12-6-85
Date

No. S-749-85

BOARD OF HEALTH OF Manchester

CERTIFICATE OF COMPLIANCE

Issued to SALVATORE RICE
(Owner of Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM _____

~~INDIVIDUAL WATER SYSTEM~~ _____

~~INDIVIDUAL PLUMBING SYSTEM~~ _____

Installed at Block No. 1-284

Lot. No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 749 dated 12-1-85

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.

Mary-Lou Longhill

1/6/86
Date

No. S-749-85

BOARD OF HEALTH OF Manchester

CERTIFICATE OF COMPLIANCE

Issued to Pace
(Owner of Contractor)

THIS IS TO CERTIFY That the

~~INDIVIDUAL SEWAGE SYSTEM~~ _____

INDIVIDUAL WATER SYSTEM pending analysis

Installed at Block No. 1-284

Lot. No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 749 dated 12-1-85

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.

see attached drillers log

Mary-Lou Longhill

H.D.26

S-749-85

MUNICIPALITY

Manch Twp
Ocean County
New Jersey

County copy
Mario Pace

OCEAN COUNTY HEALTH DEPARTMENT
NO. R7
PLAN APPROVE 10-10-85
FINAL INSPECTION
OFFICE USE ONLY

APPLICATION FOR A PERMIT:

✓ to locate and construct an individual Sewage System

— to alter or supplement an existing Sewage System

LOCATION - ADDRESS Lawrence Ave. BLK. 1-284 LOT SPECIFIER

OWNER Salvatore & Kathryn Pace PHONE 929-8022

PRESENT ADDRESS 1971 Hazelwood Road - Toms River

GENERAL CONTRACTOR Mario Pace PHONE 793-2136

DIRECTIONS AND LANDMARKS TO LOCATION Corner of Lawrence & Burnside

TYPE OF BUILDING TO BE SERVED RESID. (OTHER THAN RESIDENTIAL CONSULT HEALTH DEPT.)

DWELLING UNIT: NO. OF BEDROOMS 3 EXPANSION ATTIC, DEN OR REC. ROOM. YES ___ NO ✓

DIMENSIONS OF PROPERTY: 100' X 100' SUARE FT. OR ACRES 10,000 S.F.

SEPTIC TANK: Shape Round Material Reinf. Conc.

Capacities: Required Gal. 900 Designed for 900 Gals.

DISPOSAL TRENCHES: Width Min. & Max. N/A Depth Min. & Max. ____

Lineal Ft. of Trenches ____ Distance between Trenches ____ Type of Pipe ____

Required Square Footage ____ Designed Square Footage ____

Amount of Stone(in inches) below ____ Above ____ Disposal Pipe

DISPOSAL BED: Width 12' Length 30' Disposal Area Sq. Ft. 360

Ft. of Pipe 90 Type of Pipe 4" PERF. Distance between pipes 3.5'

Min. & Max. Depth of Bed 24" Amt. of Stone(in inches) below 18" Above 6" Disposal Pipe

Required Square Ft. 345 Designed Square Ft. 360

SEEPAGE PIT: Number N/A Shape ____ Material ____

Diameter or Width ____ Liquid Depth ____ Single unit Sq. Ft. ____

Total Required Sq. Ft. ____ Total Designed Sq. Ft. ____ Amt. Size & Type of Stone ____

PERCOLATION TESTS

HOLE NO.	NO. OF SATURATIONS	DEPTH	PERC. RATE MIN PER IN.
1	2	30"	6

SOIL BORING LOG

SOIL LAYER, TYPE, THICKNESS, GROUNDWATER

SEE ACCOMPANYING PLOT PLOT

RECEIVED BY
OCT 4 1985
BOARD OF HEALTH
OF THE MANCHESTER TWP.

Date Submitted to Health Dept. 9/25/85

Performed by C.B. Rush License No. 21904

Address 805 Main St. Toms River Phone (201) 240-1200

If Witnessed, by Whom Ocean County Health Dept.

Date of Tests 9/25/85 Weather Conditions to be Considered Fair

Installing CONTRACTOR Brewer Septic Co Phone # 349-0901

OWNERS Signature (Acknowledging design & installer) ____

SEE SPECIAL NOTE ON REVERSE SIDE

S-749-85

M[illegible]hester Township Health Department

OCEAN COUNTY HEALTH DEPARTMENT

Mailing Ad[illegible]:
I Colonial D[illegible]ve
Lakehurst, New Jersey 08733

(201) 657-8121

Located at: NO
Harry Wright Annex
Whiting, N.J. 08759

APPROVED 10-10-85
DATE OF INSPECTION

APPLICATION FOR PUBLIC NON-COMMUNITY & NON-PUBLIC WATER SUPPLY SYSTEMS AS PER N.J.A.C., TITLE 7, AS PROMULGATED UNDER N.J.S.A. 58:11-23, ALSO AS DIRECTED BY THE COMMISSIONER OF THE DEPT. OF ENVIRONMENTAL PROTECTION AND MUNICIPAL ORDINANCE. SOA #929-8022

OWNER Salvatore Pace Tel.# 793-2136

MAILING ADDRESS, PRESENT: 1971 Hazlewood Road, Toms River nj 08753

MAILING ADDRESS OF PROPOSED WATER SUPPLY:

Property location and directions to proposed supply Pine Lake Park, Lawrence Ave & Avenside Blk. 1-284 Lot 5

PURPOSE OF WELL: New Supply ✓ Replacement ____ Supplement ____

To be used as: Individual Potable supply ✓ Other (explain) ____

Estimated depth of well Min. 70 Max 80 Size of casing (ID) 4"

TYPE OF CASING: Material BLACK steel Grade API Weight 40 Thickness 1/4"

Type & Method of Joints Couplings Method of Installation Cable-Tool

If rotary or power auger, size of hole: N/A

Material and method of sealing sides of hole: N/A

Type, depth & Method of grouting: N/A

Type, size (diameter & length) of well screen: 4"x3' Johnson 12 slot

Method of disinfecting well, lines, pump, & tank: 3 cups of Bleach

Method of sealing well and drop lines: Sanitary Well Seal

Tank capacity, drawdown, type: Well-x-Trol 202 = to old 40 gal gal tank

Type & H.P. ratings of pump: 1/2 Mfg. capacity rating GPM 12 at 30 ft. lift

Type & size of suction, jet or submersible pump lines 1" Riser Line

Number of plumbing fixtures & watering outlets in proposed building: 5

Future expansion of water use if known: None

Well, pump, tank will produce 12 GPM after 4 hrs. constant flow at 20 psi min.

State Well drilling permit obtained: Yes ✓ No ____ Number # 29-15517

Well to be installed by Jonas Endreson Well Driller Lic.# 1138 Tel.# 240-2483

Well Drillers Signature Jonas Endreson Well Drillers Address 46-3rd Bayway Toms River nj 08753

X As authorized by owner (signature only) Kathryn Pace Date Oct. 3-85

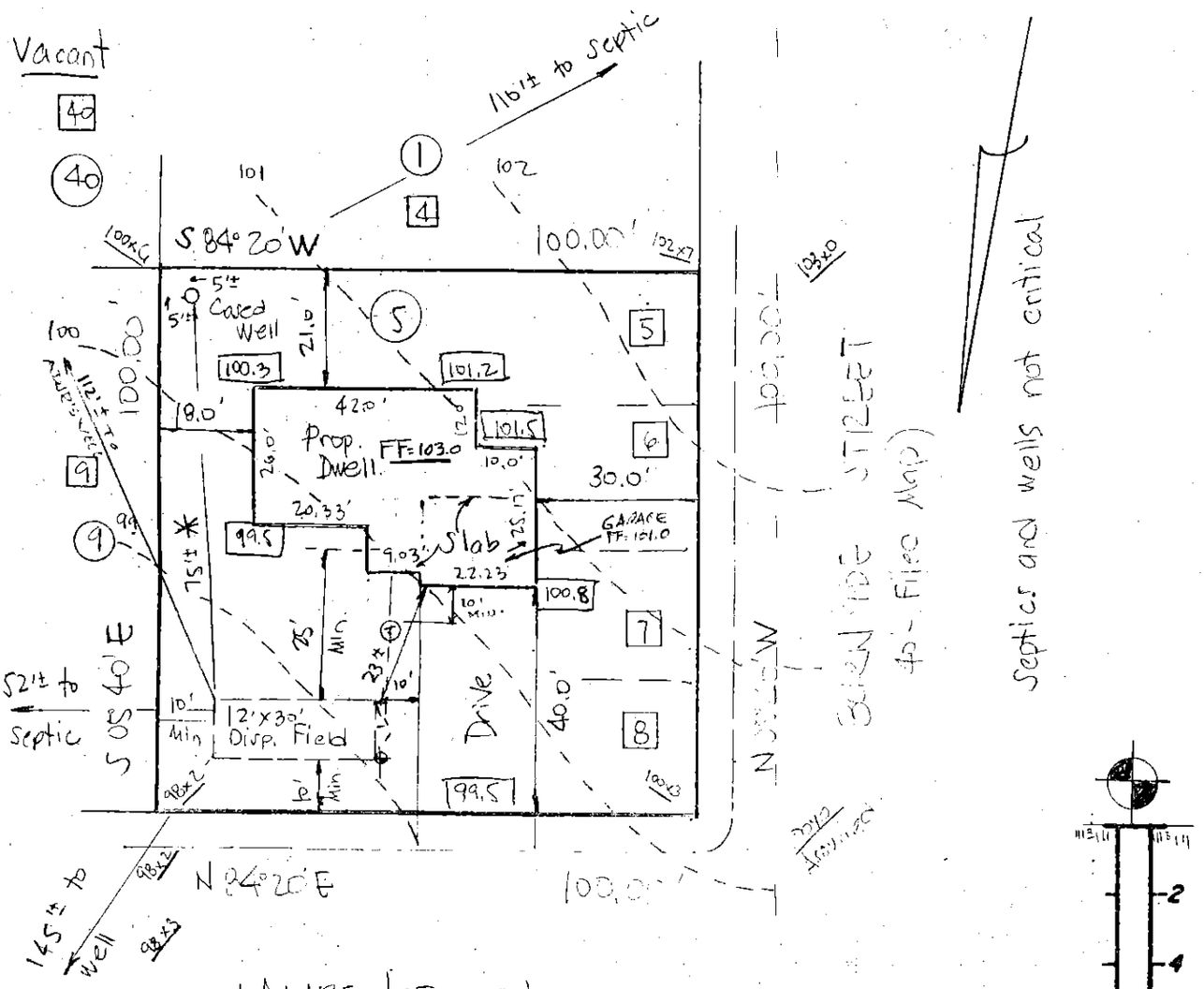
RECEIVED BY OCT 4 1985 BOARD OF HEALTH OF THE MANCHESTER TWP.

Application for this well ____ approved this date ____ as proposed

Approving official

STATEMENT:

Approved water supply proposal is required before a building permit can be issued and is to be submitted simultaneously with septic application when applicable to new construction. A Certificate of Compliance is required before this well can be placed into use, and will not be issued without an "as built log," including any equipment used, other than listed above, especially **actual** volume/pressure of installation. Bacteriological and chemical analysis report from a certified laboratory is required. Location of the well will be as shown on septic plot plan. Any deviation shall meet with designing engineers' approval and shall be reflected on an as built plot plan map. All material, equipment, workmanship, required distances, depths, etc. shall meet requirements of all governing laws and regulations.



* Waiver Requested

PLOT PLAN
and
MAP of SURVEY

TAX LOT(S) 5 **TAX BLOCK** 1-284

MANCHESTER (TAX MAP SHEET NO. 7-4) TOWNSHIP

COUNTY of OCEAN, NEW JERSEY

CERTIFICATION

TO: Mario Pace

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AND IS CORRECT.

CHARLES B. RUSH, P.E. & L.S.
NJ LIC. NO. 21904 DATE: 12-1-85

FILED MAP REFERENCE

TITLE: Pine Lake Park
FILE NO. A-7 | FILE DATE 11.30.10
LOTS 5-8 BLOCK 284

RUSH ENGINEERING COMPANY, INC.
CONSULTING ENGINEERS · PLANNERS · SURVEYORS
805 MAIN ST. TOMS RIVER, NJ 08753
201-240-1200

FLD BK. File PG. | SCALE: 1"=30' | JOB NO. 1850858

Sheet 2 of 2

S747-85
closed

OCEAN COUNTY HEALTH DEPARTMENT
C. N. 2191
Toms River, N. J. 08753
201 - 341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

PERCOLATION WITNESSING REPORT

Date 11/4/85

Municipality Jackson Block 108 Lot 2.02

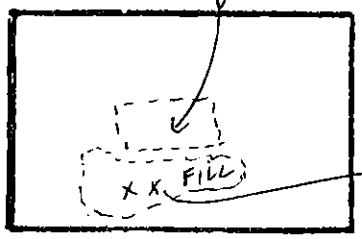
Engineering Firm East Coast Engineering

Individual Conducting Test —

Depth of Perc Test Hole —

Soil Encountered —

This was not witnessed as perc was done at Clayton's OK on soils



observed fellow lot this is to be used temporarily as ramp for modular home and then unacceptable fill - chunky clay, silt - brick stone Builder states this is for modular ramp only and this fill will be removed and replaced

Map indicating perc test and soil boring. Give Approximate distance to property lines. Identify adjoining properties (vacant or occupied) also identify streets.

Percolation Rate X X

Witnessing Inspector Steven Slater

Donna,
This has to be witnessed

East Coast Engineering, Inc.
CONSULTING ENGINEERS LAND SURVEYING PLANNING

JAY F. PIERSON L.S., P.P.
JEFFREY J. CARR P.E., P.P.
WILLIAM A. BROOKS P.E.
LEE V. MALLEY

1517 ROUTE 37 EAST TOMS RIVER, N. J. 08753 (201) 929 - 2970

Ocean County Health Dept.
CN 2191
Toms River, N.J. 08753

October 28, 1985

Dear Sir:

We would like to schedule a Perc Test for fill to be placed on as follows:

Lot (s) 2.02 (2.10)
Block 108

The fill will be taken from Clayton's Gravel Pit located on Bowman Road, Jackson Township.

We will be at the above location on November 4, 1985 at 9 a.m.

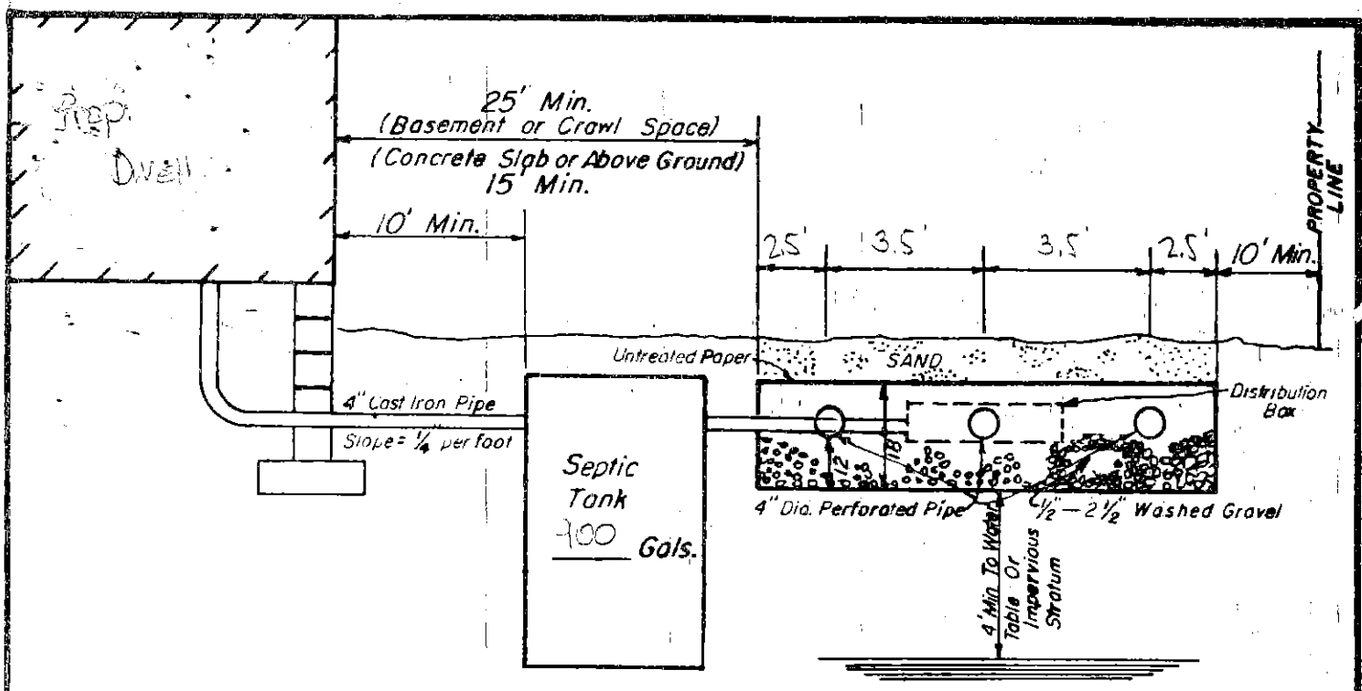
If you need further information please feel free to contact me at this office.

Very truly yours,

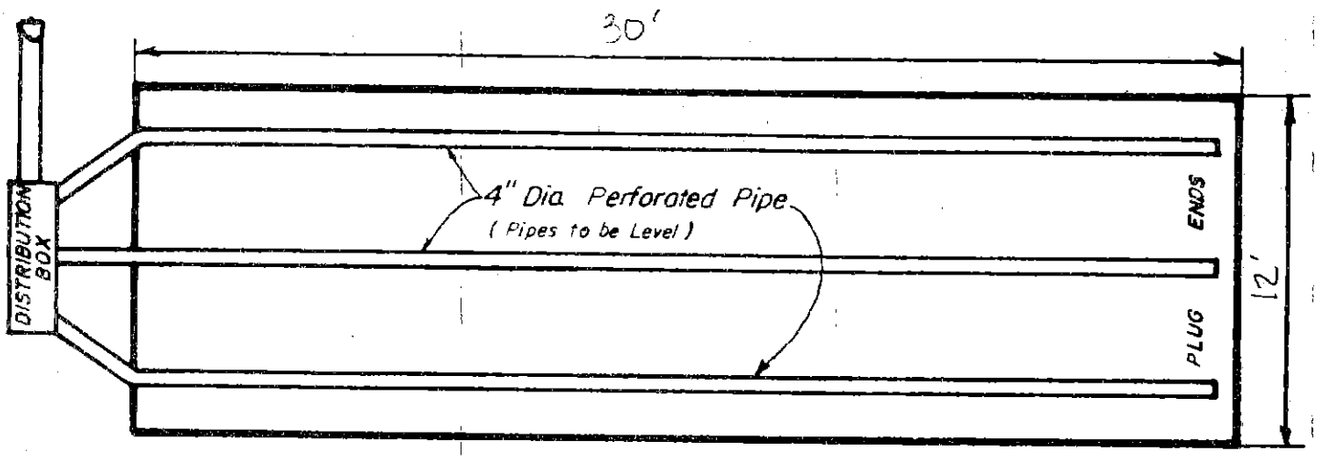
Jay F. Pierson, L.S.

Bill
Peale operator

11/4/85
none on site
called Pierson
they're at gravel pits



SECTION THROUGH SEPTIC INSTALLATION



PLAN VIEW OF DISPOSAL FIELD

Required Percolating Area = 345 sq.ft. (3 bdrms at 115 sq.ft./bdrm)
(Percolation Rate = 6 min./inch , See Boring Log)
Provided Percolating Area = 360 sq. ft.

SEPTIC SYSTEM DETAILS

TAX LOT 5 **TAX BLOCK** 1-284

MANCHESTER (Tax Map Sheet No. 7-4) TOWNSHIP

OCEAN COUNTY, NEW JERSEY

CERTIFICATION

I HEREBY CERTIFY THAT THIS EXHIBIT COMPLIES WITH CHAPTER 199, PL 1954 (rev 1978) EXCEPT AS MODIFIED BY LOCAL ORDINANCE.

CHARLES B. RUSH, P.E.,L.S.

NEW JERSEY LIS[illegible] NO. 21504

10-1-85
DATE

RUSH ENGINEERING COMPANY INC.
Consulting Engineers Land Surveyors Planners
805 Main Street Toms River, New Jersey 08753
201-240-1200

SCALE: File | Sheet 2 of 2 | JOB NO. 850858

October 8, 1985

Board of Health
Township of Manchester

1-284

5

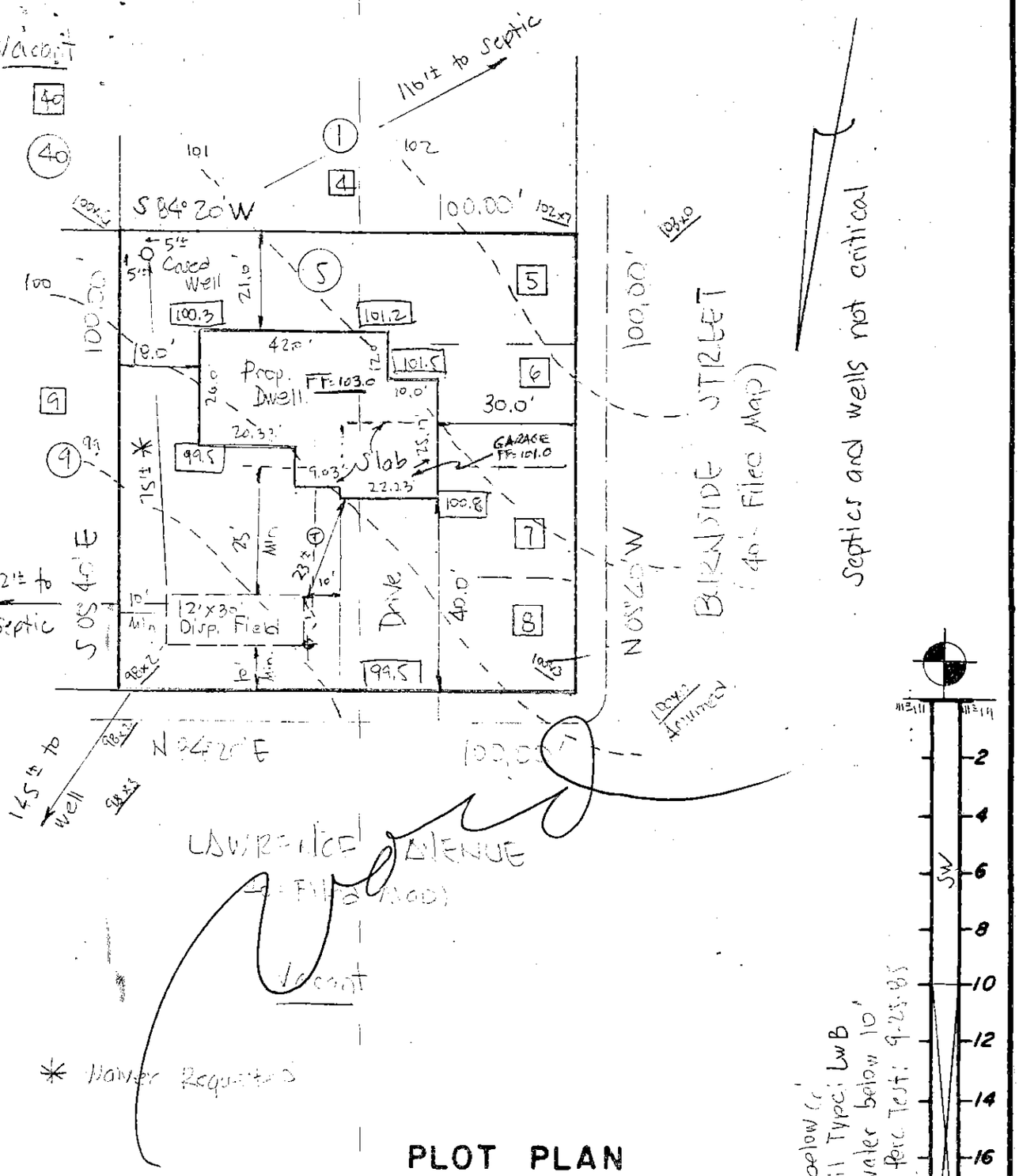
749-85

(see below)

7:9-2.19 Septic tank is designed to be installed less than 10 feet from dwelling.

7:9-2.19 Engineer must locate well on lot 9 and state distance between that well and proposed septic.

BY: ROBERT J. INGENITO,
Principal Sanitary Inspector



PLOT PLAN and MAP of SURVEY

TAX LOT(S) 5 TAX BLOCK 1-284

MANCHESTER (TAX MAP SHEET NO. 7-4) TOWNSHIP

COUNTY of OCEAN, NEW JERSEY

CERTIFICATION

TO: Marie Pace

I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AND IS CORRECT.

CHARLES B. RUSH, P.E. & L.S.
NJ LIC. NO. 21904 DATE: 12-1-85

FILED MAP REFERENCE

TITLE: Pine Lake Park

FILE NO. A-7 FILE DATE 11.30.10

LOTS 5-8 BLOCK 284

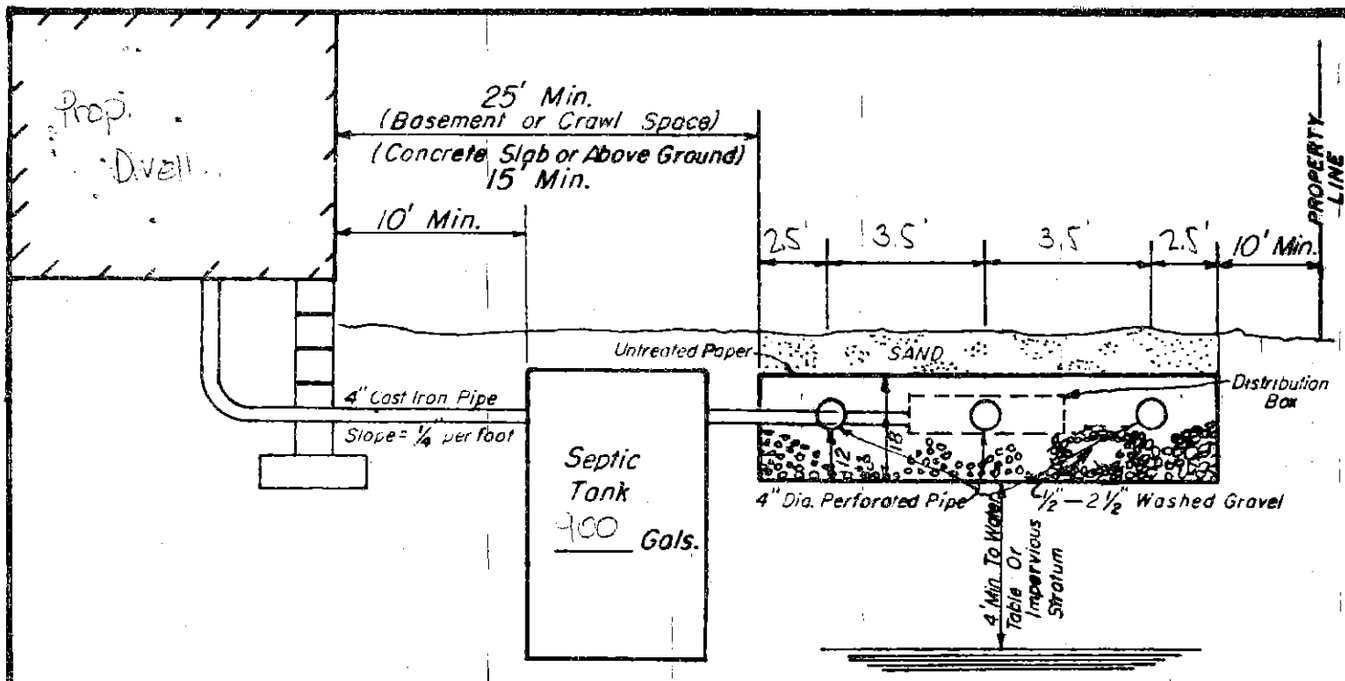
RUSH ENGINEERING COMPANY, INC.

CONSULTING ENGINEERS · PLANNERS · SURVEYORS

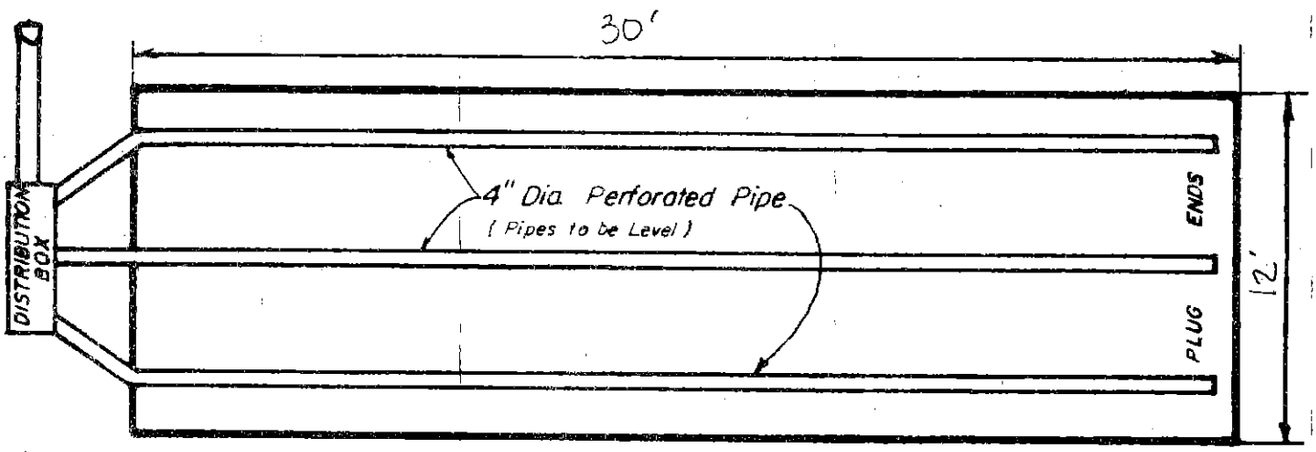
805 MAIN ST. TOMS RIVER, NJ 08753

201-240-1200

FLD BK. File PG. | SCALE: 1"=30' | JOB NO. 185853



SECTION THROUGH SEPTIC INSTALLATION



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(Percolation Rate = 6 min./inch , See Boring Log)
Provided Percolating Area = 360 sq. ft.

SEPTIC SYSTEM DETAILS

TAX LOT 5 **TAX BLOCK** 1-284

MANCHESTER (Tax Map Sheet No. 7-4) TOWNSHIP

OCEAN COUNTY, NEW JERSEY

CERTIFICATION

I HEREBY CERTIFY THAT THIS EXHIBIT COMPLIES WITH CHAPTER 199, P.L. 1954 (rev 1978) EXCEPT AS MODIFIED BY LOCAL ORDINANCE

CHARLES B. RUSH, P.E.L.S.

10-1-85

NEW JERSEY LIS[illegible] NO. 21504 DATE

RUSH ENGINEERING COMPANY INC.
Consulting Engineers Land Surveyors Planners
805 Main Street Toms River, New Jersey 08753
201-240-1200

DRAWN: File SHEET 2 of 2 JOB NO. 850858

Form DWR-133 (4/82)

Mail to
Water Allocation
CN-029
Trenton, N.J. 08625

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
TRENTON, N.J.

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P.

Permit No. 29-15517

29.41679

Owner Mario Pace

Address 1971 Hazelwood Rd
Toms River NJ 08753

Name of Facility phone # 793-2136

Address

Driller Jonas Endreson

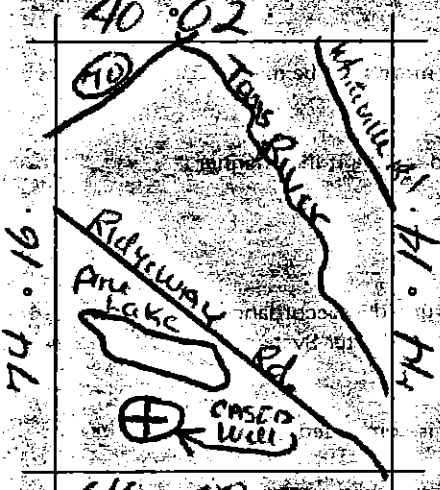
Address 40-3rd Raqway
Toms River NJ 08753

Diameter of Well	Proposed Depth of Well
4" *Inches*	70 *Feet*
Proposed Capacity of Pump	**Method of Drilling** *(cable-tool, rotary, etc.)*
12 *G.P.M.*	Cable-Tool
Use of Well *(See Reverse)*	
Domestic	

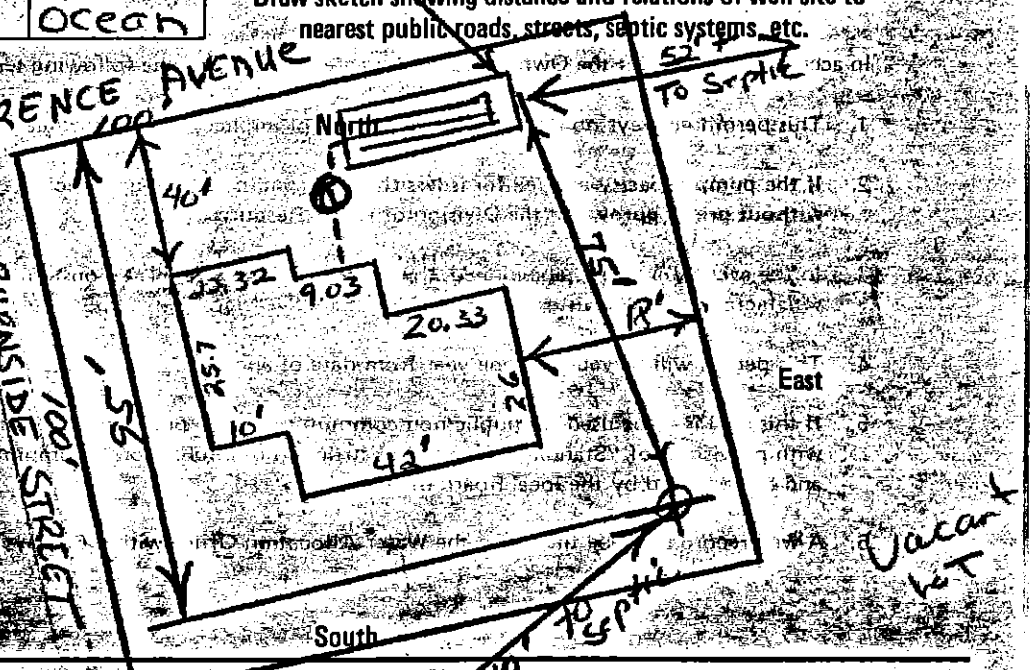
LOCATION OF WELL

Lot#	Block#	Municipality	County
5	1-284	Manchester	Ocean

State Atlas Map No. 29



Draw sketch showing distance and relations of well site to nearest public roads, streets, septic systems, etc.



SEE REVERSE SIDE for IMPORTANT PROVISIONS AND REGULATIONS pertaining to this permit. APPROVAL of this permit is made SUBJECT TO acceptance of and compliance with the following ADDITIONAL CONDITIONS:

- ☐ Permit issued in accordance with provisions of letter of transmittal dated _____
- ☐ It is necessary that Geophysical Logs of this well be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ Samples of cuttings required every _____ feet.
- ☐ **Domestic Potable Water Supply** - The service line for water from the public community water supply system shall be turned off at the curb cock, and the meter shall be removed by the water purveyor.
- ☐ **Domestic Irrigation Supply** - No piping from the well for which the permit applies shall enter any building.
- ☐ **Industrial/Commerical Supply** - A physical connection permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10-1 et. seq., and a vigorous cross connections control program shall be instituted and maintained within the premises.
- ☐ **Heat Pump Wells** - Wells must be 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ _____

This Space for Approval Stamp

WELL PERMIT
APPROVED
OCT 3 1985
DEPT. ENV. PROTECTION
DIV. OF WATER RESOURCES
WATER ALLOCATION

In compliance with R.S. 58:4A-14, application is made for a permit to drill a well as decribed above.

Date _____ Signature of Owner _____

OWNER'S COPY

#1850858.2099

RUSH ENGINEERING COMPANY, INC.

CHARLES B. RUSH, P.E., L.S., P.P.

REPLY TO:

☐ 805 MAIN STREET
P.O. BOX B
TOMS RIVER, NEW JERSEY 08754
201-240-1200

☐ 102 E. BAY AVE.
R.D. BOX 4
MANAHAWKIN, NEW JERSEY 08050
609-597-5444

September 19, 1985

Ocean County Health Department
Room 39 CN 2191
Sunset Avenue
Toms River, N.J. 08753

Attention: Bob Ingenito

Gentlemen:

We herewith request a witness for a percolation test and soil boring for 9 a.m. on Wednesday, September 25, 1985.

The location is Lots 5, Block 1-284, Manchester Township on the Corner of Burnside Street and Lawrence Ave.

If the specified date and time are not convenient, please call the undersigned to set up a schedule favorable to all concerned.

Very truly yours,

Jose Castellano

Witnessed

5-749-85

coord: 29.41679

Form DWR-138
11/80

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 29-15517

APPLICATION NO. _____

COUNTY OCEAN

WELL RECORD

1. OWNER Mario Pace ADDRESS 1971 Hazelwood Rd T.R.
   Owner's Well No. 1 SURFACE ELEVATION _____ Feet (Above mean sea level)
2. LOCATION Lot # 5 - Block # 1-284 - Manchester Township
3. DATE COMPLETED Jan. 4, 1986 DRILLER Jonas Endreson
4. DIAMETER: Top 4" inches Bottom 4" inches TOTAL DEPTH 60' Feet
5. CASING: Type 4" Black Steel Diameter 4" Inches Length 57 Feet
6. SCREEN: Type S/S Size of Opening 12 Diameter 4" Inches Length 3 Feet
   Range in Depth { Top 57 Feet / Bottom 60 Feet } Geologic Formation Chancey
   Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
   Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Jan 4, 1986 Yield 10 Gallons per minute
   Static water level before pumping 34' Feet below surface
   Pumping level 39 feet below surface after 2 hours pumping
   Drawdown 5 Feet Specific Capacity 2 Gals. per min. per ft. of drawdown
   How pumped Submersible Pump How measured 5 gal pail
   Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT:
   Type Submersible Mfrs. Name Red-Jacket
   Capacity 12 G.P.M. How Driven Electric H.P. 3 1/2 R.P.M. 3450
   Depth of Pump in well 56' Feet Depth of Footpiece in well _____ Feet
   Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Domestic AMOUNT { Average 500 Gallons Daily / Maximum 1000 Gallons Daily }
11. QUALITY OF WATER Good Sample: Yes ___ No ___
    Taste None Odor None Color Clear Temp. 52 °F.
12. LOG On Back Are samples available? _____
    (Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Driller
14. DATA OBTAINED BY Jonas Endreson Date Jan 4, 1986

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

$10.00 Fee:

S-749-85

MANCHESTER TOWNSHIP

1 Colonial Drive, Ocean County, Manchester Township, N.J.

CERTIFICATE OF OCCUPANCY APPLICATION

(Please print or type)

PERMIT NUMBER: MC-2200-85 **DATE:** _____

Owner's Name: Salvatore & Kathryn Pace

Name of Street Lawrence & Burnside **Block:** 1-284 **Lot:** 5

House Number: _____ **Map of:** Pine Lake Park

Map filed?: Yes **(yes or no)**

Owner's Mailing Address This Date: 1971 Hazelwood Dr.
Toms River, N.J.

Responsible Person: Salvatore Pace

Use as Proposed (in detail): 2 story; 2 car agrag;e crawl

Ocean County Health Department Approvals: Well: 11/6/86 MC Townsend Septic: 12/6/85 MC Townsend

Zoning Officer: _____

Homeowner's Warranty Ins. #: _____

Engineering Ordinance 77-89 Approval: _____

Final cost of construction work including basic structure, all on site improvements, built in furnishings and fixtures, and all integral equipment exclusive of process or manufacturing equipment.

Total Cost: _____

As built building plans if deviated from approved set. As built site plan including but not limited to exact building, water and sewer location to lot lines, finished floor elevation and street grades shall accompany this application.

Conditions of Certificate of Occupancy:

1. Certificate of Occupancy shall be conditioned upon the following:

   a. That the completed project meets the conditions of the construction permit, the approved drawings including all amendments, and all prior approvals.

   b. That all required fees be paid in full.

   c. That all necessary inspections have been completed and that the completed project meets the requirements of the Regulations.

   d. That all violations have been corrected and that any assessed penalties have been paid.

   e. That all protective devices and equipment required to be installed by the Regulations will continue to be operational as required by the Regulations.

   f. That all other Municipal, County, and State approvals be obtained where applicable.

All information in the above application has been completed and is correct to the best of my knowledge.

To the best of my knowledge all work has been completed in accordance with the permit, the approved plans and all the Regulations.

_____

Signature: Responsible person in charge

OCEAN COUNTY CLERK'S OFFICE C.W. 2451