OCEAN COUNTY HEALTH DEPARTMENT

5/12/09
Date

P.O. BOX 2191
TOMS RIVER, N.J. 08754-2191
(732) 341-9700

No. 040373

BOARD OF HEALTH OF TOMS RIVER

CERTIFICATE OF COMPLIANCE

Issued to JAMES FLORIO
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM REPAIR

INDIVIDUAL WATER SYSTEM ———

Installed at Block No. 1-254

Lot No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 040373 dated 5/12/09

FINAL

The issuance of this certification shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

Approved

SCOTS-13-2062

H.D. 26

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

APPLICATION FOR A PERMIT TO INSTALL A SEPTIC SYSTEM AND/OR A WATER SUPPLY SYSTEM

OCEAN COUNTY HEALTH DEPARTMENT 3/26/09
NO
Official Use Only
PLAN APPROVED
DATE
Fee Paid 040373

MANCHESTER
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 1-284

Lot(s) 5

___ (A) To construct both a septic & water supply system
___ (B) To construct a water supply system
___ (C) To replace or alter a water supply system
___ (D) To construct or alter a septic system
X (E) To replace or repair a septic system
Replace Disposal Bed

Type of Water System

___ (A) Potable Non-Public
___ (B) Potable Public Non-Community
___ (C) Non-Potable
___ (D) Public Community System

(Current address of applicant required. All information must be completed.)

NAME OF APPLICANT JAMES FLORIO PHONE NO. 732-240-0601

ADDRESS 1400 LAWRENCE AVE CITY TOMS RIVER STATE N.J. ZIP 08757

DIRECTIONS TO LOCATION COMMONWEALTH TO BURNSIDE

WELL APPLICATION

TYPE OF CASING: Material _____ Diameter _____ Grade _____ Thickness _____

TYPE AND METHODS OF SEALING JOINTS: Type _____ Method _____

METHOD OF INSTALLATION _____ If Rotary or Auger, size of hole _____

GROUTING MATERIAL _____ Depth & Method of grouting: Depth _____

Method _____

STORAGE TANK CAPACITY _____ Model No. _____

WELL DRILLER _____ Lic. # _____ Driller Phone # _____
(Print)

DRILLER _____ State Well Permit # _____
(Signature)

NOTE: Copy of NJDEP "Permit to Drill Well" must be attached. Hose bibs are prohibited on non-potable well, unless such well is sampled. NJDEP's "Well Record" must be immediately submitted to the Health Department upon installation of well.

SEPTIC APPLICATION

TYPE OF BUILDING TO BE SERVED _____ Dwelling Unit: No. of Bedrooms _____

EXPANSION ATTIC, DEN OR REC. ROOM: Yes __ No __ If yes, calculate as additional bedroom _____

PERCOLATION TEST PERFORMED BY _____ Date _____ Phone _____

WEATHER CONDITIONS AT TIME OF TEST _____

ENGINEER'S SIGNATURE AND SEAL _____

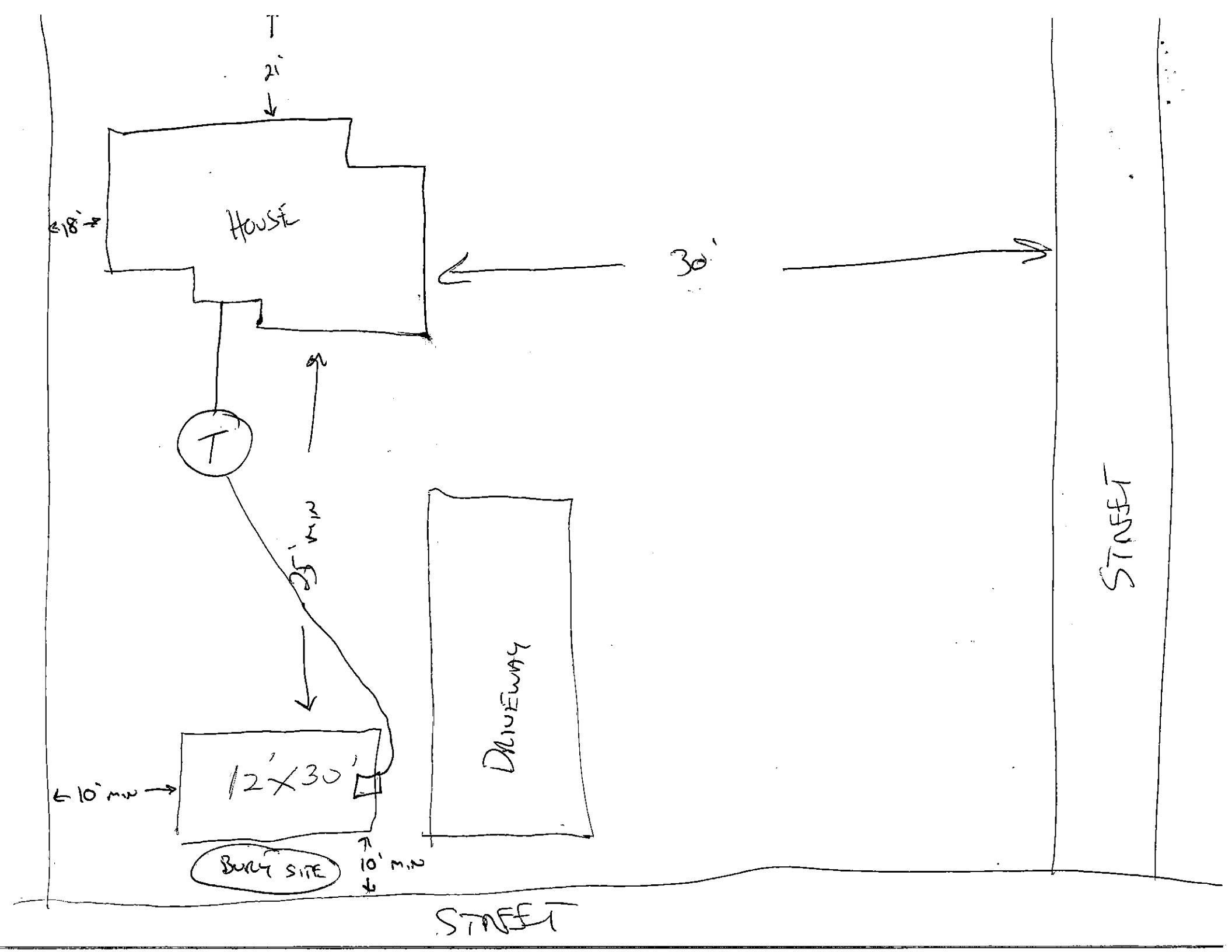
NOTE: All engineering data relating to soils, percolation & system design must be on engineer's drawing. Engineer's drawings must be signed & sealed by the engineer.

STATEMENT: Submit four (4) complete legible copies of applications, including engineer's & well driller's submissions. Final approval will only be granted after all inspections are completed, "as-built" drawings are submitted (where required) and satisfactory water analysis received, and all fees are paid. Permit is valid for one (1) year from date of issuance.

Stipulations - (1) Complete set of plans to be filed

(2) Any deviation from the approved plan will require engineer

H.D. 45


T
21'
HOUSE
18'
30'
T
5' MIN
DRIVEWAY
STREET
12'X30'
10' MIN
BURN SITE
10' MIN
STREET