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|--------------------------------------------------|-----------------------|----------------------------------|--------------------------|
| Section 1. Prelin                                | ainary Information    |                                  |                          |
| NAME: JONATH                                     | m Moran & Sam         | AATA                             | PHONE:                   |
| ADDRESS: 4112                                    |                       | a market a                       | <                        |
| TAX PARCEL #:                                    | •                     | - <u>-</u>                       | · · ·                    |
| SURVEYORS NAM                                    | E Jat PEN             | 2-2                              | · · ·                    |
| Section 2. Observ                                | ved Conditions Via V  | isual Survey                     |                          |
| Weather conditions at                            | time of survey:       | Sunny                            | Partly Cloudy            |
|                                                  |                       | Raining                          | Last rain event: 8/18/09 |
|                                                  |                       | Heavy                            | Medium Light :           |
| General condition of n                           | on-septic area ground | s: Dry Damp                      | Wet Spongy Soggy         |
| Sewage Odor: NO                                  | Wet above or near sys | tem: <u>ND</u>                   | Raw sewage surfacing: NO |
| Other areas of dampnes                           | ss noted in yard: MD  | Location:                        |                          |
| Photographs taken:                               | Water Sample          | taken: NJ                        | Parcel # on container:   |
| Section 3. Question                              | as for Homeowner (c   | nly if availab                   | le at time of survey)    |
| Number of Residents:                             |                       |                                  |                          |
| How large is your lot?_                          |                       |                                  |                          |
| What kind of sewage sy                           | stem do you have? ((  | CIRCLE ALL                       | THAT APPLY)              |
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND M<br>OTHER | INGROI<br>INGROI      | UND BED<br>UND TRENCI<br>1G TANK |                          |
|                                                  |                       |                                  |                          |

| Where does your laundry and/or sink   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          | •.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Where does your laundry and/or sink   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Where does your laundry and/or sink   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Vhere does your laundry and/or sink   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
|                                       | water go? (CIRCLE ALL 1H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LA I APPLY                                                                                                                                                                                               | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
|                                       | DICDOIDED DED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| SEPTIC TANK                           | INGROUND BED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
|                                       | INGROUND TRENCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| ELEV. SAND MOUND                      | HOLDING TANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| PIPE TO SURFACE                       | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ** <i>~</i>                                                                                                                                                                                                      |
| •                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ۰.                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Iow old is your system?               | · Was it permitted? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | When?                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
|                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                |
| lave you ever noticed any of the fol  | lowing near your septic systen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n?                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| · · ·                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                |
| GREEN LUSH GRASS                      | WETNESS OR SPONGY AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | REAS                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| ODORS .                               | WATER PONDING OR SUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RFACING                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| SLUGGISH DRAINS                       | , WASTEWATER BACKING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INTO HON                                                                                                                                                                                                 | vIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                  |
| SYSTEM OVERFLOW                       | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
|                                       | · •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Was your system ever pumped out?      | Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
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|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| If your system was pumped, was        | it inspected for cracks or broke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n baffles?                                                                                                                                                                                               | Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                |
|                                       | ^ ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Was your system ever repaired? Y      | /N When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| By permit? Y/N                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • .                                                                                                                                                                                                              |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
| What part was repaired or replaced?   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| TANK: REPAIRED / REPLACE              | D LINE: REPAIRED / REPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LACED                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| DRAIN FIELD: REPAIRED / RI            | EPLÁCED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                                                                                                                                                                                                |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ÷.,                                                                                                                                                                                                              |
| What kind of water system do you h    | ave? WELL PUBLIC OT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HER                                                                                                                                                                                                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
| How far from the well from the drai   | n field? ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Is the well uphill or downhill from t | he drain field?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Was the water ever tested? Y or N     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| •                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| COMMENTS OF PROPERTY OW               | NER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                        | ۶.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| COMMENTS OF SURVEYOR:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| OBSERVED MATAN VA                     | IN I'V REAL VAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D-                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                                                                                                                |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                                                                                                                                                                                                |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
| •                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| · · · · ·                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                  |
| 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ot maine                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SURVEY                                                                                                                                                                                                   | ORSIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MATUR                                                                                                                                                                                                            |
|                                       | Have you ever noticed any of the fol<br>GREEN LUSH GRASS<br>ODORS<br>SLUGGISH DRAINS<br>SYSTEM OVERFLOW<br>Was your system ever pumped out?<br>How often? La<br>If your system ever pumped, was<br>Was your system ever repaired, was<br>Was your system ever repaired? Y<br>By permit? Y/N<br>What part was repaired or replaced?<br>TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / RH<br>What kind of water system do you h<br>How far from the well from the drai<br>Is the well uphill or downhill from t<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OW<br>COMMENTS OF SURVEYOR:<br>OTSEEVED META- VA | Have you ever noticed any of the following near your septic system<br>GREEN LUSH GRASS WETNESS OR SPONGY AI<br>ODORS WATER PONDING OR SUD<br>SLUGGISH DRAINS WASTEWATER BACKING<br>SYSTEM OVERFLOW OTHER | ODORS       WATER PONDING OR SURFACING         SLUGGISH DRAINS       WASTEWATER BACKING INTO HON         SYSTEM OVERFLOW       OTHER         Was your system ever pumped out? Y/N.       How often?         How often?       Last time?         ''If your system was pumped, was it inspected for cracks or broken baffles?'         Was your system ever repaired?       Y/N         What your system ever repaired?       Y/N         What part was repaired or replaced?       TANK: REPAIRED / REPLACED         TANK: REPAIRED / REPLACED       LINE: REPAIRED / REPLACED         DRAIN FIELD: REPAIRED / REPLACED       PUBLIC OTHER         How far from the well from the drain field? | Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER |

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| NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION<br>Section 1. Preliminary Information<br>NAME: Downed & CINDA MMS<br>PHONE:<br>ADDRESS: 4113 BATTLES CAME<br>TAX PARCEL #: 30-22-000<br>SURVEYORS NAME: JOHN RENZO |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Section 1. Preliminary Information<br>NAME: Darmo & LINDA MMIS PHONE:<br>ADDRESS: 4113 RATTLES CARE<br>TAX PARCEL #: 20-22-00<br>SURVEYORS NAME                                                                          |          |
| NAME: DOWNED & LINDO MILLS PHONE:<br>ADDRESS: 4113 RATTLES CARE<br>TAX PARCEL #: 30-22-00                                                                                                                                |          |
| ADDRESS: 4113 BATTLES CARES                                                                                                                                                                                              |          |
| TAX PARCEL #: <u>20-22-00</u>                                                                                                                                                                                            |          |
| SURVEYORS MANO                                                                                                                                                                                                           |          |
|                                                                                                                                                                                                                          |          |
| Section 2. Observed Conditions Via Visual Survey                                                                                                                                                                         |          |
| Weather conditions at time of survey: Sunny Partly Cl                                                                                                                                                                    | oudy     |
| Raining Last rain event: 872 of                                                                                                                                                                                          | ς<br>Ω   |
| Heavy                                                                                                                                                                                                                    | <i>L</i> |
| General condition of non-septic area grounds: Or Damp Wet Spongy Soggy<br>Sewage Odor: Wet above or near system: Raw sewage surfacing:<br>Other areas of dampness noted in yard: Location:                               |          |
| hotographs taken: Water Sample taken: Parcel # on container:                                                                                                                                                             | _        |
| ection 3. Questions for Homeowner (only if available at time of survey).                                                                                                                                                 |          |
| ow large is your lot?                                                                                                                                                                                                    |          |
| at kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                                                                                                                                                            | •        |
| SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK                                                                                                                                    |          |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK INGROUND BED CESSPOOL INGROUND TRENCH ELEV. SAND MOUND HOLDING TANK PIPE TO SURFACE OTHER . How old is your system? \_\_\_\_\_ Was it permitted? Y/N When? Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS WETNESS OR SPONGY AREAS WATER PONDING OR SURFACING ODORS SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER . Was your system ever pumped out? Y/N How often? \_\_\_\_\_ Last time? If your system was pumped, was it inspected for cracks or broken baffles? Y/N Was your system ever repaired? Y/N When? By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field? <u>.</u> ft. Is the well uphill or downhill from the drain field? Was the water ever tested? Y or N COMMENTS OF PROPERTY OWNER: COMMENTS OF SURVEYOR: OBSERVED SMALL CONCRETE LIA, PLASTIC CLEANOLT MARGE CONCRETE LID IN REAR YARD. NO ODON DA MALFUNCTION OBSERVED SURVEYOR SIGNATURE

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| ) NEWTOWN TOWNSHIP<br>door-to-door<br>visual inspection                                                                                                                                   | · · · · ·      |
| Section 1. Preliminary Information<br>NAME: JAMES & TRICIA CULCIO PHONE:<br>ADDRESS: 4114 BATTLES LANE<br>TAX PARCEL #: 30-22-005<br>SURVEYORS NAME: JOHN RENTED                          |                |
| Sewage Odor: No Wet above or near system: YET Raw sewage sur                                                                                                                              | Light<br>Soggy |
| Photographs taken: 457 Water Sample taken: 10 Parcel # on conta                                                                                                                           | ainer:         |
| Section 3. Questions for Homeowner (only if available at time of surv<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do you have? (GPD or re-            | ′ey)           |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)         SEPTIC TANK       INGROUND BED         CESSPOOL       INGROUND TRENCH         ELEV. SAND MOUND       HOLDING TANK | •              |

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Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

| and the second                                            |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| SEPTIC TANK                                                                                                                                                 | INGROUND BED                                   |
| CESSPOOL                                                                                                                                                    |                                                |
| ELEV. SAND MOUND.                                                                                                                                           | INGROUND TRENCH                                |
|                                                                                                                                                             |                                                |
| PIPE TO SURFACE                                                                                                                                             | OTHER                                          |
| How old is your system?                                                                                                                                     | Was it permitted? Y/N When?                    |
| Have you ever noticed any of the fo                                                                                                                         |                                                |
| GREEN LUSH GRASS                                                                                                                                            |                                                |
| ODORS                                                                                                                                                       | WETNESS OR SPONGY AREAS                        |
|                                                                                                                                                             | WATER PONDING OR SURFACING                     |
| SLUGGISH DRAINS                                                                                                                                             | WASTEWATER BACKING INTO HOME                   |
| SYSTEM OVERFLOW .                                                                                                                                           | OTHER                                          |
| Was your system ever pumped out?<br>How often? La                                                                                                           | Y/N                                            |
|                                                                                                                                                             |                                                |
| If your system was pumped, was                                                                                                                              | it inspected for cracks or broken baffles? Y/N |
| Was your system ever repaired? Y                                                                                                                            | / N When?                                      |
| By permit? Y/N                                                                                                                                              |                                                |
| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / RE                                                              | D LINE: REPAIRED / REPLACED                    |
| What kind of water system do you ha<br>How far from the well from the drain<br>Is the well uphill or downhill from the<br>Was the water ever tested? Y or N | n field? A                                     |
| COMMENTS OF PROPERTY OWN                                                                                                                                    | VER: .                                         |
| ·                                                                                                                                                           | · · ·                                          |
| ·                                                                                                                                                           |                                                |
|                                                                                                                                                             |                                                |
|                                                                                                                                                             | · · ·                                          |
| COMMENTS OF SURVEYOR:                                                                                                                                       |                                                |
| OBSELLED CONCLETE TANK                                                                                                                                      | Lin T. Rousson                                 |
| NOT ALOR PRESENT APPROP.                                                                                                                                    | ROTT REAL OF PROPERTY JOBERY                   |
| Bross.                                                                                                                                                      | 30 FT BETTING LID; BROOM, LOND                 |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                       |                                                |
|                                                                                                                                                             |                                                |
|                                                                                                                                                             |                                                |
|                                                                                                                                                             |                                                |
|                                                                                                                                                             | STIDUEROD CONTRACT                             |
|                                                                                                                                                             | SURVEYOR SIGNATURE:                            |
|                                                                                                                                                             |                                                |
|                                                                                                                                                             | Att K-X 8/2/                                   |
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| NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •<br>•<br>• |
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| Section 1. Preliminary Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · ·         |
| NAME: JOSEPH & CANSONE HOUGHTON PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | `           |
| ADDRESS: 4116 BATTLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | • • •       |
| TAX PARCEL #: 20-000-019-300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| SURVEYORS NAME: JOHN PENZO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Le contrar  |
| Section 2. Observed Conditions Via Visual Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •<br>•      |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloudy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - · ·       |
| Raining Last rain event: 8/23/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •           |
| ) Heavy Medium Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •           |
| General condition of non-septic area grounds: Dry Damp Wet Spongy Soggy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |
| Sewage Odor: $\mathcal{N}$ Wet above or near system: $\mathcal{N}_{\mathcal{O}}$ Raw sewage surfacing: $\mathcal{N}_{\mathcal{O}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,           |
| Other areas of dampness noted in yard: <u>No</u> Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| Photographs taken: $\underbrace{\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\ensuremath{\mathcal{H}}\$ |             |
| Section 3. Questions for Homeowner (only if available at time of survey)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |
| Number of Residents:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| How large is your lot?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · ·         |
| SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK<br>OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | *           |

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|      |                                                                                         |                                         |                       | •                                      |
|      | · · · ·                                                                                 | 2 W 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                       |                                        |
|      | Where does your laundry and/or s                                                        | ink water go? (CIR(                     | CLE ALL THAT AI       | PPLY)                                  |
|      | SEPTICTANK                                                                              | INGROUND BE                             | ED                    |                                        |
|      | CESSPOOL                                                                                | INGROUND TH                             |                       |                                        |
|      | ELEV. SAND MOUND                                                                        | HOLDING TAN                             | 1K                    |                                        |
|      | PIPE TO SURFACE                                                                         | · OTHER                                 | •                     |                                        |
|      | How old is your system?                                                                 | Was it permit                           | ted? Y/N When?        | · · ·                                  |
|      | Have you ever noticed any of the                                                        | following near your                     | septic system?        | •                                      |
|      | GREEN LUSH GRASS                                                                        | WETNESS OR                              | SPONGY AREAS          |                                        |
|      | ODORS                                                                                   |                                         | ÍNG OR SURFACI        | •                                      |
|      | SLUGGISH DRAINS                                                                         |                                         | R BACKING INTO        | HOME .                                 |
|      | SYSTEM OVERFLOW                                                                         | OTHER                                   |                       | ······································ |
|      | Was your system ever pumped ou                                                          | at? Y/N                                 |                       |                                        |
| •    | How often?                                                                              |                                         |                       |                                        |
|      | If your system was pumped, wa                                                           |                                         | acks or broken baffle | es? Y/N                                |
|      | Was your system ever repaired?                                                          | Y/N When?                               |                       |                                        |
|      | By permit? Y/N                                                                          |                                         |                       | •<br>•                                 |
|      | What part was repaired or replace<br>TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / | CED LINE: REPA                          | IRED / REPLACED       | ) • .                                  |
| :    | What kind of water system do you<br>How far from the well from the du                   |                                         | UBLIC OTHER<br>ft.    |                                        |
|      | Is the well uphill or downhill from<br>Was the water ever tested? Y or 1                | n the drain field?                      |                       |                                        |
|      | COMMENTS OF PROPERTY O                                                                  | WNER:                                   | •                     |                                        |
|      | · · · · · · · · · · · · · · · · · · ·                                                   |                                         |                       | · ·                                    |
|      |                                                                                         |                                         |                       | · · · ·                                |
|      |                                                                                         |                                         |                       |                                        |
|      | COMMENTS OF SURVEYOR:                                                                   | •                                       |                       |                                        |
|      | OBSERVED FIVE PLASTIC                                                                   |                                         |                       |                                        |
|      | In SIDE YARD- NO O                                                                      | oon on Mon                              | EUNCTION BESE         | ERVED.                                 |
|      |                                                                                         |                                         |                       | **                                     |
|      |                                                                                         |                                         |                       |                                        |
|      | ••                                                                                      |                                         |                       |                                        |
|      |                                                                                         |                                         | SURY                  | EYOR SIGNATURE:                        |
|      | •                                                                                       |                                         | P                     | 1-The alal-                            |
|      |                                                                                         |                                         |                       | rojen - 1760                           |
|      |                                                                                         |                                         | $\bigcirc$            | · · · ·                                |

|                                                                                                                                                                                                                                        | VEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| · Section 1. Preliminary                                                                                                                                                                                                               | y Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| NAME: FRANK & ED                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| ADDRESS: 4418                                                                                                                                                                                                                          | PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                          |
| TAVDADO C                                                                                                                                                                                                                              | SATTLES LANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |
| TAX PARCEL #: 30-72                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| SURVEYORS NAME                                                                                                                                                                                                                         | OHN RENZO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
|                                                                                                                                                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 14 A 14                                  |
| Section 2. Observed Con                                                                                                                                                                                                                | nditions Via Visual Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |
| Weather conditions at time of                                                                                                                                                                                                          | SULLEY :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| •                                                                                                                                                                                                                                      | Partly.Cloudy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cloudy                                     |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -)                                         |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                  | Raining Last rain event:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3/2/09                                     |
| )                                                                                                                                                                                                                                      | Heavy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8/2/09                                     |
| General condition of non-septi                                                                                                                                                                                                         | Heavy Medium Lig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8/2/09<br>ht                               |
|                                                                                                                                                                                                                                        | c area grounds Dr Damp Wet Spongy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8 2 09<br>ht<br>Soggy                      |
| Sewage Odor: <u>NP.</u> Wet abo                                                                                                                                                                                                        | c area grounds Dr Damp Wet Spongy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8 /2 /09<br>ht<br>Soggy                    |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted                                                                                                                                                                       | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy we or near system: A Raw sewage surface<br>in yard: NO Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8 2 09<br>ht<br>Soggy                      |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted                                                                                                                                                                       | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy<br>ve or near system: N Raw sewage surfac<br>in yard: NO Location:<br>Vater Sample taken: NO Parcel # on contain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Soggy<br>ing: <u>No</u>                    |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted<br>Photographs taken: <u>Yes</u> W                                                                                                                                    | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy we or near system: Maw sewage surface<br>in yard: MD Location:<br>Vater Sample taken: MD Parcel # on containe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 /2 /09<br>ht<br>Soggy<br>sing: <u>NO</u> |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted<br>Photographs taken: <u>Yes</u> W<br>Section 3. Questions for He                                                                                                     | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy<br>ve or near system: N Raw sewage surfac<br>in yard: NO Location:<br>Vater Sample taken: NO Parcel # on contain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8 /2 /09<br>ht<br>Soggy<br>sing: <u>No</u> |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted<br>Photographs taken: <u>45</u> W<br>Section 3. Questions for Ho<br>Number of Residents:                                                                              | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy we or near system: Maw sewage surface<br>in yard: MD Location:<br>Vater Sample taken: MD Parcel # on containe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 /2 /09<br>ht<br>Soggy<br>sing: <u>NO</u> |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted<br>Photographs taken: <u>Yes</u> W<br>Section 3. Questions for Ho<br>Number of Residents:<br>How large is your lot?                                                   | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>A Raw sewage surface<br>Medium Lig | 8 /2 /09<br>ht<br>Soggy<br>sing: <u>NO</u> |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted<br>Photographs taken: <u>Yes</u> W<br>Section 3. Questions for Ho<br>Number of Residents:<br>How large is your lot?                                                   | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>A Raw sewage surface<br>Medium Lig | 8 /2 /09<br>ht<br>Soggy<br>sing: <u>No</u> |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted<br>Photographs taken: <u>Yes</u> W<br>Section 3. Questions for Ho<br>Number of Residents:<br>How large is your lot?<br>What kind of sewage system do y<br>SEPTIC TANK | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: Mo Parcel # on contained<br>omeowner (only if available at time of survey)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8 /2 /09<br>ht<br>Soggy<br>sing: <u>NO</u> |
| Sewage Odor: <u>No.</u> Wet abo<br>Other areas of dampness noted<br>Photographs taken: <u>Yes</u> W<br>Section 3. Questions for Ho<br>Number of Residents:<br>How large is your lot?                                                   | Heavy Medium Lig<br>c area grounds Dr Damp Wet Spongy we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>we or near system: A Raw sewage surface<br>in yard: Mo Location:<br>Vater Sample taken: No Parcel # on contained<br>A Raw sewage surface<br>Medium Lig | 8 /2 /09<br>ht<br>Soggy<br>sing: <u>No</u> |

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| SEPTIC TANK                                                               | INGROUND BED                                   |
|---------------------------------------------------------------------------|------------------------------------------------|
| CESSPOOL                                                                  | INGROUND TRENCH                                |
| ELEV. SAND MOUND                                                          | HOLDING TANK                                   |
| PIPE TO SURFACE                                                           | OTHER                                          |
| How old is your system?                                                   | Was it permitted? Y/N When?                    |
| Have you ever noticed any of the f                                        | ollowing near your septic system?              |
| GREEN LUSH GRASS                                                          | WETNESS OR SPONGY AREAS                        |
| ODORS                                                                     | WATER PONDING OR SURFACING                     |
| SLUGGISH DRAINS `<br>SYSTEM OVERFLOW                                      | WASTEWATER BACKING INTO HOME<br>OTHER          |
| Was your system ever pumped out?                                          |                                                |
|                                                                           | ast time?                                      |
|                                                                           | it inspected for cracks or broken baffles? Y/N |
|                                                                           |                                                |
| Was your system ever repaired? Y                                          | /N When?                                       |
| By permit? Y/N                                                            |                                                |
| What part was repaired or replaced?                                       | <b>)</b>                                       |
| TANK: REPAIRED / REPLACE                                                  | D LINE: REPAIRED / REPLACED                    |
| DRAIN FIELD: REPAIRED / RI                                                | EPLACED                                        |
| What kind of water system do you h                                        | ave? WELL DIDI'YO OWNER                        |
| How far from the well from the drai                                       | nave? WELL PUBLIC OTHER                        |
| s the well uphill or downhill from t<br>Was the water ever tested? Y or N | he drain field?                                |
| ·                                                                         | · ·                                            |
| COMMENTS OF PROPERTY OW                                                   | NER:                                           |
|                                                                           |                                                |
|                                                                           |                                                |
| COMMENTS OF SURVEYOR:                                                     |                                                |
| NO ODEN DA METAL VENT A                                                   | NO CONTRACTE LID IN FRONT YORD,                |
| No ob on on MALPUNCTION                                                   | OBSER WED 1                                    |
|                                                                           |                                                |
|                                                                           |                                                |
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|                                                                           | · SURVEYOR SIGNA                               |

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|                                                                  | NEWTOWN TOWNS<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                      | SHIP                          |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------|
| NAME: <u>Circl</u><br>ADDRESS: <u>3</u><br>TAX PARCEL #          | AME: JOHN RENED                                                                                         | NE:                           |
| Weather condition<br>General condition<br>Sewage Odor: <u>NO</u> | Raining Last rain<br>Heavy Medium<br>of non-septic area grounds: Dry Damp Wet<br>Wet above or near cust |                               |
| Photographs taken:                                               | HET Water Sample taken: No Parcel #<br>tions for Homeowner (only if available at time                   | on container:<br>e of survey) |
| How large is your lo                                             | system do you have? (CIRCLE ALL THAT A)                                                                 | PPLY)                         |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUNE<br>PIPE TO SURFACE<br>How old is your system? | INGROUND BED<br>INGROUND TRENCH                      |
|-------------------------------------------------------------------------------------------|------------------------------------------------------|
| CESSPOOL<br>ELEV. SAND MOUNE<br>PIPE TO SURFACE                                           | INGROUND TRENCH                                      |
| ELEV. SAND MOUNE<br>PIPE TO SURFACE                                                       |                                                      |
| PIPE TO SURFACE                                                                           |                                                      |
|                                                                                           |                                                      |
| How old is your system?                                                                   | OTHER                                                |
|                                                                                           | Was it permitted? Y / N When?                        |
|                                                                                           |                                                      |
| Have you ever noticed any of t                                                            | he following near your septic system?                |
| GREEN LUSH GRASS                                                                          | S WETNESS OR SPONGY AREAS                            |
| ODORS                                                                                     | WATER PONDING OR SURFACING                           |
|                                                                                           |                                                      |
| SLUGGISH DRAINS                                                                           | WASTEWATER BACKING INTO HOME                         |
| SYSTEM OVERFLOW                                                                           | V OTHER                                              |
|                                                                                           |                                                      |
| Was your system ever pumped                                                               |                                                      |
| How often?                                                                                | Last time?                                           |
| •                                                                                         |                                                      |
| . If your system was pumped,                                                              | was it inspected for cracks or broken baffles? Y / N |
| · ·                                                                                       |                                                      |
| Was your system ever repaired                                                             | 1? Y/N When?                                         |
|                                                                                           |                                                      |
| By permit? Y/N                                                                            | ·                                                    |
|                                                                                           |                                                      |
| What part was repaired or repla                                                           | aced?                                                |
|                                                                                           | ACED LINE, REPAIRED / REPLACED                       |
|                                                                                           |                                                      |
| DRAIN FIELD: REPAIREI                                                                     | JI REFLACED                                          |
| What kind a function much in the                                                          |                                                      |
| What kind of water system do                                                              |                                                      |
| How far from the well from the                                                            |                                                      |
| Is the well uphill or downhill f                                                          |                                                      |
| Was the water ever tested? Y                                                              | or N                                                 |
| •                                                                                         | · · · · · · · · · · · · · · · · · ·                  |
| COMMENTS OF PROPERTY                                                                      | YOWNER:                                              |
|                                                                                           |                                                      |
|                                                                                           |                                                      |
| ·                                                                                         |                                                      |
| ·                                                                                         |                                                      |
|                                                                                           |                                                      |
| COMMENTS OF SURVEYO                                                                       | R:                                                   |
| COMMENTS OF SURVEYO                                                                       |                                                      |
| UNDER TO UISTIANY                                                                         |                                                      |
|                                                                                           |                                                      |
| UNDER TO UISTIANY                                                                         | LOCUTE SEPTIL SYSTEM. MU ODOLS ON                    |
| UNDER TO UISTIANY                                                                         |                                                      |

| ) NEWTOWN TO<br>DOOR-TO-DO<br>VISUAL INSPECT                                                                                                                                       | OR                                      | · · · · · · · · · · · · · · · · · · · |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Section 1. Preliminary Information                                                                                                                                                 | · · · · · · · · · · · · · · · · · · ·   |                                       |
| NAME: GROLE & FOUN BOLON                                                                                                                                                           | _ PHONE:                                |                                       |
| ADDRESS: 41 BOOT ROAD                                                                                                                                                              |                                         | •                                     |
| TAX PARCEL #: 30-22-082                                                                                                                                                            | · · ·                                   |                                       |
| SURVEYORS NAME: JOHN RENZO                                                                                                                                                         | · .                                     |                                       |
| Section 2. Observed Conditions Via Visual Survey                                                                                                                                   |                                         |                                       |
| Weather conditions at time of survey: Sunny<br>Raining                                                                                                                             | Partly Cloudy Cloudy                    |                                       |
| Heavy                                                                                                                                                                              | Last rain event: 8 8 8                  |                                       |
| General condition of non-septic area grounds: Dry Damp<br>Sewage Odor: <u>Mo</u> Wet above or near system: <u>Mo</u><br>Other areas of dampness noted in yard: <u>Mo</u> Location: | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | · · · · · · · · · · · · · · · · · · · |
| Photographs taken: <u>1</u> E7 Water Sample taken: <u>MD</u>                                                                                                                       | Parcel # on container:                  |                                       |
| Section 3. Questions for Homeowner (only if availab<br>Number of Residents:                                                                                                        | le at time of survey)                   |                                       |
| · How large is your lot?                                                                                                                                                           |                                         |                                       |
| What kind of sewage system do you have? (CIRCLE ALL.                                                                                                                               | THAT APPLY)                             |                                       |
| SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK<br>OTHER                                                                                     |                                         | • •                                   |
|                                                                                                                                                                                    |                                         |                                       |

| •                                                          |                |                  |                | - A-<br>    |                                              |
|------------------------------------------------------------|----------------|------------------|----------------|-------------|----------------------------------------------|
|                                                            |                | in the second of | ****<br>*_**   | · · ·       |                                              |
| Where does your laundry and/or su                          | nk water go? ( | (CIRCLE AL       | L THAT APP     | · (YI'      | ·                                            |
| SEPTIC TANK                                                | INGROUN        | ID BED           |                |             |                                              |
| CESSPOOL                                                   | INGROUN        | ID TRENCH        |                |             |                                              |
| ELEV. SAND MOUND                                           | HOLDING        | TANK             |                |             | -                                            |
| PIPE TO SURFACE                                            | OTHER_         |                  |                |             | <u>    .                                </u> |
| How old is your system?                                    | Was it p       | ermitted? Y      | /N When?_      |             |                                              |
| Have you ever noticed any of the f                         | ollowing near  | your septic s    | system?        | :           |                                              |
| GREEN LUSH GRASS                                           | WETNESS        | 5 OR#SPONC       | Y AREAS        |             |                                              |
| ODORS                                                      |                |                  | R SURFACIN     | G           | Ŧ                                            |
| SLUGGISH DRAINS                                            | WASTEW         |                  | KİNG INTO F    |             |                                              |
| SYSTEM OVERFLOW                                            | OTHER_         | •                | ·              |             | - ,                                          |
| 177                                                        | • • • • • • •  |                  |                |             |                                              |
| Was your system ever pumped out<br>How often?              | Last time?     |                  |                | · .         | •                                            |
| · · · · · · · · ·                                          | <u> </u>       |                  |                |             | - '                                          |
| If your system was pumped, wa                              | s it inspected | for cracks or    | broken baffles | ? Y/N       |                                              |
| Was your system ever repaired?                             | Y/N When       | ?                |                |             |                                              |
| By permit? Y/N                                             |                |                  |                |             |                                              |
| What part was repaired or replaced TANK: REPAIRED / REPLAC |                | REPAIRED         | REPIACED       |             |                                              |
| DRAIN FIELD: REPAIRED / I                                  |                |                  |                |             | . ,                                          |
| What kind of water system do you                           | have? WEL      | L PUBLIC         | OTHER          | *           |                                              |
| How far from the well from the dr                          |                | ft.              |                |             | v                                            |
| Is the well upbill or downhill from                        | the drain fiel | d?               |                | • •.        |                                              |
| Was the water ever tested? Y or N                          | 1              |                  | Þ              |             |                                              |
| COMMENTS OF PROPERTY O                                     | WNER:          | •                |                |             | ÷ 7                                          |
|                                                            |                |                  |                |             | 24.15                                        |
|                                                            |                |                  |                |             | <u> </u>                                     |
|                                                            |                |                  |                |             |                                              |
|                                                            |                |                  | 2              |             |                                              |
| COMMENTS OF SURVEYOR:                                      | ~ ~ ~ ~        | ·<br>            |                | •<br>_ •    |                                              |
| BSERVED METAL VE<br>Front ODE YARS. N                      |                |                  | NUTION O'      | ~           |                                              |
| - Marine provision                                         |                | <u>u- ivoqu</u>  | MCCION B       | SERVOD      | <u> </u>                                     |
|                                                            | <u> </u>       |                  |                | *.          |                                              |
|                                                            |                |                  |                | · · · ·     | • •                                          |
|                                                            |                |                  | •              |             |                                              |
|                                                            | •              |                  | SURV           | 'Ė́YOR SIGI | VATURE                                       |
|                                                            |                |                  | P              | 1 Di        | sh.l.                                        |
|                                                            | ."             |                  | ·              |             | 0/00/0                                       |
| •                                                          |                |                  | . 🗸            |             |                                              |

| }   | NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|     | NAME: EDSON PEREIRS PHONE:<br>ADDRESS: 60 BOOT RO                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|     | TAX PARCEL #: 30-29-015<br>SURVEYORS NAME: JOHN PENZO                                                                                                                                                                                                                                                                                                                                                                                                              | . 6*       |
| -   | Section 2. Observed Conditions Via Visual Survey<br>Weather conditions at time of survey: Sunn Partly Cloudy Cloudy<br>Raining Last rain event: 8/2/05                                                                                                                                                                                                                                                                                                             |            |
| 0   | Heavy       Medium       Light         General condition of non-septic area grounds:       Dry       Damp       Wet       Spongy       Soggy         ewage Odor:       Modium       Wet above or near system:       Modium       Kaw sewage surfacing:       Modium         ther areas of dampness noted in yard:       Modium       Kaw sewage surfacing:       Modium         notographs taken:       Modium       Water Sample taken:       Modium       Modium | . <i>.</i> |
| Nu  | ction 3. Questions for Homeowner (only if available at time of survey)<br>mber of Residents:                                                                                                                                                                                                                                                                                                                                                                       |            |
| Whi | at kind of sewage system do you have? (CIRCLE ALL THAT APPLY)<br>SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK<br>OTHER                                                                                                                                                                                                                                                                                                    |            |

P

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK INGROUND BED CESSPOOL INGROUND TRENCH ELEV. SAND MOUND HOLDING TANK PIPE TO SURFACE OTHER How old is your system? \_\_\_\_\_ Was it permitted? Y/N When? Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS . WATER PONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER -Was your system ever pumped out? Y/N How often? Last time? If your system was pumped, was it inspected for cracks or broken baffles? Y/N Was your system ever repaired? Y/N When? By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field? \_\_\_\_\_\_ ft. Is the well uphill or downhill from the drain field? Was the water ever tested? Y or N et. a COMMENTS OF PROPERTY OWNER: COMMENTS OF SURVEYOR: OBSERVED 6 PLASTIC CLEANOUTS IN SIDE MAND. NO ODON ON MARVNOTIAN. OBSERVOO. SURVEYOR SIGNATURE:

| NEWTOWN TOWNSHIP                                                                      |           |
|---------------------------------------------------------------------------------------|-----------|
| VISUAL INSPECTION                                                                     |           |
| Section 1. Preliminary Information                                                    |           |
| NAME: ELIZABEDIMAN / EQUISAD GOBREELT PHONE:                                          |           |
| ADDRESS 57 BOOT RO                                                                    | 4<br>+    |
| TAX PARCEL #: $30 - 27 - 079$                                                         |           |
| SURVEYORS NAME: JOHN RENZO                                                            | :         |
| Section 2. Observed Conditions Via Visual Survey                                      | · · · ·   |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloudy                      | · .       |
| Raining -Last rain event: 8/2/09                                                      | • •       |
| General condition of non-septic area grounds: Dry Damp Wet Spongy Sogger              | · · · · · |
| Wet above or near system: NO Roward                                                   |           |
| Photos Campless noted in yard: No Location:                                           |           |
| Photographs taken: YES Water Sample taken: NO Parcel # on container:                  |           |
| Section 3. Questions for Homeowner (only if available at time of survey)              |           |
| Number of Residents:                                                                  |           |
| How large is your lot?                                                                |           |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                       |           |
| SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK | · .       |
|                                                                                       |           |

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Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

n de Esta esta

| -                 | SEPTIC TANK                   | INGROUND BED                                     |
|-------------------|-------------------------------|--------------------------------------------------|
|                   | CESSPOOL                      |                                                  |
|                   | ELEV. SAND MOUND              | INGROUND TRENCH                                  |
|                   |                               | HOLDING TANK                                     |
|                   | PIPE TO SURFACE               | OTHER                                            |
| How               | old is your system?           | Was it permitted? Y/N When?                      |
|                   |                               | following near your septic system?               |
|                   |                               | .onowing near your septic system?                |
|                   | GREEN LUSH GRASS              | WETNESS OR SPONGY AREAS                          |
|                   | ODORS                         | WATER PONDING OR SURFACING                       |
|                   | SLUGGISH DRAINS               | WASTEWATER BACKING INTO HOME                     |
|                   | SYSTEM OVERFLOW               | OTHER                                            |
|                   |                               |                                                  |
| Was y             | our system ever pumped out    |                                                  |
| Hov               | v often?                      | ast time?                                        |
| Ĭfw               |                               | · · · · · · · · · · · · · · · · · · ·            |
| цус               | our system was pumped, was    | s it inspected for cracks or broken baffles? Y/N |
|                   |                               |                                                  |
|                   | our system ever repaired? 3   | (/N When?                                        |
| By per            | mit? Y/N                      | ······································           |
| J T               |                               |                                                  |
| What n            | art was repaired or replaced  |                                                  |
| TAN               | IK REPARED (PED)              |                                                  |
| DRA               | IN FIRI D. DEDA D'EDA         | ED LINE: REPAIRED / REPLACED                     |
|                   | IN FIELD: REPAIRED / R        | EPLACED                                          |
| What k            | ind of water system do you 1  |                                                  |
| How fa            | the of water system do you I  | nave? WELL PUBLIC OTHER                          |
|                   | A MOLL UNE WELL FROM The drag | in field?                                        |
| IS WE W           | ell uphill or downhill from t | he drain field?                                  |
| Was uie           | water ever tested? Y or N     |                                                  |
| СОМИ              | FNITS OF DRORD THE SAME       |                                                  |
| 001101            | ENTS OF PROPERTY OW           | NER:                                             |
|                   |                               |                                                  |
|                   |                               |                                                  |
|                   |                               |                                                  |
| COMM              | ENTS OF SURVEYOR:             |                                                  |
| man no            | ERIAN                         |                                                  |
| しいい               | - VED SINGLE PLA              | (TIL CLEANOUT IN SIDE VARS.                      |
| <u>O</u> S<br>Ørn | - WW PRESENT. No.             | MALFUNCTION ORSERVED.                            |
| Oban              |                               |                                                  |
| Obon<br>          |                               |                                                  |
| <u>060</u>        |                               |                                                  |
| <u></u>           |                               |                                                  |
| <u>@bon</u>       |                               |                                                  |

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| NE                                                                        | WTOWN TO<br>DOOR-TO-D<br>VISUAL INSPE          | OOR                            |
|---------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| Section 1. Preliminary Inf                                                | •                                              |                                |
| NAME: JONATHON & MM                                                       | •                                              | ,<br>DITC) T                   |
| ADDRESS: 81 Bout R                                                        |                                                | PHONE:                         |
| TAX PARCEL #: <u>30-27-</u>                                               |                                                |                                |
| SURVEYORS NAME: Jor                                                       |                                                |                                |
|                                                                           | ions Via Visual Surve                          | y                              |
| Weather conditions at time of sur-                                        | vey: Sunny                                     | Partly Cloudy Cloudy           |
| · ·                                                                       | Raining                                        | Last rain event: $\delta/z/07$ |
| General constitution of                                                   | Hēävy                                          | Medium Light                   |
| General condition of non-septic an<br>Sewage Odor: <u>No</u> Wet above of |                                                | Wet Spongy Soggy               |
|                                                                           | or near system: 100                            | Raw sewage surfacing: NO       |
| Other areas of dampness noted in y                                        | vard: <u>NU</u> Location:                      |                                |
| Photographs taken: <u>VES</u> Wate                                        | r Sample taken: <u>No</u>                      | Parcel # on container:         |
| Section 3. Questions for Home                                             | eowner (only if availa                         | ble at the                     |
| Number of Residents:                                                      |                                                | of at time of survey)          |
| How large is your lot? 34                                                 | acres                                          |                                |
| What kind of sewage system do you                                         | have? (CIRCLE ATT                              | THAT ADDITION                  |
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>OTHER                      | INGROUND BED<br>INGROUND TRENC<br>HOLDING TANK |                                |
|                                                                           |                                                | · · ·                          |
| · · · · ·                                                                 |                                                |                                |

| Where does your laundry and/or sinl                                                             | k water go? (CIRCLE ALL THAT APPLY)               |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|
| SEPTIC TANKO                                                                                    | INGROUND BED                                      |
| CESSPOOL                                                                                        | INGROUND TRENCH                                   |
| . ELEV. SAND MOUND                                                                              | HOLDING TANK                                      |
| PIPE TO SURFACE                                                                                 | OTHER                                             |
| How old is your system?                                                                         | Was it permitted? Y/N When?                       |
| Have you ever noticed any of the fol                                                            |                                                   |
| GREEN LUSH GRASS                                                                                | WETNESS OR SPONGY AREAS                           |
| ODORS                                                                                           | WATER PONDING OR SURFACING                        |
| SLUGGISH DRAINS<br>SYSTEM OVERFLOW                                                              | WASTEWATER BACKING INTO HOME<br>OTHER             |
| The many minter and the second                                                                  |                                                   |
| Was your system ever pumped out?<br>How often? <u> </u>                                         | st time? $9/08$                                   |
| If your system was pumped, was i                                                                | t inspected for cracks or broken baffles? $(Y)_N$ |
| Was your system ever repaired? Y                                                                | N When? Don't Know                                |
| By permit? Y/N                                                                                  |                                                   |
| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACED<br>DRAIN FIELD: REPAIRED / REP | D LINE: REPAIRED / REPLACED<br>PLACED             |
| What kind of water system do you ha                                                             | we? WELL PUBLIC OTHER                             |
| How far from the well from the drain                                                            | field? JUL PUBLIC OTHER                           |
| Is the well uphill or downhill from the Was the water ever tested? $\overline{Y}$ or N.         | e drain field?                                    |
| 4 <sub>4</sub> , <sup>°</sup>                                                                   |                                                   |
| COMMENTS OF PROPERTY OWN<br>PLEASENDTE : LAST BAIN                                              | EVENT VESTERDAY AUG 6,2009                        |
|                                                                                                 | ·                                                 |
|                                                                                                 | ·                                                 |
| COMMENTS OF SURVEYOR:                                                                           |                                                   |
| CAMERAD SINGLE LONG                                                                             | -120 TE LID IN FRONT VAILD.                       |
| NU ODOR OF MALFURCTIO                                                                           | ~ DISELVED.                                       |
|                                                                                                 |                                                   |
|                                                                                                 | ······································            |
|                                                                                                 |                                                   |
| · .                                                                                             | SURVEYOR SIGNATUR                                 |
| ,                                                                                               |                                                   |
|                                                                                                 | ATTATI ala                                        |

| NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                                                                    | •                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Section 1. Preliminary Information                                                                                                                       |                      |
| NAME: JONATHAN'S MONTH RUSS                                                                                                                              | •                    |
| ADDRESS: 81 BOOT RO                                                                                                                                      |                      |
| TAX PARCEL #: 30-22-077                                                                                                                                  |                      |
| SURVEYORS NAME: JOHN RENZO                                                                                                                               |                      |
| Section 2. Observed Conditions Via Visual Survey                                                                                                         |                      |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloudy                                                                                         |                      |
| Raining Last rain event: 8/2/09                                                                                                                          | •                    |
| Heavy Medium                                                                                                                                             | مېرمې مې<br>مېرمې مې |
| Solicital condition of non-septic area grounds: Dry Dann Wet Sponsor                                                                                     |                      |
| Sewage Odor: <u>ND</u> Wet above or near system: <u>ND</u> Raw sewage surfacing: <u>ND</u><br>Other areas of dampness noted in yard: <u>ND</u> Location: |                      |
| Photographs taken: $\sqrt{BS}$ Water Sample taken: $No$ Parcel # on container:                                                                           |                      |
| Section 3. Questions for Homeowner (only if available at time of survey)                                                                                 |                      |
| Number of Residents:                                                                                                                                     | •                    |
| How large is voin 1 to                                                                                                                                   |                      |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                                                                                          |                      |
| SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK                                                                    |                      |
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| SEPTIC TANK                                                                                                                                                                                                                                | INGROUND BED                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CESSPOOL                                                                                                                                                                                                                                   | INGROUND TRENCH                                                                                                                                              |
| ELEV. SAND MOUND<br>PIPE TO SURFACE                                                                                                                                                                                                        | HOLDING TANK<br>OTHER                                                                                                                                        |
| How old is your system?                                                                                                                                                                                                                    | Was it permitted? Y/N When?                                                                                                                                  |
|                                                                                                                                                                                                                                            | following near your septic system?                                                                                                                           |
| GREEN LUSH GRASS                                                                                                                                                                                                                           | WETNESS OR SPONGY AREAS                                                                                                                                      |
| ODORS                                                                                                                                                                                                                                      | WATER PONDING OR SURFACING                                                                                                                                   |
| SLUGGISH DRAINS<br>SYSTEM OVERFLOW                                                                                                                                                                                                         | WASTEWATER BACKING INTO HOME                                                                                                                                 |
| Was your system ever pumped ou                                                                                                                                                                                                             |                                                                                                                                                              |
| How often?                                                                                                                                                                                                                                 | Last time?                                                                                                                                                   |
| If your system was pumped, wa                                                                                                                                                                                                              | as it inspected for cracks or broken baffles? Y/N                                                                                                            |
|                                                                                                                                                                                                                                            |                                                                                                                                                              |
| Was your system ever repaired?                                                                                                                                                                                                             | Y/N When?                                                                                                                                                    |
| By permit? Y/N                                                                                                                                                                                                                             | · · · · · · · · ·                                                                                                                                            |
|                                                                                                                                                                                                                                            |                                                                                                                                                              |
| What part was repaired or replace<br>TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / 1                                                                                                                                                  | ED LINE REPAIRED (DEDI A COD                                                                                                                                 |
| TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / I<br>What kind of water system do you<br>Iow far from the well from the dr<br>s the well uphill or downhill from                                                                        | DED LINE: REPAIRED / REPLACED<br>REPLACED<br>have? WELL PUBLIC OTHER<br>ain field?ft.                                                                        |
| DRAIN FIELD: REPAIRED / REPLAC                                                                                                                                                                                                             | DED LINE: REPAIRED / REPLACED<br>REPLACED<br>have? WELL PUBLIC OTHER<br>ain field?ft.                                                                        |
| TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / I<br>What kind of water system do you<br>Iow far from the well from the dr<br>s the well uphill or downhill from                                                                        | ED       LINE: REPAIRED / REPLACED         REPLACED         have?       WELL         PUBLIC       OTHER         ain field?      ft.         the drain field? |
| TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / 1<br>What kind of water system do you<br>low far from the well from the dr<br>s the well uphill or downhill from<br>Was the water ever tested? Y or N                                   | ED       LINE: REPAIRED / REPLACED         REPLACED         have?       WELL         PUBLIC       OTHER         ain field?      ft.         the drain field? |
| TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / 1<br>What kind of water system do you<br>low far from the well from the dr<br>s the well uphill or downhill from<br>Was the water ever tested? Y or N                                   | ED       LINE: REPAIRED / REPLACED         REPLACED         have?       WELL         PUBLIC       OTHER         ain field?      ft.         the drain field? |
| TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / 1<br>What kind of water system do you<br>Iow far from the well from the dr<br>s the well uphill or downhill from<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV        | ED       LINE: REPAIRED / REPLACED         REPLACED         have?       WELL         PUBLIC       OTHER         ain field?      ft.         the drain field? |
| DRAIN FIELD: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / 1<br>What kind of water system do you<br>low far from the well from the dr<br>s the well uphill or downhill from<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV | ED       LINE: REPAIRED / REPLACED         REPLACED         have?       WELL         PUBLIC       OTHER         ain field?                                   |
| DRAIN FIELD: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / 1<br>What kind of water system do you<br>low far from the well from the dr<br>s the well uphill or downhill from<br>Was the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV | ED       LINE: REPAIRED / REPLACED         REPLACED         have?       WELL         PUBLIC       OTHER         ain field?                                   |
| TANK: REPAIRED / REPLAC<br>DRAIN FIELD: REPAIRED / I<br>What kind of water system do you<br>low far from the well from the dr<br>s the well uphill or downhill from<br>Vas the water ever tested? Y or N<br>COMMENTS OF PROPERTY OV        | ED       LINE: REPAIRED / REPLACED         REPLACED         have?       WELL         PUBLIC       OTHER         ain field?                                   |

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| ) NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                         | ,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>, |
| Section 1. Preliminary Information                                              |                                                                                             |
| NAME: MARIO CALDERONE & OUSAN RIRD PHONE:                                       | ••                                                                                          |
| ADDRESS: 83 BOOT ROAD                                                           |                                                                                             |
| TAX PARCEL #: 30-22-075                                                         |                                                                                             |
| SURVEYORS NAME: JOHN RENZO                                                      |                                                                                             |
| Section 2. Observed Conditions Via Visual Survey                                |                                                                                             |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloudy                | •                                                                                           |
| Raining Last rain event: 8/22/08.                                               |                                                                                             |
| Heavy Medium Light                                                              |                                                                                             |
| General condition of non-septic area grounds: Dry Damp Wet Spongy Soggy         |                                                                                             |
| Other areas of dampness noted in yard: <u>No</u> Location:                      |                                                                                             |
| Photographs taken: <u>4</u> Water Sample taken: <u>N</u> Parcel # on container: |                                                                                             |
| Section 3. Questions for Homeowner (only if available at time of survey)        |                                                                                             |
| Number of Residents:                                                            | * <sub>6</sub>                                                                              |
| How large is your lot?                                                          |                                                                                             |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                 |                                                                                             |
| SEPTIC TANK<br>CESSPOOL<br>ELEV. SAND MOUND<br>OTHER<br>NGROUND TANK            |                                                                                             |
|                                                                                 | -                                                                                           |
|                                                                                 |                                                                                             |
|                                                                                 |                                                                                             |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

-500-

ý 🖓

.: A.J

| SEPTIC TANK                                   | INGROUND BED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · ·    |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| CESSPOOL                                      | INGROUND TRENCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| ELEV. SAND MOUND                              | HOLDING TANK .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| PIPE TO SURFACE                               | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •        |
| How old is your system?                       | Was it permitted? Y / N. When?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| · · ·                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| Have you ever noticed any of the              | following near your septic system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
| GREEN LUSH GRASS                              | WETNESS OR SPONGY AREAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| ODORS                                         | WATER PONDING OR SURFACING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| SLUGGISH DRAINS                               | WASTEWATER BACKING INTO HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| SYSTEM OVERFLOW                               | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
| SISTEMOVERLOW                                 | 0111ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
| Was your system ever pumped ou                | +2 V/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · ·      |
| How often?                                    | Last time?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| The second second second second second second | s it inspected for cracks or broken baffles? Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| It your system was pullped, wa                | is it inspected for clacks of broken battles? 1714                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|                                               | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -        |
| Was your system ever repaired?                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| D                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| By permit? Y/N <sup>.</sup>                   | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •        |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -        |
| What part was repaired or replace             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|                                               | ED LINE: REPAIRED / REPLACED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| DRAIN FIELD: REPAIRED / 1                     | REPLACED .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|                                               | have? WELL PUBLIC OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | :        |
| How far from the well from the dr             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •        |
| Is the well uphill or downhill from           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •        |
| Was the water ever tested? Y or N             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|                                               | <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| COMMENTS OF PROPERTY O                        | WNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| · · · · · · · · · · · · · · · · · · ·         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| •                                             | $\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i$ |          |
| COMMENTS OF SURVEYOR:                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| OBSERVED 2 PLASTIC C                          | worr outs and I pustic GO In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| THE FRONT YARS. 1                             | NO ODON OR MALFUNCTION OTSERVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2°. †    |
| <i>V</i>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| · · · · · · · · · · · · · · · · · · ·         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| · · · · · · · · · · · · · · · · · · ·         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,        |
|                                               | · .·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
|                                               | SURVEYOR SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | JATTIRE- |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|                                               | $\mathcal{A}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Stadie   |
|                                               | - yer k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0100101  |
| •                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | /°       |

## NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information                                       |    |
|--------------------------------------------------------------------------|----|
| NAME: DAVID & Dormer. N.                                                 |    |
| ADDRESS: 93 BOOT RO                                                      |    |
| TAX PARCEL #: 30-22-074                                                  |    |
| SURVEYORS NAME: JOHN RENZO                                               |    |
| Section 2. Observed Conditions Via Visual Survey                         |    |
| Weather conditions at time of survey: Sunny Partly Cloudy Cloud          | X, |
| Raining Last rain event: 8/2/09                                          | y  |
| General condition of non-septic area grounds: Dry Damy Wet Spongy Sogge  |    |
| Sewage Odor: No Wet above or personal day                                |    |
| Other areas of dampness noted in yard: <u>UO</u> Location:               |    |
| Photographs taken: VEI Water Sample taken: ND Parcel # on container:     |    |
| Section 3. Questions for Homeowner (only if available at time of survey) | •  |
| Number of Residents:                                                     |    |
| How large is your lot?                                                   |    |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)          |    |
| CESSPOOL STO DE INGROUND BED                                             |    |
| ELEV. SAND MOUND HOLDING TANK                                            |    |
|                                                                          |    |

|                                                      | **************************************         |  |  |
|------------------------------------------------------|------------------------------------------------|--|--|
|                                                      |                                                |  |  |
| Where does your laundry and/or si                    | nk water go? (CIRCLE ALL THAT APPLY)           |  |  |
|                                                      |                                                |  |  |
| SEPTIC TANK                                          | INGROUND BED                                   |  |  |
| CESSPOOL                                             | INGROUND TRENCH                                |  |  |
| ELEV SAND MOUND                                      | HOLDING TANK                                   |  |  |
| PIPE TO SURFACE                                      | OTHER                                          |  |  |
| •                                                    |                                                |  |  |
| How old is your system?                              | Was it permitted? Y/N When?                    |  |  |
|                                                      |                                                |  |  |
| Have you ever noticed any of the f                   | ollowing near your septic system?              |  |  |
| GREEN LUSH GRASS                                     | WETNIEGO OD OD OLOTI I DE I                    |  |  |
| ODORS                                                | WETNESS OR SPONGY AREAS                        |  |  |
| SLUGGISH DRAINS                                      | WATER PONDING OR SURFACING                     |  |  |
| SYSTEM OVERFLOW                                      | WASTEWATER BACKING INTO HOME                   |  |  |
| ··                                                   | OTHER                                          |  |  |
| Was your system ever pumped out                      | · Part                                         |  |  |
| How often? Free Mart                                 | ( C/N                                          |  |  |
| How often? Every Yr. L                               | ast time?                                      |  |  |
| If your evictors are a l                             |                                                |  |  |
| II your system was pumped, was                       | it inspected for cracks or broken baffles? Y/N |  |  |
| Was vour eveters and in 10 78                        |                                                |  |  |
| Was your system ever repaired?                       | 27 N When?                                     |  |  |
| By permit? $\sqrt{N}/N$                              | ······································         |  |  |
| by perimiti ()/ N                                    |                                                |  |  |
| What part was an in the target                       | . ·                                            |  |  |
| What part was repaired or replaced?                  |                                                |  |  |
| TTE A DEPARCED / REPLACE                             | D LINE: REPAIRED / REPLACED,                   |  |  |
| DRAIN FIELD: REPAIRED/R                              | EPLACED -> ADOITIONAL PIT (FIELD TRISTANCO     |  |  |
|                                                      |                                                |  |  |
| What kind of water system do you h                   | have? WELL PUBLIC. OTHER                       |  |  |
| How far from the well from the drai                  | n field?ft.                                    |  |  |
| Is the well uphill or downhill from the drain field? |                                                |  |  |
| Was the water ever tested? Y or N                    |                                                |  |  |
|                                                      |                                                |  |  |
| COMMENTS OF PROPERTY OW                              |                                                |  |  |
| Dir PROBLEMS WITH SE                                 | price System. ADOMONTON DRAW Fred from         |  |  |
| The instance a final in 2-                           |                                                |  |  |
|                                                      | THE AGO. WELLEND & PERMIT IN INS               |  |  |
|                                                      |                                                |  |  |
| COMMENTS OF SURVEYOR:                                | , · · · · ·                                    |  |  |
| OBSERVED 7. CLEANOUTS                                | + 2 CONCLETE CIDS In FRONT                     |  |  |
| MARD. ANEA DIARTIM                                   | ANTALENE CONTRECTOR FRONT                      |  |  |
| SIGNS OF Transform                                   | ADJALENT B CONCLETE LIDERIBITING               |  |  |
| REST OF THE YOLD.                                    |                                                |  |  |
|                                                      |                                                |  |  |
|                                                      |                                                |  |  |

• •

SURVEYOR SIGNATURE:

8/7/09  $\hat{O}$ 

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## NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| -                                                    |                                                |
|------------------------------------------------------|------------------------------------------------|
| Section 1. Preliminary Information                   | · · ·                                          |
| NAME: LOUIS VASTARDIS.                               | PHONE:                                         |
| ADDRESS: 97 Boost Dons                               |                                                |
| TAX PARCEL #: 30-22-073                              |                                                |
| SURVEYORS NAME: JOHN PEI                             | NZJ                                            |
| Section 2. Observed Conditions Via                   | Visual Survey                                  |
| Weather conditions at time of survey:                | Sunny Partly Cloudy Cloudy                     |
|                                                      | Raining Last rain event: 8/18/01               |
|                                                      | ·Heavy Medium Light                            |
| General condition of non-septic area ground          | ds: Dry Damp Wet Spongy Soggy .                |
|                                                      | ystem: <u>M</u> Raw sewage surfacing: <u>M</u> |
| Other areas of dampness noted in yard: $\mathcal{M}$ |                                                |
| Photographs taken: <u>405</u> Water Sample           | e taken: <u>Mo</u> Parcel # on container:      |
| Section 3. Questions for Homeowner                   | (only if available at time of survey)          |
| Number of Residents:                                 |                                                |
| How large is your lot?                               |                                                |
| What kind of sewage system do you have?              | (CIRCLE ALL THAT APPLY)                        |
| CESSPOOL                                             | OUND BED<br>OUND TRENCH<br>DING TANK           |
|                                                      |                                                |

Where does your laundry and/or sink water go? (RCLE ALL THAT APPLY)

SEPTIC TANK CESSPOOL ELEV. SAND MOUND PIPE TO SURFACE INGROUND BED INGROUND TRENCH HOLDING TANK

OTHER

WETNESS OR SPONGY AREAS WATER PONDING OR SURFACING

WASTEWATER BACKING INTO HOME

How old is your system? \_\_\_\_\_ Was it permitted? Y/N When? \_\_\_\_\_

Have you ever noticed any of the following near your septic system?

GREEN LUSH GRASS ODORS SLUGGISH DRAINS SYSTEM OVERFLOW

Was your system ever pumped out? Y/N How often? Last time?

 $\sim$  If your system was pumped, was it inspected for cracks or broken baffles?  $\dot{Y}$  / N  $\sim$  .

Was your system ever repaired? Y/N When? \_

By permit? Y/N

What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED

What kind of water system do you have? WELL PUBLIC OTHER How far from the well from the drain field? \_\_\_\_\_\_ ft. Is the well uphill or downbill from the drain field? \_\_\_\_\_\_ Was the water ever tested? Y or N

COMMENTS OF PROPERTY OWNER:

COMMENTS OF SURVEYOR: <u>OBSERVED</u> DUDOTIL VENT IR FRONT YARD.

NO ODON ON MALEMATION OBSERVED.

SURVEYOR SIGNATURE:

|                                                                                                                        | ,       |    |
|------------------------------------------------------------------------------------------------------------------------|---------|----|
| ) NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                                                                |         |    |
| Section 1. Preliminary Information                                                                                     | ·       |    |
| NAME: TIMOTHY & DEZONARY JOHNSON PHONE.                                                                                |         |    |
| ADDRESS: 111 BOOT RD                                                                                                   | ·       |    |
| TAX PARCEL #: 30-21-032                                                                                                |         |    |
| SURVEYORS NAME: JOHN RENZO                                                                                             |         |    |
| Section 2. Observed Conditions Via Visual Survey                                                                       | 10      |    |
| weather conditions at time of surviv                                                                                   | _       |    |
|                                                                                                                        | oudy    |    |
| Raining Last rain event: $8/2$                                                                                         | ຸ       | •  |
| General condition of non-co-ci                                                                                         |         |    |
| General condition of non-septic area grounds: Dry Damp Wet Spongy Soggy<br>Sewage Odor: <u>Market</u> Wet above or per | <i></i> |    |
|                                                                                                                        | ب       |    |
| Photographs to Location:                                                                                               | _       | ч. |
| Water Sample taken: Mo Parcel # on container:                                                                          |         |    |
| Section 3. Questions for Homeowner (only if available at time of survey)<br>Number of Residents:                       |         |    |
| Number of Residents:                                                                                                   | • •     | ·  |
| How large is your lot?                                                                                                 |         |    |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                                                        |         |    |
| CESSBOOT INGROUND BED                                                                                                  | ,       |    |
| ELEV. SAND MOUND HOLDING TANK                                                                                          |         |    |
|                                                                                                                        |         | ,  |
|                                                                                                                        |         |    |

L

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)

VAN STREET, C.

| SEPTIC TANK<br>CESSPOOL                                                                                                                                 | INGROUND BED<br>INGROUND TRENCH                                                                |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------|
| ELEV. SAND MOUND<br>PIPE TO SURFACE                                                                                                                     | HOLDING TANK<br>OTHER                                                                          |                      |
| How old is your system?                                                                                                                                 | Was it permitted? Y/N When?                                                                    | .+ .                 |
| Have you ever noticed any of the f                                                                                                                      | ollowing near your septic system?                                                              | · ·                  |
| GREEN LUSH GRASS<br>ODORS<br>SLUGGISH DRAINS<br>SYSTEM OVERFLOW                                                                                         | WETNESS OR SPONGY AREAS<br>WATER PONDING OR SURFACING<br>WASTEWATER BACKING INTO HOME<br>OTHER |                      |
| Was your system ever pumped out?<br>How often? L                                                                                                        | YY/N .                                                                                         | •<br>- • ′ <u>-</u>  |
| If your system was pumped, was                                                                                                                          | it inspected for cracks or broken baffles? Y/N                                                 | ,<br>,               |
| Was your system ever repaired? Y                                                                                                                        | /N When?                                                                                       |                      |
| By permit? Y/N                                                                                                                                          |                                                                                                |                      |
| What part was repaired or replaced?<br>TANK: REPAIRED / REPLACE<br>DRAIN FIELD: REPAIRED / RI                                                           | D INF-REPARED (DEDI 4000                                                                       | • .                  |
| What kind of water system do you h<br>How far from the well from the drai<br>Is the well uphill or downhill from t<br>Was the water ever tested? Y or N | n field?                                                                                       |                      |
| .COMMENTS OF PROPERTY OW                                                                                                                                | NER:                                                                                           |                      |
|                                                                                                                                                         |                                                                                                |                      |
| COMMENTS OF SURVEYOR:<br>Drup Fridow Tion System<br>I SEPTIC TANK IN From                                                                               | - ORSERVED AJONAVUL UNIT, JE<br>T YANS- NO MALFUNCTION DISS                                    | T Tank<br>ERVED      |
| /                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                          |                      |
|                                                                                                                                                         |                                                                                                |                      |
|                                                                                                                                                         | SURVEYOR SIG                                                                                   | GNATURE:<br>× 8/7/0° |

NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION Section 1. Preliminary Information NAME: POBERS & DONOTALY CURRY PHONE: ADDRESS: 113. Boor Ro TAX PARCEL #: 30-71-031 SURVEYORS NAME: JOHN RENZO Section 2. Observed Conditions Via Visual Survey Weather conditions at time of survey: · Sunny Partly Cloudy Cloudy ' Raining Last rain event: 8 Heavy Medium General condition of non-septic area grounds; Dry Damp Wet Spongy Soggy Sewage Odor: <u>Mo</u> Wet above or near system: <u>Mo</u> Raw sewage surfacing: No Other areas of dampness noted in yard: M Location: Photographs taken: Yer Water Sample taken: <u>No</u> Parcel # on container:\_\_\_\_ Section 3. Questions for Homeowner (only if available at time of survey) Number of Residents: How large is your lot?\_\_ \_\_\_\_ What kind of sewage system do you have? (CIRCLE ALL THAT APPLY) SEPTIC TANK INGROUND BED SESSPOOF-INGROUND TRENCH ELEV. SAND MOUND HOLDING TANK OTHER

| Where does                   | your laundry and/or si                                                                              | ink water go? (CIRCLE ALL THAT APPLY)                                                                                      |                                       |
|------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                              |                                                                                                     | . utof                                                                                                                     |                                       |
|                              | TIC TANK                                                                                            | INGROUND BED                                                                                                               |                                       |
|                              | SPOOL                                                                                               | INGROUND TRENCH                                                                                                            |                                       |
|                              | V. SAND MOUND                                                                                       | HOLDING TANK                                                                                                               |                                       |
| PIPE                         | E TO SURFACE                                                                                        | OTHER                                                                                                                      |                                       |
| How old is y                 | your system?                                                                                        | Wasut permitted? ()/ N When?                                                                                               |                                       |
| Have you ev                  | /er noticed any of the f                                                                            | following near your septie system?                                                                                         | •                                     |
| , GBE                        | EN LUSH GRASS                                                                                       | WETNER'S OD ODOLOTE LED LO                                                                                                 |                                       |
| · ODC                        |                                                                                                     | WETNES'S OR SPONGY AREAS<br>WATER PONDING OR SURFACING                                                                     |                                       |
|                              | GGISH DRAINS                                                                                        | WATER FONDING OK SURFACING<br>WASTEWATER BACKING INTO HOME                                                                 |                                       |
|                              | TEM OVERFLOW                                                                                        | OTHER                                                                                                                      |                                       |
| Was your sy                  | stem ever pumped out                                                                                | 2/V/N                                                                                                                      |                                       |
| How ofter                    | a? '3 yrs L                                                                                         | ast time? <u>1-2 MTHS</u> .                                                                                                | •                                     |
|                              |                                                                                                     |                                                                                                                            | •                                     |
| If your sys                  | stem was pumped, was                                                                                | s it inspected for cracks or broken baffles? Y/N                                                                           |                                       |
| Was your sy                  | stem ever repaired? (                                                                               | O/N When? G JAS                                                                                                            |                                       |
| By permit?                   | <b>N</b> N                                                                                          | D/N When? <u>Gyns</u><br>New System Instances                                                                              |                                       |
| What part wa                 |                                                                                                     |                                                                                                                            |                                       |
| TANK P                       | as repaired or replaced                                                                             |                                                                                                                            |                                       |
| DRAME'                       | IELD: REPAIRED / R                                                                                  | ED LINE: REPAIRED / REPLACED                                                                                               |                                       |
|                              |                                                                                                     | EPLACED .                                                                                                                  |                                       |
| What kind of                 | f water s <b>ystem do</b> you l                                                                     | have? WELD PUBLIC OTHER                                                                                                    |                                       |
| How far fron                 | n the well from the drai                                                                            | in field? 100 + ft                                                                                                         |                                       |
| Is the well ur               | phill or downhill from i                                                                            |                                                                                                                            |                                       |
|                              | in or do minin hom                                                                                  | the drain field?                                                                                                           |                                       |
| Was the wate                 | er ever tested? Dr N                                                                                | the drain field? <u> </u>                                                                                                  |                                       |
| Was the wate                 | er ever tested? Yor N                                                                               | · · · · · · · · · · · · · · · · · · ·                                                                                      |                                       |
| COMMENT                      | er ever tested? The N<br>S OF PROPERTY OW                                                           | /NER:                                                                                                                      |                                       |
| COMMENT                      | Er ever tested ? Yor N<br>S OF PROPERTY OW<br>PUMPED A FEL                                          | VNER:<br>LATONTIAS AGO, SERVICE TUDIO                                                                                      |                                       |
| COMMENT                      | Er ever tested ? Yor N<br>S OF PROPERTY OW<br>PUMPED A FEL                                          | /NER:                                                                                                                      |                                       |
| Was the wate<br>COMMENT:<br> | S OF PROPERTY OW<br>PUMPED A FEL<br>VOLE Tor (Am                                                    | VNER:<br>LATONTIAS AGO, SERVICE TUDIO                                                                                      |                                       |
| COMMENTS                     | S OF SURVEYOR:                                                                                      | INER:<br>1 MONTHS GOO, SERVICE INDIGNATO<br>7 GODD CONDITION                                                               |                                       |
| COMMENTS                     | S OF SURVEYOR:                                                                                      | Ther:<br>1 Atomptic Alto, Stanick Indiantes<br>7 Good Compition                                                            |                                       |
| COMMENTS                     | S OF SURVEYOR:                                                                                      | Ther:<br>1 Atomptic Alto, Stanick Indiantes<br>7 Good Compition                                                            |                                       |
| COMMENTS                     | S OF SURVEYOR:                                                                                      | TNER:<br>1 ATONTIAS ALTO, SERVICE, INDIANTED<br>7 GEORG COMPITIONS<br>E- GROUND SYSTEM INSTANTED<br>BOUS SYSTEM FOR PARAME | · · · · · · · · · · · · · · · · · · · |
| COMMENTS                     | S OF PROPERTY OW<br>PUMPED A FEL<br>VENE Tor LASA<br>S OF SURVEYOR:<br>ESTURE DOJEO<br>L RUN NAME T | TNER:<br>1 ATONTIAS ALTO, SERVICE, INDIANTED<br>7 GEORG COMPITIONS<br>E- GROUND SYSTEM INSTANTED<br>BOUS SYSTEM FOR PARAME |                                       |
| COMMENTS                     | S OF PROPERTY OW<br>PUMPED A FEL<br>VENE Tor LASA<br>S OF SURVEYOR:<br>ESTURE DOJEO<br>L RUN NAME T | TNER:<br>1 ATONTIAS ALTO, SERVICE, INDIANTED<br>7 GEORG COMPITIONS<br>E- GROUND SYSTEM INSTANTED<br>BOUS SYSTEM FOR PARAME | ·<br>·                                |

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|                                                |                               | р. т.<br>-                            |                                        |   |
|------------------------------------------------|-------------------------------|---------------------------------------|----------------------------------------|---|
| -7 -                                           |                               |                                       | •                                      |   |
|                                                | · ·                           | ۰.                                    |                                        |   |
|                                                | NEWTOWN T                     | (ATTATATA)                            |                                        |   |
| ,                                              | DOOR-TO-J                     | OWNSHIP                               | * •                                    |   |
|                                                | VISUAL INSP                   | FCTION                                |                                        |   |
| Section 1. Prelimina                           |                               |                                       |                                        |   |
|                                                | ry Information                |                                       |                                        |   |
| NAME: STEVE F.K.                               | HARYN GOND                    | DUCNE                                 |                                        |   |
| ADDRESS: 115 Boot                              | Rada :                        | PHONE:                                | ·                                      |   |
| •                                              |                               |                                       |                                        |   |
| TAX PARCEL # <u>31-7</u>                       |                               | • •                                   | · ·                                    |   |
| SURVEYORS NAME:                                | JOHN RENZO                    |                                       |                                        |   |
|                                                |                               |                                       | 1                                      |   |
| Section 2. Observed (                          | Conditions Via Visual Sur     | · · · · · · · · · · · · · · · · · · · |                                        |   |
| Weather conditions of the                      | i a state i na visual Sur     | vey ·                                 | •                                      |   |
| Weather conditions at time                     | of survey: Sunny .            | Partly Cloudy                         | Cloudy                                 |   |
|                                                | Raining                       |                                       |                                        |   |
| $\gamma$ · · · · · · · · · · · · · · · · · · · |                               | Last rain event: 8/                   | 1/09                                   |   |
| General conditions                             | Heavy                         | Medium Light                          | ···· *                                 |   |
| General condition of non-se                    | ptic area grounds: Dry Da     | amp Wet Spongy Sog                    | · · ·                                  |   |
| . Sewage Odor: <u>Jes</u> Wet a                | bove or near system: Ver      |                                       |                                        |   |
| Other areas of dampness not                    | ed in word. A cn x            | Raw sewage surfacing                  | <u>::Yes</u>                           |   |
| Dhate 1                                        | •                             |                                       | ·····                                  | • |
| Photographs taken: 45                          | Water Sample taken:           | Parcel # on container:_               | ************************************** |   |
| Section 2                                      |                               |                                       |                                        |   |
| Section 3. Questions for                       | Homeowner (only if avai       | lable at time of survey)              |                                        |   |
| Number of Residents:                           | 4                             | and ox survey)                        |                                        |   |
| How large is your lot?                         |                               |                                       |                                        |   |
|                                                |                               | ··· .                                 |                                        |   |
| What kind of sewage system of                  | lo you have? (CIRCLE AT       | L THAT ADDI TO                        | *                                      |   |
| SEPTIC TANK                                    |                               | ~ ALLAL ALLEY)                        | · ·                                    |   |
| ESSPOOL                                        | INGROUND BED<br>INGROUND TREN | юц · · ·                              | *•                                     |   |
| ELEV SAND MOUN<br>OTHER                        | D HOLDING TANK                |                                       | ł                                      |   |
| ) ·                                            |                               |                                       | •                                      |   |
| -                                              |                               |                                       |                                        |   |
|                                                |                               |                                       |                                        |   |

Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY) SEPTIC TANK INGROUND BED CESSPOOR \* INGROUND TRENCH ELEV. SAND MOUND-HOLDINGTANK PIPE TO SURFACE OTHER. How old is your system? 1970's Was it permitted? Y/N When? Have you ever noticed any of the following near your septic system? GREEN LUSH GRASS WETNESS OR SPONGY AREAS ODORS WATER FONDING OR SURFACING SLUGGISH DRAINS WASTEWATER BACKING INTO HOME SYSTEM OVERFLOW OTHER Was your system ever pumped out? (2)/ N How often? Every 3 Last time? LAFEKS If your system was pumped, was it inspected for cracks or broken baffles? Y/N Was your system ever repaired? Y/N When? UNKNOWN. By permit? Y/N What part was repaired or replaced? TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED DRAIN FIELD: REPAIRED / REPLACED What kind of water system do you have? (WELL) PUBLIC OTHER How far from the well from the drain field? 100+ ft. Is the well uphill or downhill from the drain field? \_\_\_\_\_ Was the water ever tested? Yor N COMMENTS OF PROPERTY OWNER: CAUNDRY REBULARLY DONE OFF SIFE. FRUSTRANTED DELAY IN DECISION. Ward LIVE RESOLUTION TO PURIC SEWER ISSUE COMMENTS OF SURVEYOR: OBSERVED CONNETE LID. OBSERVED BEWAGE OURFALING APPLOY. 15 PT FROM. LID. SHIGHT OD.OR. System was pumpto TODAY PRION N. SUKVERY. SURVEYOR SIGNATURE

## NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Information                                                    |
|---------------------------------------------------------------------------------------|
| NAME: CHARLES BRENNAND                                                                |
| ADDRESS: 205 CARAGE CARE                                                              |
| TAX PARCEL #: 30-22-067:012                                                           |
| SURVEYORS NAME: JOHN RENZO                                                            |
| Section 2. Observed Conditions Via Visual Survey                                      |
| Weather conditions at time of survey. Sunny Partly Cloudy Cloudy                      |
| Raining Last rain event: 8/15/09                                                      |
| Heavy Medium                                                                          |
| Sewage Odor A a Weit Spongy Soggy                                                     |
| wet above or near system: NO Raw sewage on f                                          |
| Location:                                                                             |
| Photographs taken: Yes, Water Sample taken: No Parcel # on container:                 |
| Section 3. Questions for Homeowner (only if available at time of survey)              |
| Number of Residents:                                                                  |
| How large is your lot?                                                                |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                       |
| SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK |
|                                                                                       |

| g **                                  |                                                  |
|---------------------------------------|--------------------------------------------------|
|                                       |                                                  |
| Where does your laundry and/or su     | nk water go? (CIRCLE ALL THAT APPLY)             |
|                                       |                                                  |
| SEPTIC TANK                           | INGROUND BED<br>INGROUND TRENCH                  |
| CESSPOOL                              |                                                  |
| ELEV. SAND MOUND                      |                                                  |
| PIPE TO SURFACE                       | OTHER                                            |
| tt                                    | Was it permitted? Y/N When?                      |
| How old is your system?               |                                                  |
| Have you ever noticed any of the f    | ollowing near your septic system?                |
|                                       |                                                  |
| GREEN LUSH GRASS                      | WETNESS OR SPONGY AREAS                          |
| ODORS                                 | WATER PONDING OR SURFACING                       |
|                                       | WASTEWATER BACKING INTO HOME                     |
| SYSTEM OVERFLOW                       |                                                  |
|                                       |                                                  |
| Was your system ever pumped out       | t? Y/N                                           |
| How often?                            | Last time?                                       |
|                                       |                                                  |
| If your system was pumped, wa         | s it inspected for cracks or broken baffles? Y/N |
|                                       |                                                  |
| Was your system ever repaired?        | Y/N When?                                        |
|                                       |                                                  |
| By permit? Y/N                        |                                                  |
| What part was repaired or replace     | 42                                               |
| TANK PEPARED / REPLAC                 | ED LINE: REPAIRED / REPLACED                     |
| DRAIN FIELD: REPAIRED / I             |                                                  |
|                                       |                                                  |
| What kind of water system do you      | have? WELL PUBLIC OTHER                          |
| How far from the well from the dr     |                                                  |
| Is the well uphill or downhill from   |                                                  |
| Was the water ever tested? Y or h     |                                                  |
|                                       |                                                  |
| COMMENTS OF PROPERTY O                | WNER:                                            |
| •                                     | ·                                                |
|                                       |                                                  |
|                                       | · · ·                                            |
| •                                     |                                                  |
| COMMENTS OF SURVEYOR:                 |                                                  |
| OBSERVED Two TANK                     | (DS AND CLEAMOUTS IN FRONT MARS:                 |
| NO DOON ON MALFONC                    | FIDM OBSERVED                                    |
|                                       | · · · · · · · · · · · · · · · · · · ·            |
|                                       |                                                  |
| · · · · · · · · · · · · · · · · · · · |                                                  |
| •                                     | •                                                |
|                                       | SURVEYOR SIGNATURE:                              |
|                                       |                                                  |
|                                       | X5 K - 8/18/05                                   |
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| )<br>NEWTOWN TOWNSHIP<br>DOOR-TO-DOOR<br>VISUAL INSPECTION                            | •<br>•    |                    |   |
|---------------------------------------------------------------------------------------|-----------|--------------------|---|
| Section 1. Preliminary Information                                                    | -         |                    |   |
| NAME: POBERT & NAMETTE ZAKIAN. PHONE.                                                 |           |                    |   |
| ADDRESS 703 CHERCELAKIAN PHONE:                                                       |           |                    |   |
| ADDRESS: 203 CAERALIE (ANE.                                                           | ·         | •                  |   |
| TAX PARCEL #: 30-22-067:013                                                           |           |                    |   |
| SURVEYORS NAME: JOHN RENZO                                                            |           |                    |   |
| Section 2. Observed Condition II                                                      |           |                    |   |
| Conditions Via Visual Survey                                                          |           |                    |   |
| Weather conditions at time of survey Sunny Partly Cloudy Cloud                        | v.        |                    |   |
| Raining Last rain event: 8/15/07                                                      | 5         |                    |   |
| Heavy Medium Light                                                                    | -<br>, ^- |                    |   |
| Sewage Odor: NO Wet above or page and                                                 | ·<br>·    |                    |   |
| Other areas of dampness noted in yard: <u>Mo</u> Location:                            |           | -                  |   |
| Photographs taken: YES Water Sample taken: ND Parcel # on container:                  |           |                    | - |
| Section 3. Questions for Homeowner (only if available at time of survey)              |           | 4 . <sup>1</sup> . |   |
| Number of Residents:                                                                  |           |                    |   |
| How large is your lot?                                                                |           |                    |   |
| What kind of sewage system do you have? (CIRCLE ALL THAT APPLY)                       |           |                    |   |
| SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH<br>ELEV. SAND MOUND HOLDING TANK |           |                    |   |
|                                                                                       |           | *                  |   |
|                                                                                       |           |                    |   |

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| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)<br>SEPTIC TANK INGROUND BED<br>CESSPOOL INGROUND TRENCH |                                       |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)<br>SEPTIC TANK INGROUND BED                             |                                       |
| Where does your laundry and/or sink water go? (CIRCLE ALL THAT APPLY)<br>SEPTIC TANK INGROUND BED                             |                                       |
| SEPTIC TANK INGROUND BED                                                                                                      |                                       |
|                                                                                                                               |                                       |
|                                                                                                                               |                                       |
| CESSPOOL INGROUND TRENCH                                                                                                      |                                       |
| ELEV. SAND MOUND HOLDING TANK                                                                                                 |                                       |
| PIPE TO SURFACE OTHER                                                                                                         |                                       |
| How old is your system? Was it permitted? Y / N When?                                                                         |                                       |
| Have you ever noticed any of the following near your septic system?                                                           |                                       |
| GREEN LUSH GRASS WETNESS OR SPONGY AREAS                                                                                      | • •                                   |
| ODORS WATER PONDING OR SURFACING                                                                                              |                                       |
| SLUGGISH DRAINS . WASTEWATER BACKING INTO HOME                                                                                |                                       |
| · SYSTEM OVERFLOW OTHER                                                                                                       | ,                                     |
|                                                                                                                               |                                       |
| Was your system ever pumped out? Y/N                                                                                          | -                                     |
| How often? Last time?                                                                                                         | •                                     |
| If your system was pumped, was it inspected for cracks or broken baffles? Y/N                                                 | •                                     |
| Was your system ever repaired? Y/N When?                                                                                      |                                       |
| By permit? Y/N                                                                                                                |                                       |
| What part was repaired or replaced?                                                                                           | • .•                                  |
| TANK: REPAIRED / REPLACED LINE: REPAIRED / REPLACED                                                                           | ۰.                                    |
| DRAIN FIELD: REPAIRED / REPLACED                                                                                              | •                                     |
| What kind of water system do you have? WELL PUBLIC OTHER                                                                      | .5                                    |
| What kind of water system do you have? WELL PUBLIC OTHER<br>How far from the well from the drain field? ft.                   |                                       |
| Is the well uphill or downhill from the drain field?                                                                          | •                                     |
| Was the water ever tested? Y or N                                                                                             |                                       |
|                                                                                                                               |                                       |
| COMMENTS OF PROPERTY OWNER:                                                                                                   |                                       |
|                                                                                                                               | · · ·                                 |
|                                                                                                                               |                                       |
|                                                                                                                               |                                       |
|                                                                                                                               |                                       |
| COMMENTS OF SURVEYOR:                                                                                                         |                                       |
| COMMENTS OF SURVEYOR:                                                                                                         | ,                                     |
| COMMENTS OF SURVEYOR:                                                                                                         |                                       |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CHERMONTS AND TWO TANK LIPS IN FRONT                                                      | · · · · · · · · · · · · · · · · · · · |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CHERMONTS AND TWO TANK LIPS IN FRONT                                                      |                                       |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CHERMONTS AND TWO TANK LIPS IN FRONT                                                      | · · · · · · · · · · · · · · · · · · · |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CURRINGED AND TWO TANK LIPS IN FRONT<br>JANS. NO ODON ON MALFUNILTION DESERVED.           | · · · · · · · · · · · · · · · · · · · |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CHERMONTS AND TWO TANK LIPS IN FRONT                                                      | · · · · · · · · · · · · · · · · · · · |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CUERMONTS AND TWO TANK LIPS IN FRONT<br>JANS. NO ODON ON MALFINILTION DESERVED.           | · · · · · · · · · · · · · · · · · · · |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CUERMONTS AND TWO TANK LIPS IN FRONT<br>JANS. NO ODON ON MALFUNICTION DESERVED.           | · · · · · · · · · · · · · · · · · · · |
| COMMENTS OF SURVEYOR:<br>OBSERVED 4 CUERMONTS AND TWO TANK LIPS IN FRONT<br>Jaco. No Open on Manformation OBSERVED.           | · · · · · · · · · · · · · · · · · · · |

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## NEWTOWN TOWNSHIP DOOR-TO-DOOR VISUAL INSPECTION

| Section 1. Preliminary Informatio                | ם                                 |                                       |
|--------------------------------------------------|-----------------------------------|---------------------------------------|
| NAME: WILLIAM & JUDITA 1                         | MYERS                             | PHONE:                                |
| ADDRESS: 300 CRUM CRE                            | EK LANS                           |                                       |
| TAX PARCEL #: 30-22-052                          |                                   |                                       |
| SURVEYORS NAME JOHN 72                           | ENZO                              |                                       |
| Section 2. Observed Conditions Via               | Visual Surv                       | су                                    |
| Weather conditions at time of survey:            | Sunny                             | Partly Cloudy Cloudy                  |
| · .                                              | Raining                           | Last rain event: . 8/15/09            |
| ) .                                              | Heavy                             | Medium Light                          |
| General condition of non-septic area grour       | nds: Dry Da                       | mp Wet Spongy Soggy                   |
| Sewage Odor: <u>NO</u> Wet above or near s       |                                   | Raw sewage surfacing: NO              |
| Other areas of dampness noted in yard: <u>No</u> | _ Location:                       | , , , , , , , , , , , , , , , , , , , |
| Photographs taken: <u>Yes</u> Water Sampl        | e taken: <u>NO</u>                | Parcel # on container:                |
| Section 3. Questions for Homeowner               | (only if avail                    | able at time of survey)               |
| Number of Residents:                             |                                   | •                                     |
| How large is your lot?                           |                                   |                                       |
| What kind of sewage system do you have?          | (CIRCLE AL                        | L THAT APPLY)                         |
| ELEV CANEN COME INGRO                            | OUND BED<br>OUND TREN<br>ING TANK | СН                                    |
| - · · · · · ·                                    |                                   |                                       |

| SEPTIC TANK                                                             | INGROUND BED                                     |
|-------------------------------------------------------------------------|--------------------------------------------------|
| CESSPOOL                                                                | INGROUND TRENCH                                  |
| ELEV. SAND MOUND                                                        | HOLDING TANK                                     |
| PIPE TO SURFACE                                                         | OTHER                                            |
| Iow old is your system?                                                 | Was it permitted? Y/N When?                      |
| Have you ever noticed any of the f                                      | following near your septic system?               |
| GREEN LUSH GRASS                                                        | WETNESS OR SPONGY AREAS                          |
| ODORS .                                                                 | WATER PONDING OR SURFACING                       |
| SLUGGISH DRAINS<br>SYSTEM OVERFLOW                                      | WASTEWATER BACKING INTO HOME<br>OTHER            |
|                                                                         |                                                  |
| Was your system ever pumped out<br>How often?                           | t?Y/N·<br>Last time?                             |
|                                                                         |                                                  |
| If your system was pumped, wa                                           | s it inspected for cracks or broken baffles? Y/N |
| Was your system ever repaired?                                          | Y/N When?                                        |
| By permit? Y/N                                                          |                                                  |
| What part was repaired or replaced                                      |                                                  |
| DRAIN FIELD: REPAIRED / REPLAC                                          | ED LINE: REPAIRED / REPLACED                     |
|                                                                         |                                                  |
| What kind of water system do you                                        |                                                  |
| Iow far from the well from the dr                                       |                                                  |
| s the well uphill or downhill from<br>Was the water ever tested? Y or N | 1                                                |
|                                                                         | •                                                |
| COMMENTS OF PROPERTY O                                                  | WNER:                                            |
| · · · · · · · · · · · · · · · · · · ·                                   | ·                                                |
|                                                                         |                                                  |
|                                                                         |                                                  |
| COMMENTS OF SURVEYOR:                                                   |                                                  |
| OBJERVER 3 PLASTIL                                                      | CLEANOUTS. T. REAL SIDE YARS.                    |
| SCIUNAT SEPTIL ODON. (                                                  | -ONTRACTOR ON-SITE INDUSTED FREQU                |
|                                                                         | <u>, U *.</u>                                    |
| Smonr ODON OBJERNE                                                      |                                                  |

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J-R 8/20/09

| NEWTOWN   | TOWNSHIP |
|-----------|----------|
| DOOR-T    |          |
| VISUAL IN | SPECTION |

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| Section 1. Preliminary Information                         | DD - 2                   |                                       |
|------------------------------------------------------------|--------------------------|---------------------------------------|
| NAME: PETER & LINDA CRISA                                  |                          | _ PHONE:                              |
| ADDRESS: 302 Crum Cree                                     |                          |                                       |
| TAX PARCEL #: 30-22-05]                                    |                          |                                       |
| SURVEYORS NAME: JOHN RE                                    |                          |                                       |
| Section 2. Observed Conditions Viz                         | - Viewel's               | · · · · · · · · · · · · · · · · · · · |
| Weather conditions at time of survey:                      | Sunny                    | Partly Cloudy Cloudy                  |
|                                                            | Raining                  | Last rain event: 8/13/09              |
| )                                                          | Heavy                    | Medium Light                          |
| General condition of non-septic area grou                  | nds: Dry Dam             | Wet Spongy Soggy                      |
| Sewage Odor: <u>ND</u> Wet above or near s                 | system: <u>m</u>         | Raw sewage surfacing: <u>NO</u>       |
| Other areas of dampness noted in yard: <u>Market areas</u> | D Location:              | · · ·                                 |
| Photographs taken: 45 Water Samp                           | le taken: <u>PD</u>      | Parcel # on container:                |
| Section 3. Questions for Homeowner                         | c (only if availa        | ble at time of survey)                |
| Number of Residents:                                       |                          | ,                                     |
| How large is your lot?                                     |                          |                                       |
| What kind of sewage system do you have?                    | (CIRCLE ALI              | , ΤΗΑΤ ΑΡΡΙ Υ                         |
| SEPTIC TANK INGR<br>CESSPOOL INGR<br>ELEV. SAND MOUND HOLI | COUND BED<br>COUND TRENC | •                                     |
| ) OTHER                                                    |                          | ·                                     |
|                                                            | •                        |                                       |