OCEAN COUNTY HEALTH DEPARTMENT

P.O. BOX 2191
TOMS RIVER, N.J. 08754-2191
(908) 341-9700

Date 1/19/95 No. 005722

BOARD OF HEALTH OF JACKSON

CERTIFICATE OF COMPLIANCE

Issued to DOROTHY BATTONS
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM 12/29/95

INDIVIDUAL WATER SYSTEM 1/19/95

Installed at Block No. 83

Lot No. 16.19 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 005722 dated 12/6/94 (TOWN)

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.

FINAL

H.D. 26

OCEAN COUNTY HEALTH DEPARTMENT
P.O. 2191, TOMS RIVER,NJ

SOIL DATA WITNESSING REPORT

Municipality: JACKSON

DATE: 7/6/93

BLOCK: 83 LOT: 16,19

TIME (TRAVEL): 25 MIN,

TIME (ON-SITE): 0930 [crossed out]

(OFF-SITE): 1155

ENG. FIRM.: BKM ASSC, INC,

INDIV. CONDUCTING TEST: ROGER V. MARINO,

	Y	N	Number
SOIL PIT(S)	X		2
BORING(S)		X	
PERC(S)		X	
SOIL SAMPLES			

If yes, Type & Depth

Other Test(s)

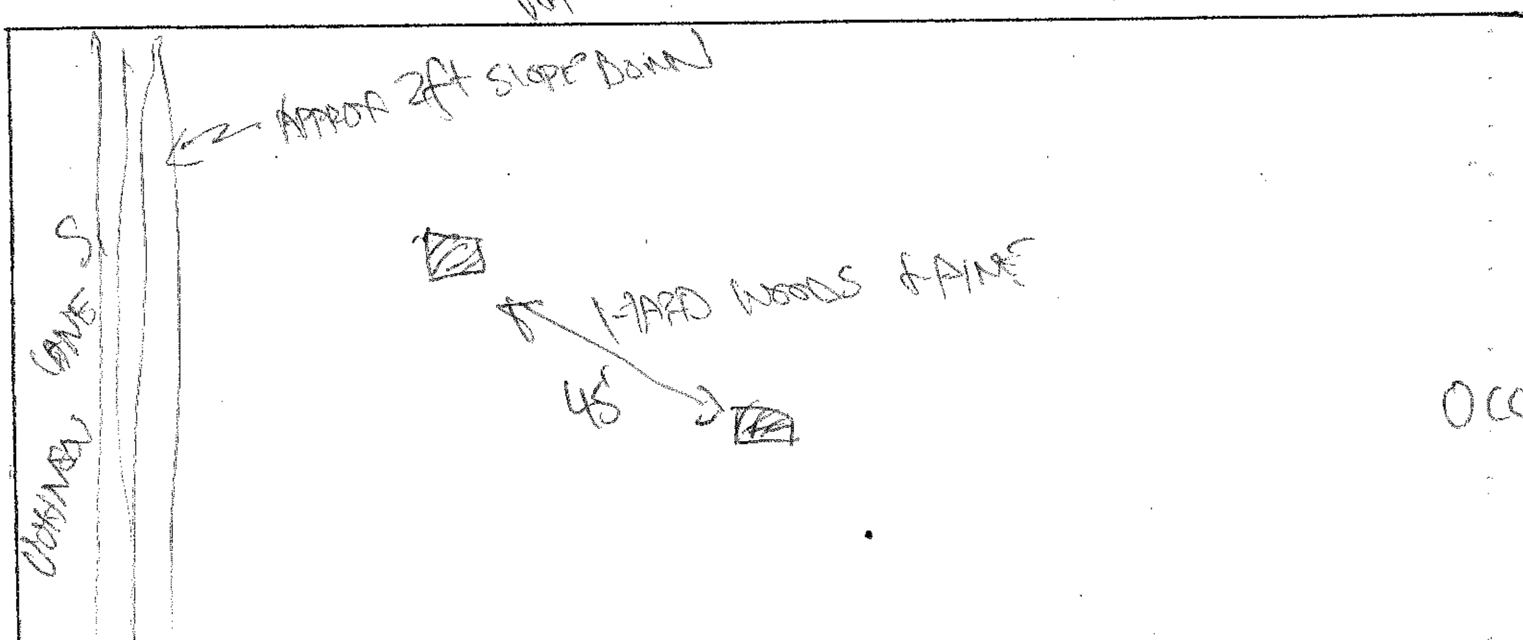
Inspector on Site: F. MAGEE

SP#1	Y	N	SP#2 If yes,	
Mottling	X		X	
DEPTH(S)	27"		28"	
WATER SEEPAGE	X		X	
DEPTH(s)	5ft		5ft	
RESTRICTIVE LAYTER(S)		X		X
DEPTH				
EXCESSIVELY COURSE	X		X	
EXCESSIVELY COURSE	27"	120"	26"	120"
DEPTH(S)				

INSPECTOR'S NOTES: BACKHOE DELAYED (FLAT TIRES) UNIT STARTING UPON MY ARRIVAL, [TO BE FILL ENCLOSED, MOUNDED SYSTEM] 2nd DELAY DUE TO REPAIR OF BACKHOE AT SITE

WEATHER: HOT, HUMID, PARTLY CLOUDY

LOCATION DIAGRAM



005772

OCEAN COUNTY HEALTH DEPARTMENT
PO Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

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

OCEAN COUNTY HEALTH DEPARTMENT
NO 20163
PLAN APPROVE
DATE
Official Use Only

Fee Paid

Jackson
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 83

Lot(s) 16.19

- X (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 septic system
- ___ (E) To replace or repair a septic system

Type of Water System

- X (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 Dorothy Batton PHONE NO. ___

ADDRESS Johnson Lane + Applegate Road. CITY Jackson, STATE NJ ZIP ___

DIRECTIONS TO LOCATION ___

WELL APPLICATION

TYPE OF CASTING: Material PVC Diameter 4" Grade Sch 40 Thickness ¼"

TYPE AND METHODS OF SEALING JOINTS: Type Comp. Method Mud Rotary Glue

METHOD OF INSTALLATION Rotary If Rotary or Auger, size of hole 8"

GROUTING MATERIAL Bentonite Depth & Method of grouting: Depth 100'

Method Pressure pump Top of Screen to Ground Level

STORAGE TANK CAPACITY ___ Model No. Well Xtrol

WELL DRILLER Claude E. Britton (Print) Lic. # 109 F Driller Phone # 2447312

DRILLER Claude E. Britton (Signature) State Well Permit # 2832680

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 S.F. Residential Dwelling Unit: No. of Bedrooms 5

EXPANSION ATTIC, DEN OR REC. ROOM: Yes ___ No X If yes, calculate as additional bedroom N/A

~~PERCOLATION TEST~~ Soil Pits PERFORMED BY RJ Marino Date 7/6/93 Phone (908) 349-9304

WEATHER CONDITIONS AT TIME OF TEST No Permeability Test Performed - Pt. Cldy @ Time of Soil Pits

ENGINEER'S SIGNATURE AND SEAL RJ Marino

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.

H.D. 45

~~005433~~
005772

OCEAN COUNTY HEALTH DEPARTMENT
PO Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

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

Official Use Only

Fee Paid

JACKSON TWP.
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 83

Lot(s) 16.19

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___ (B) To construct a water supply system
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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 DOROTHY BATTON PHONE NO. (908) 928-3476

ADDRESS 133 WILSON AVENUE CITY PORT MONMOUTH STATE NJ ZIP 07758

DIRECTIONS TO LOCATION FRANK APPLEGATE RD. TO JOHNSON LANE SOUTH

WELL APPLICATION

TYPE OF CASTING: 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 RESIDENTIAL Dwelling Unit: No. of Bedrooms 5

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

PERCOLATION TEST PERFORMED BY R. MARINO & ASSOC., INC. Date 7/6/93 Phone (908) 505-2095

WEATHER CONDITIONS AT TIME OF TEST _____

ENGINEER'S SIGNATURE AND SEAL Roger J. Marino

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.

H.D. 45

OCEAN COUNTY HEALTH DEPARTMENT
PO Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

OCEAN COUNTY HEALTH DEPARTMENT
NO
PLAN APPROVE
DATE

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

* Pending Tidelocks Approval See Stipulations

Official Use Only

Fee Paid

JACKSON TWP.
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 83

Lot(s) 16, 19

___ (A) To construct both a septic & water supply system
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NAME OF APPLICANT DOROTHY BATTON PHONE NO. (908) 928-3476

ADDRESS 133 WILSON AVENUE CITY PORT MONMOUTH STATE N.J. ZIP 07758

DIRECTIONS TO LOCATION

WELL APPLICATION

TYPE OF CASTING: 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)

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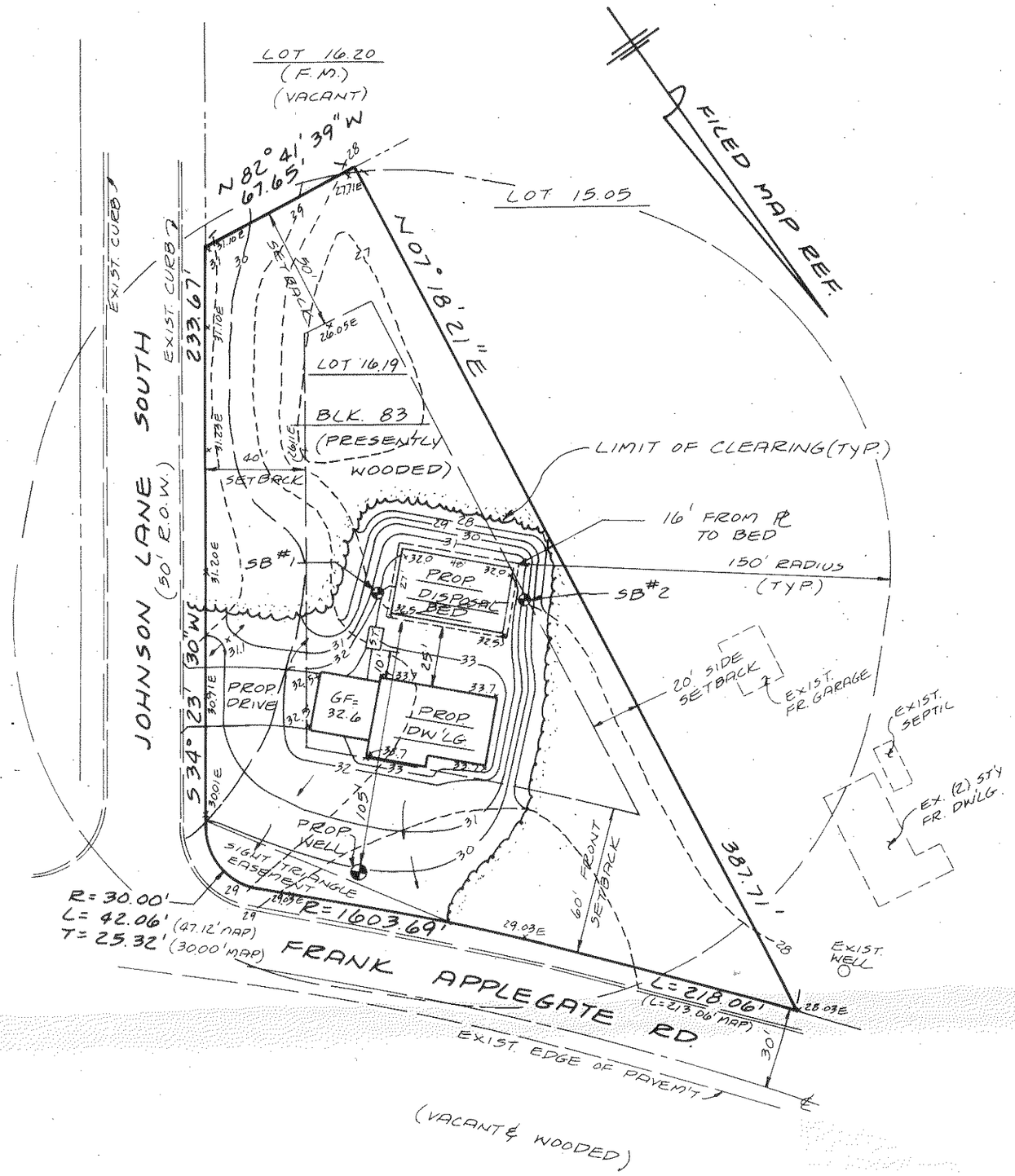
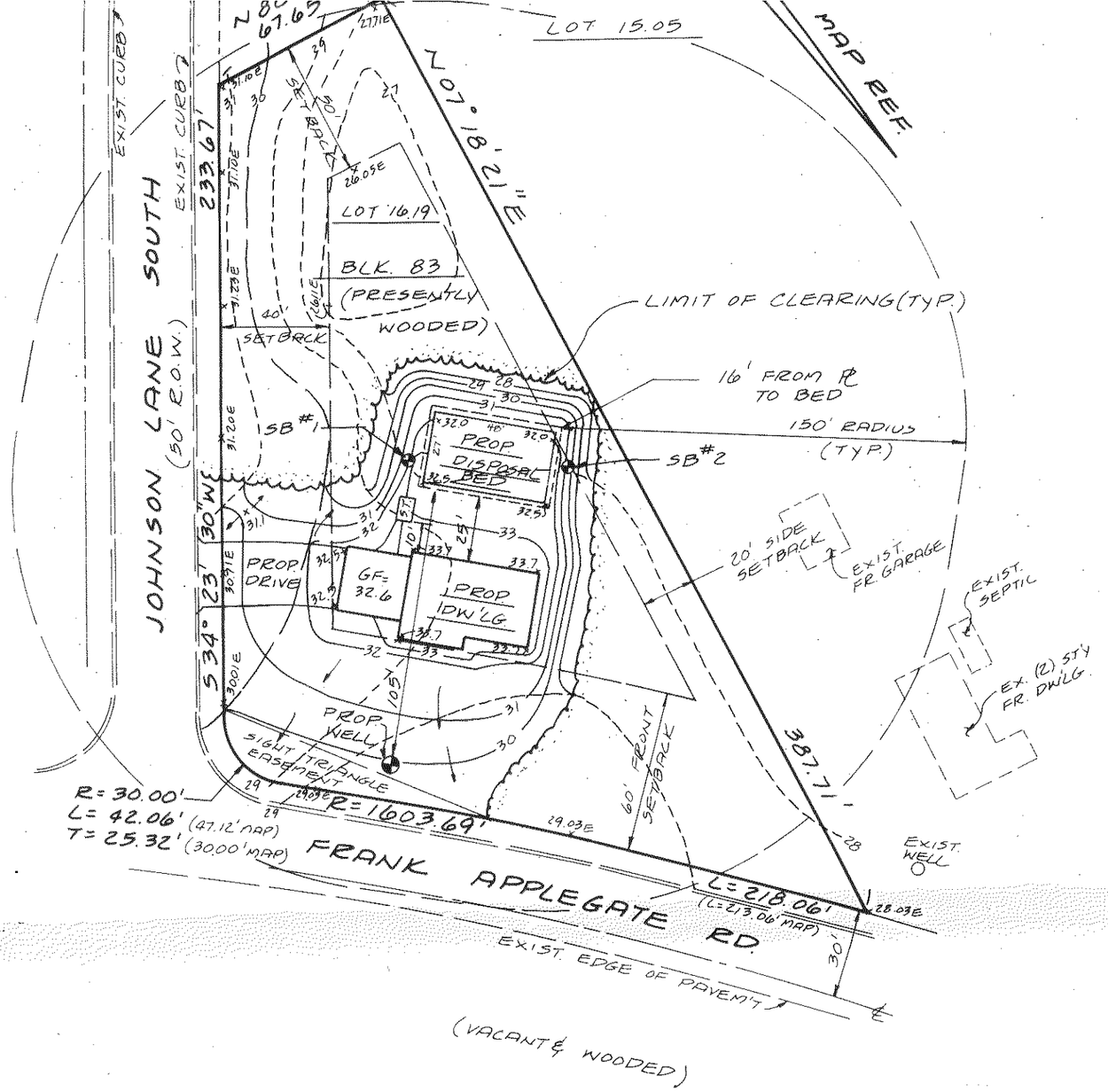
NOTE: All engineering data relating to soils, percolation & system design must be on engineer's drawing. Engineer's drawings must be signed & sealed by the engineer.



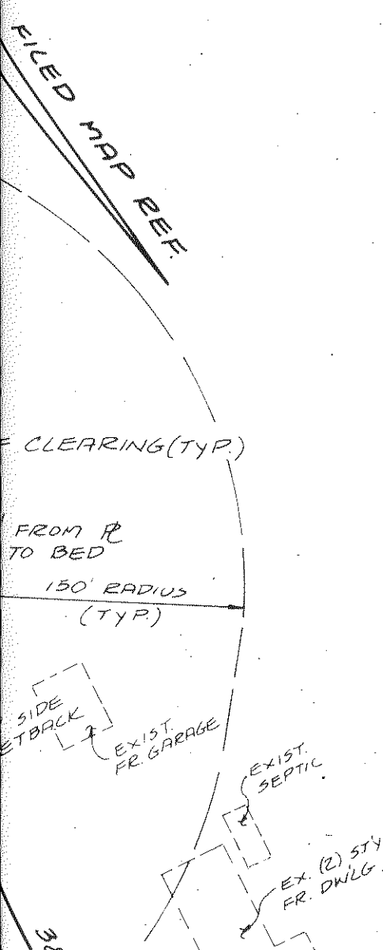
LEGEND

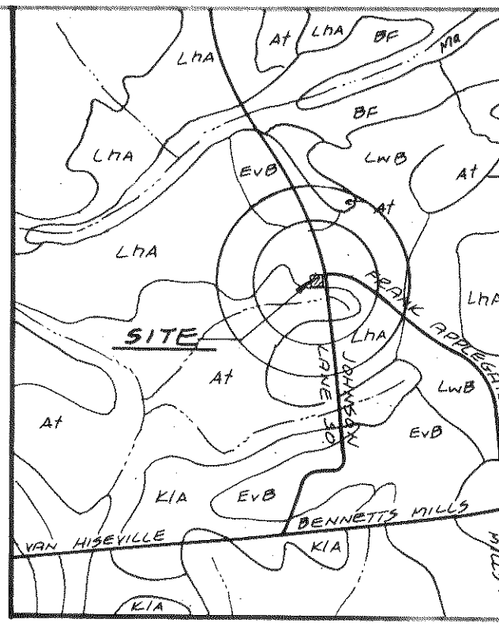
- 30-1 ⊕ TEST PIT LOCATION
- S.T. SEPTIC TANK
- C/O CLEAN OUT
- 106.3 PROPOSED SPOT ELEVATION
- PROPOSED CONTOUR
- EXISTING CONTOUR



LEGEND

- 30-1 — TEST PIT LOCATION
- S.T. — SEPTIC TANK
- C/O — CLEAN OUT
- 106.3 — PROPOSED SPOT ELEVATION
- PROPOSED CONTOUR
- EXISTING CONTOUR





OCEAN COUNTY SOILS

SCALE: 1" = 2000'

DESIGN REQUIREMENTS

REQUIRED

5 Bedrooms = 800 gal./day
Design Soil Permeability Class = K4
Design Permeability = 6-20 in./hr.
1.61 SF/ gal./day x 800 gal./day = 1288 SF

PROVIDED

27' X 48' Bed = 1296 SF
Septic Tank Capacity = 1250 gallons

Notes:

1. The Ocean County Soil Survey shows the soils on-site to be Lakehurst Sands.
2. The Estimated Seasonal High Water Table as determined during the on-site investigation is 27"'.
3. Laterals within the distribution network are to be joined in a loop. The connecting loop shall be installed such that two feet of linear bed space is maintained between the edge of the bed and the loop.
4. Inspection ports shall be installed at all bed corners. The ports shall consist of perforated PVC which extends from the ground surface to the Level of Infiltration. The ports shall be equipped with removable caps.
5. Fill material within the Zones of Treatment and Disposal shall meet the requirements of N.J.A.C. 7:9A-10.1 (f)4, and shall have a design Permeability Class of 6-20 in./hr. Testing of the permeability of the placed material shall be performed at the Level of Infiltration. The compaction of fill material shall be in accordance with N.J.A.C. 7:9A-10.4 (f)3 as follows:

Compaction

A. Fill material within the disposal field shall be spread and compacted in layers of one foot or less in thickness.
B. Compaction may be accomplished manually or mechanically, by tamping or rolling, or by driving over the filled area in a controlled pattern using tracked or rubber tired vehicles. Compaction may also be accomplished by puddling.
C. When heavy excavating equipment is operated within the excavation for the purpose of placement or compaction of the fill material, this equipment shall not be driven directly on the exposed bottom of the excavation. A minimum of one foot of fill material shall be maintained below the vehicle tracks or wheels at all times.

NOTES:

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Approved 8/30/93

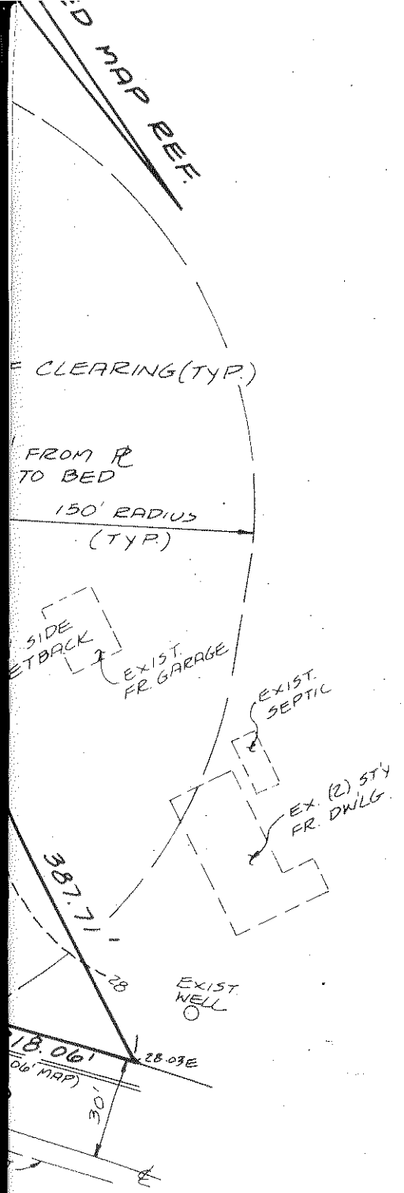
REV.	DATE	

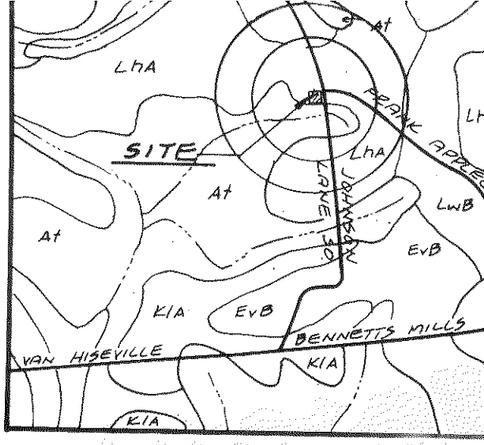
ROGER J. MA
124 HAIN
TOMS RIVER, N
PHONE: (90
FAX: (908

FINAL

PLOT PLAN & SEPT

LOT 16.19





OCEAN COUNTY SOILS

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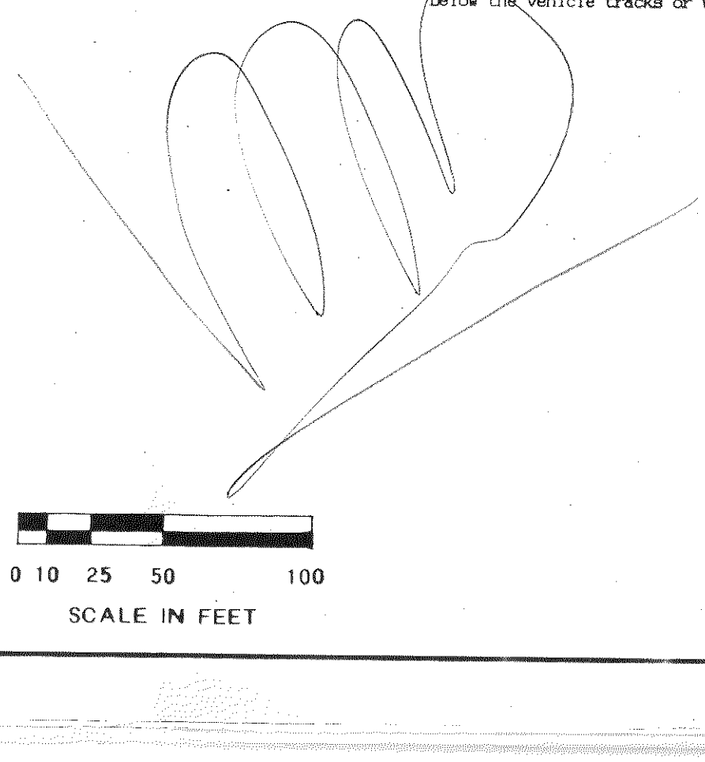


Approved 8/30/93 J.

REV.	DATE	

ROGER J. MA
124 HAIN
TOMS RIVER, N
PHONE: (908
FAX: (908)

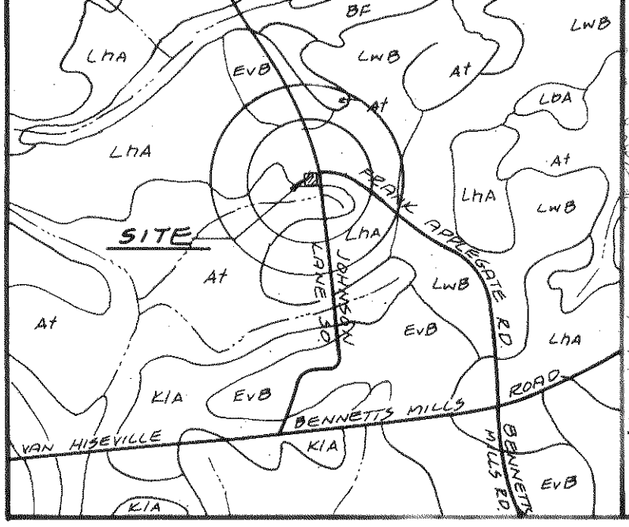
FINAL

PLOT PLAN & SEPT

LOT 16.19 -

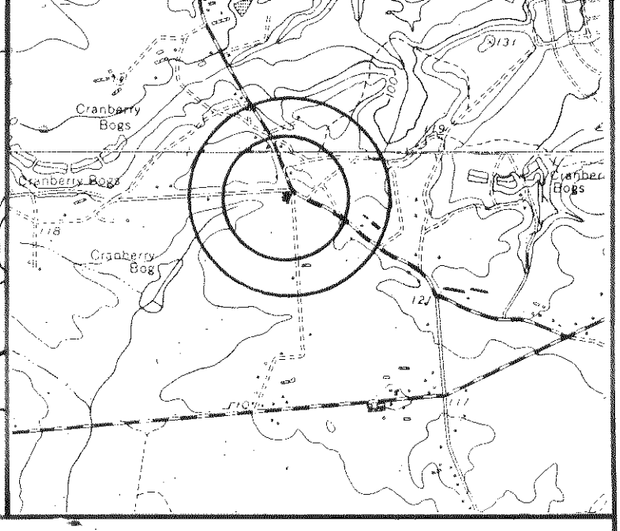
TOWNSHIP OF JACKSON

SCALE:	DATE:	ACAD No.:
1" = 50'	8-6-93	



OCEAN COUNTY SOILS MAP

SCALE: 1" = 2000'



LAKEHURST QUADRANGLE

SCALE: 1" = 1667'

DESIGN REQUIREMENTS

REQUIRED

5 Bedrooms = 800 gal./day
Design Soil Permeability Class = K4
Design Permeability = 6-20 in./hr.
1.61 SF/ gal./day x 800 gal./day = 1288 SF

PROVIDED

27' X 48' Bed = 1296 SF
Septic Tank Capacity = 1250 gallons

Notes:

1. The Ocean County Soil Survey shows the soils on-site to be Lakehurst Sands.
2. The Estimated Seasonal High Water Table as determined during the on-site investigation is 27"'.
3. Laterals within the distribution network are to be joined in a loop. The connecting loop shall be installed such that two feet of linear bed space is maintained between the edge of the bed and the loop.
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NOTES:

1. Property known as Lot 16.19, Block 83, Jackson Township, New Jersey.
2. Total lot area = 42,906.6 S.F. (0.99 Ac.)
3. The site is currently wooded and vacant.
4. Distance between proposed well and septic bed is 105'.
5. There are no existing wells or disposal beds within 100' of the proposed well.
6. There are no existing septic beds within 50' of the proposed bed.
7. Topographic information based upon field work performed by Seneca Survey Co., Inc. on July 2, 1993. Benchmark is on JCPL pole located at the southwest corner of the intersection of Johnson Lane South and Frank Applegate Road. Assumed elevation is 30.00.
8. Outbound Survey information taken from a plan entitled "Plot Plan Situate Township of Jackson, Ocean County, New Jersey, Block 83, Lot 16.19", prepared by Seneca Survey Co., Inc., and dated 7/22/93.
9. Applicant: Dorothy Batton
   133 Wilson Avenue
   Port Monmouth, New Jersey 07758

Approved 8/30/93 J. Magee O.C.H.D.

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

PLOT PLAN & SEPTIC SYSTEM DESIGN

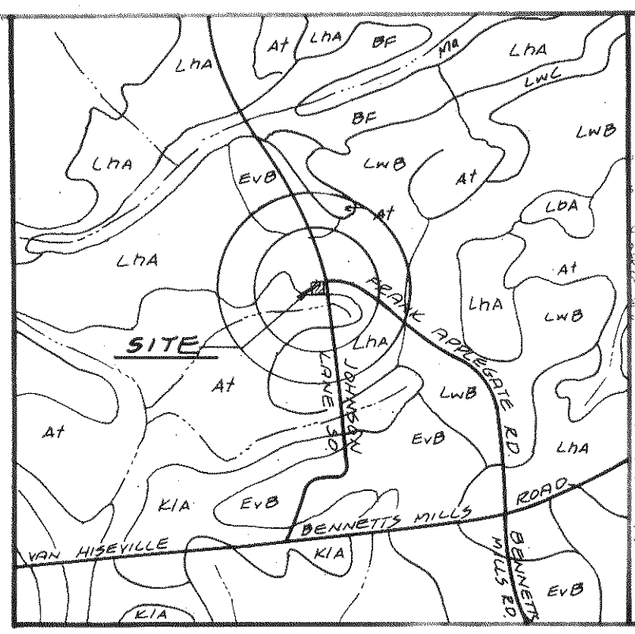
LOT 16.19 - BLOCK 83

TOWNSHIP OF JACKSON OCEAN COUNTY NEW JERSEY

Roger J. Marino

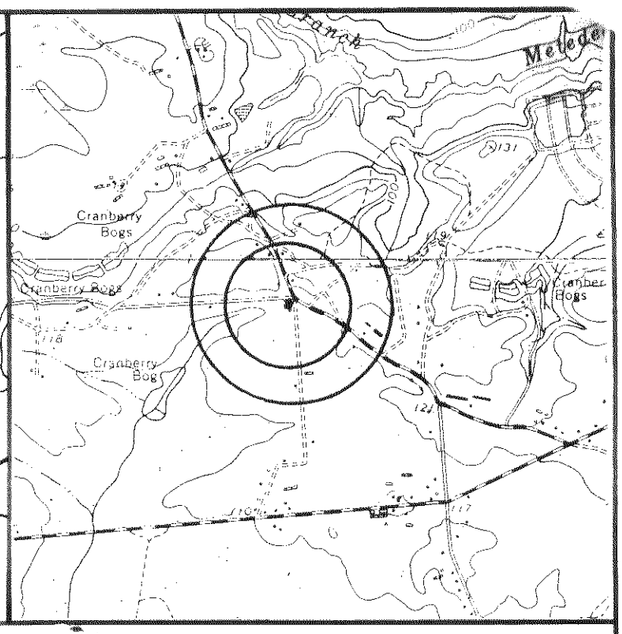
ROGER J. MARINO
N.J.P.E. LIC. No. 37511

SCALE:	DATE:	ACAD No.:	DRAWN BY:	CHECKED BY:	FIELD BOOK No.:	SHEET No.:
1" = 50'	8-6-93		cm/ R.J.M.	R.J.M.		1 of 3



OCEAN COUNTY SOILS MAP

SCALE: 1" = 2000'



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PROVIDED

27' X 48' Bed = 1296 SF
Septic Tank Capacity = 1250 gallons

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Port Monmouth, New Jersey 07758

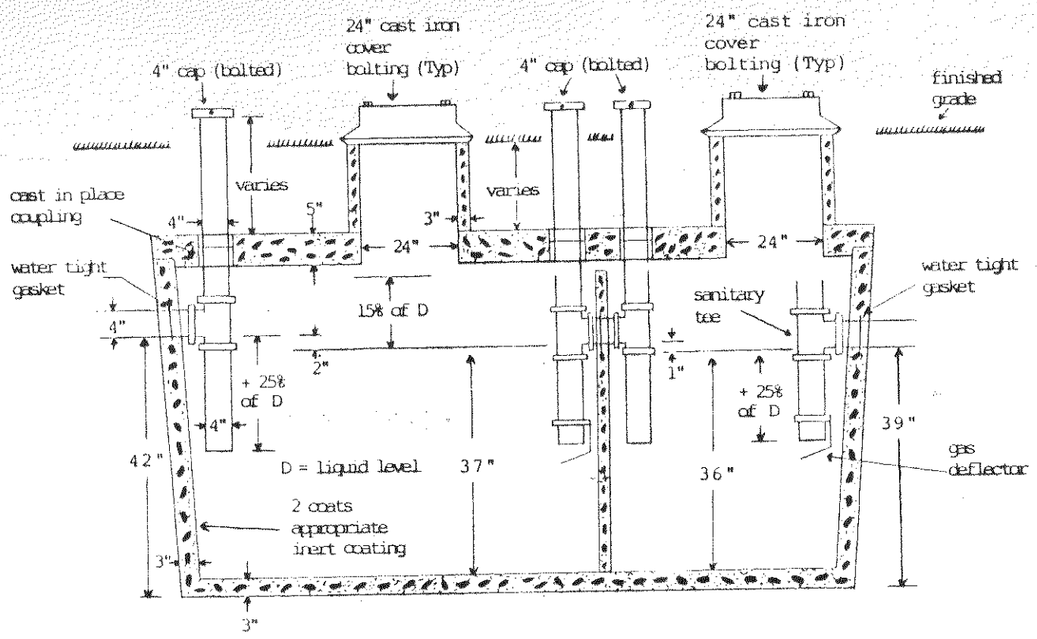
Approved 8/30/93 J. Mayer O.C.H.D.

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

Marino

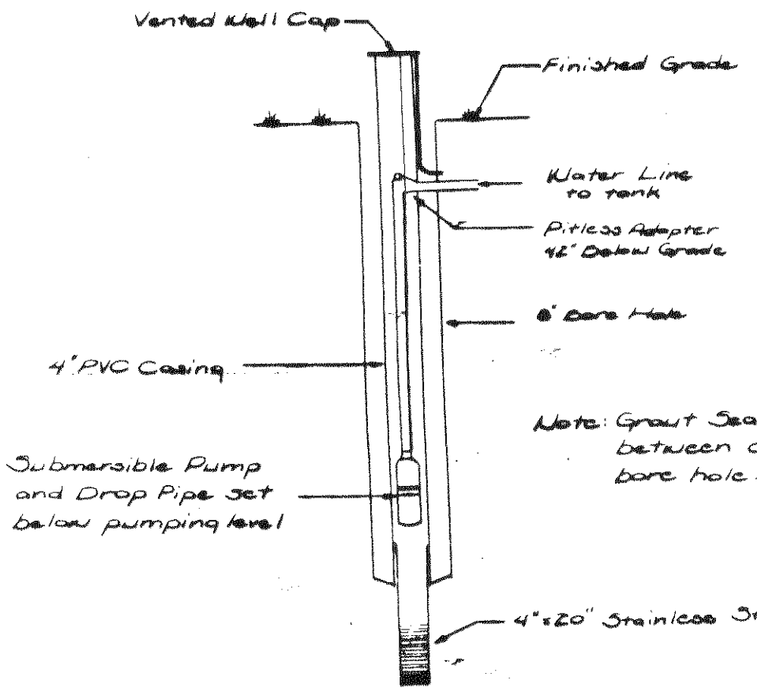


Tank tapers top to bottom and is trapezoidal in cross section.

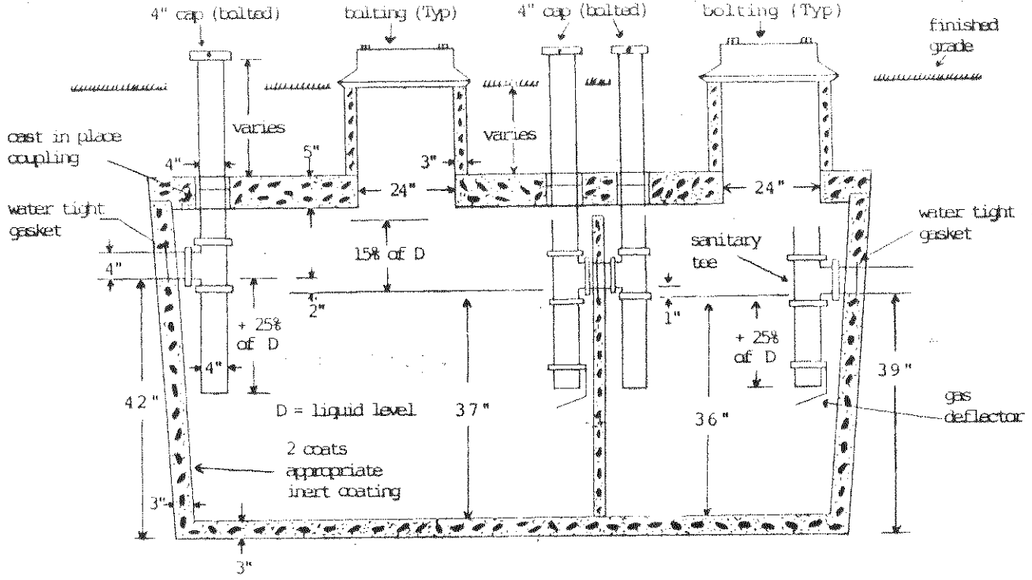
Tank is 4000 psi concrete- steel reinforced
Concrete conforms to ACI 318-16-4.5.1
and 318-16-4.5.2

1250 Gallon Septic Tank

2 compartment by Riemerschon Concrete Products
(or approved equal)



Well Detail (N.T.S)

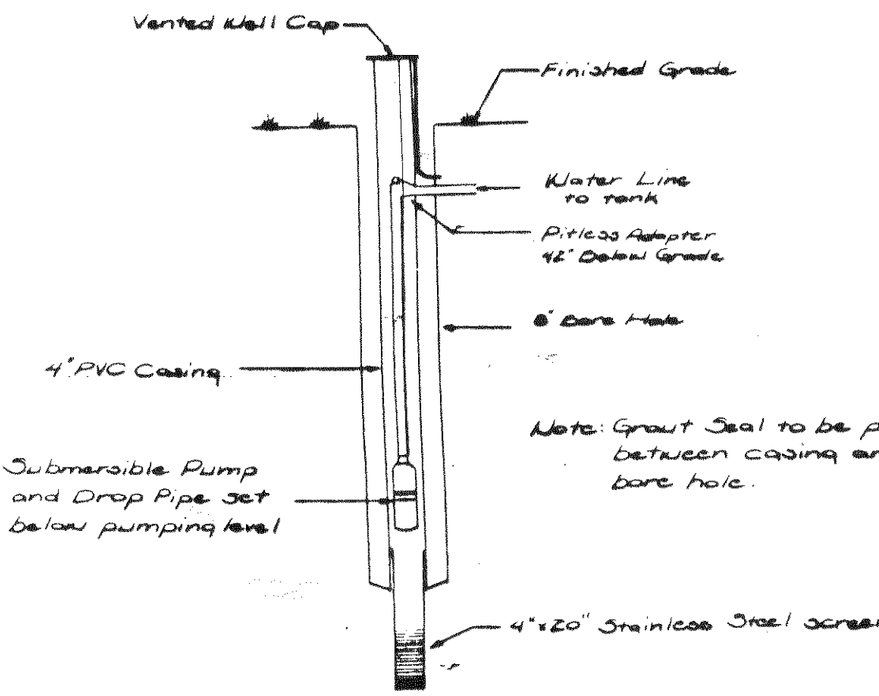


Tank tapers top to bottom and is trapezoidal in cross section.

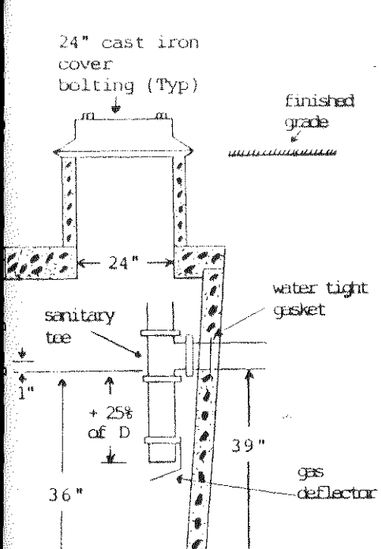
Tank is 4000 psi concrete- steel reinforced
Concrete conforms to ACI 318-16-4.5.1
and 318-16-4.5.2

1250 Gallon Septic Tank

2 compartment by Richardson Concrete Products
(or approved equal)



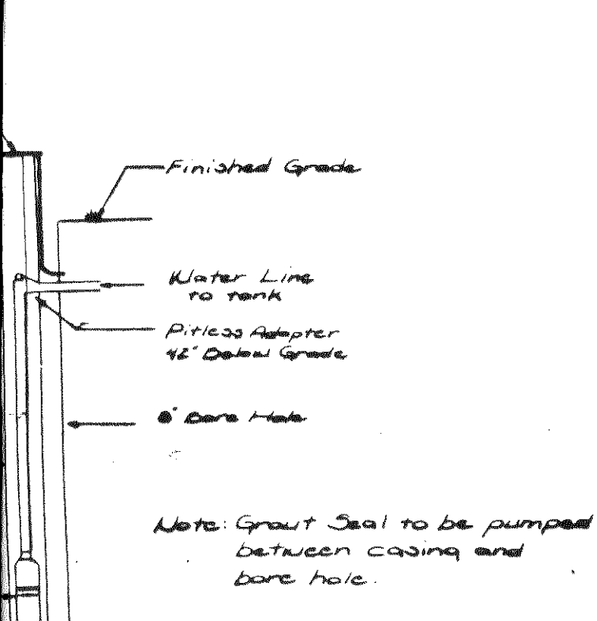
Well Detail (N.T.S)



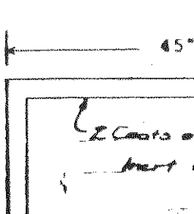
000 psi concrete- steel reinforced
conforms to ACI 318-16-4.5.1
and 318-16-4.5.2

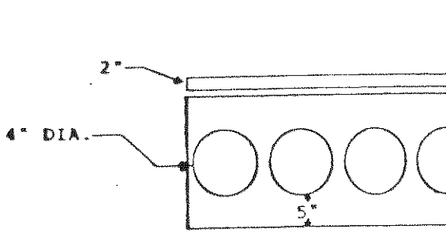
EPTIC TANK

BHON CONCRETE PRODUCTS



ETAIL (N.T.S)





DISTRIBUTIO

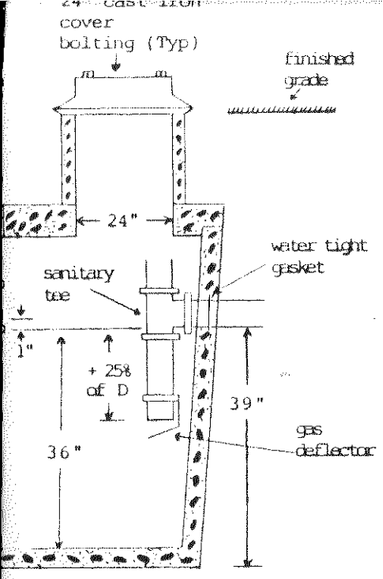
REV.	DATE	

ROGER J. MA
124 HAIN
TOMS RIVER, N
PHONE: (90
FAX: (908)

FINAL

PLOT PLAN & SEP

LOT 16.19

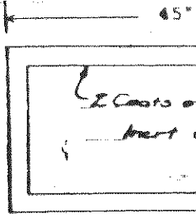


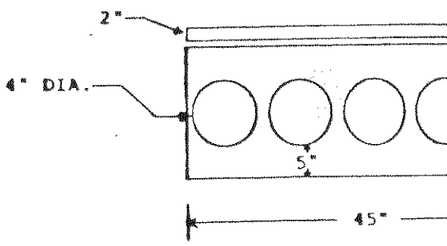
000 psi concrete- steel reinforced
conforms to ACI 318-16-4.5.1
and 318-16-4.5.2

EPTIC TANK

BHON CONCRETE PRODUCTS

ETAIL (NTS)





DISTRIBUTIO

REV.	DATE	

ROGER J. MA
124 HAIN
TOMS RIVER, N
PHONE: (908
FAX: (908)

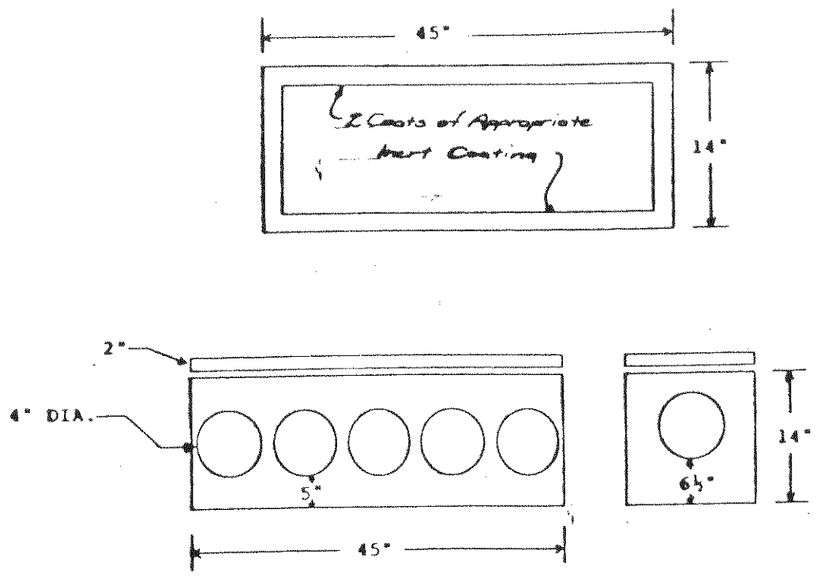
FINAL

PLOT PLAN & SEP

LOT 16.19

TOWNSHIP OF JACKSON

SCALE:	DATE:	ACAD No.:
AS NOTED	8-6-93	



DISTRIBUTION BOX (N.T.S.)

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

PLOT PLAN & SEPTIC SYSTEM DESIGN

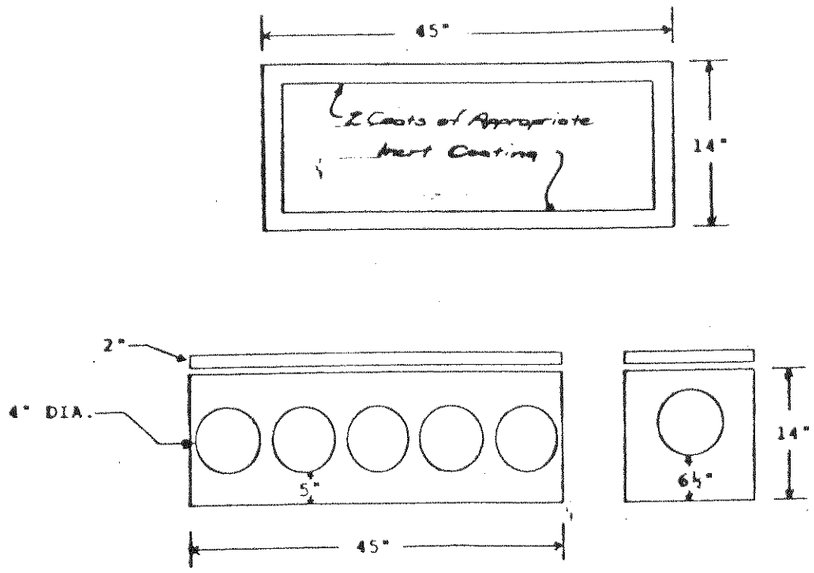
LOT 16.19 – BLOCK 83

TOWNSHIP OF JACKSON OCEAN COUNTY NEW JERSEY

Roger J. Marino

ROGER J. MARINO
N.J.P.E. LIC. No. 37511

SCALE:	DATE:	ACAD No.:	DRAWN BY:	CHECKED BY:	FIELD BOOK No.:	SHEET No.:
As Noted	8-6-93		R.J.M.	R.J.M.		2 of 3



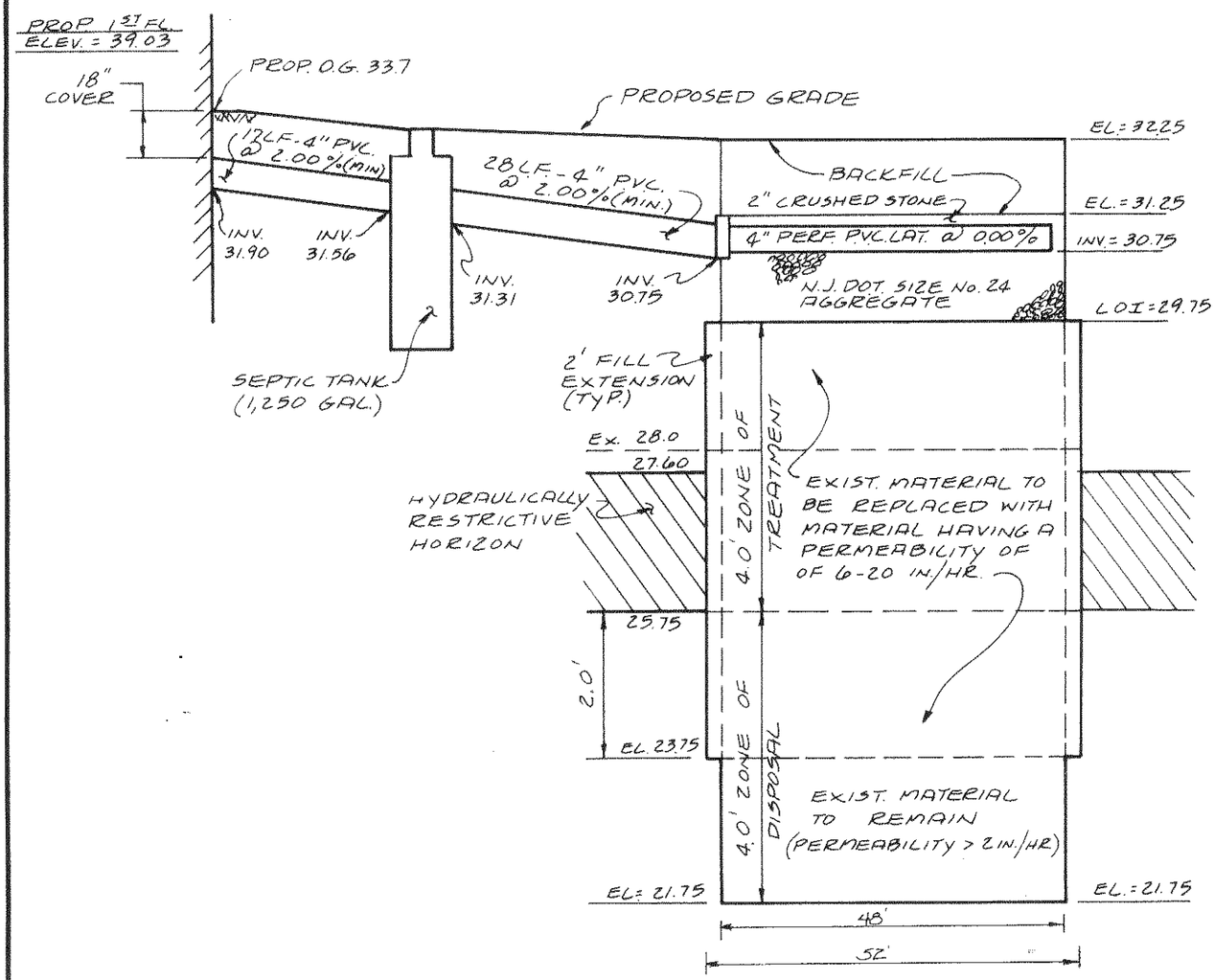
DISTRIBUTION BOX (N.T.S.)

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

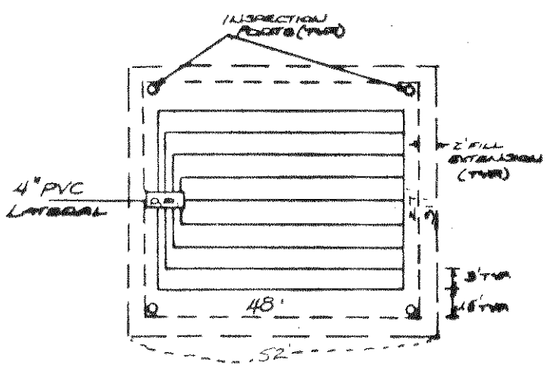
FINAL PLAN

Roger J. Marino



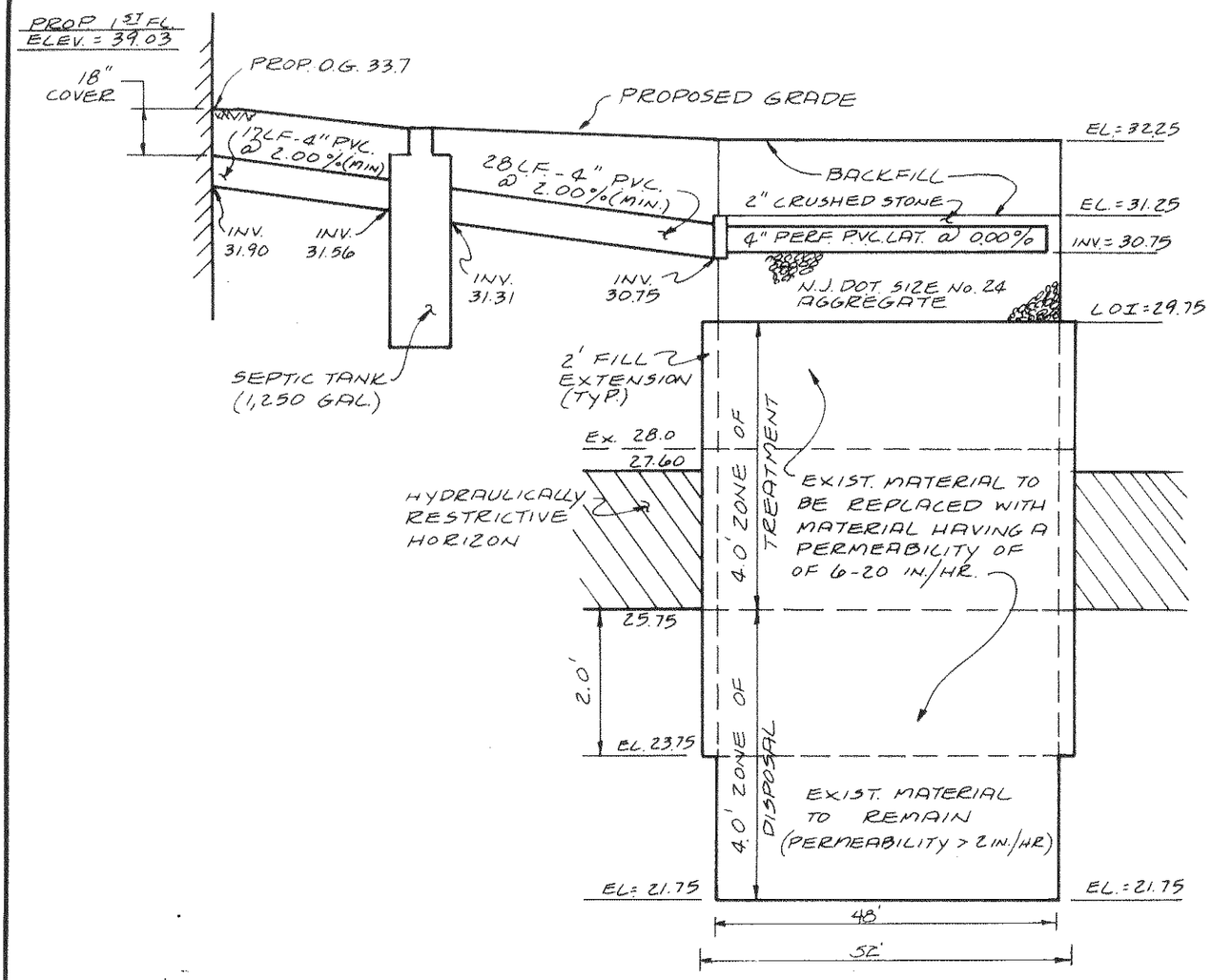
PROFILE OF SYSTEM

N.T.S.



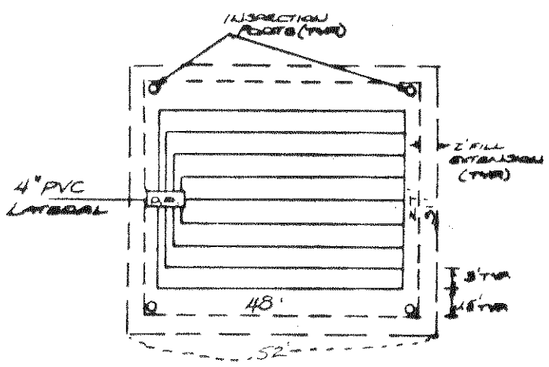
DISPOSAL BED PLAN VIEW

N.T.S.



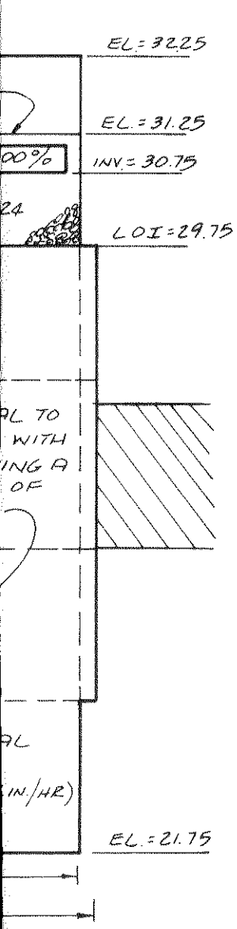
PROFILE OF SYSTEM

N.T.S.

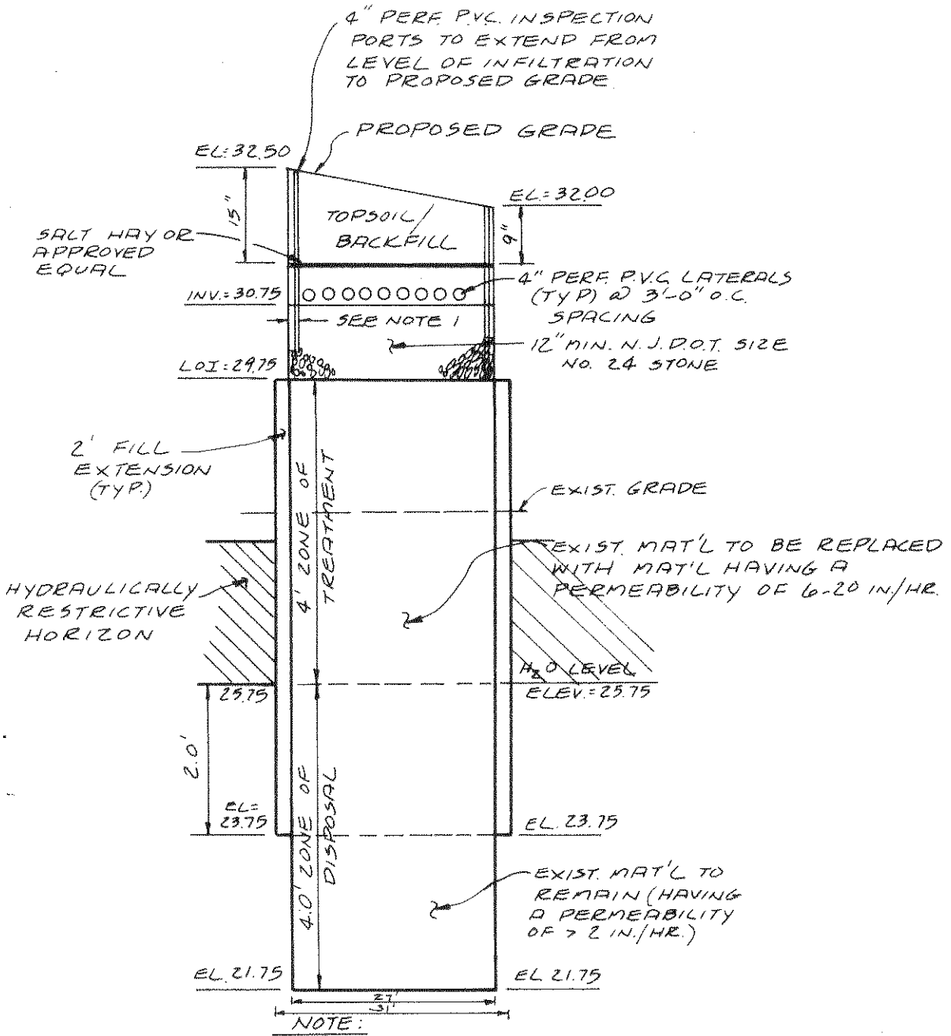


DISPOSAL BED PLAN VIEW

N.T.S.



STEM

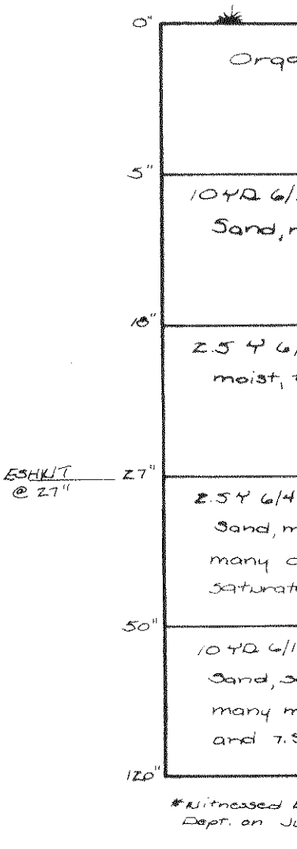


NOTE:
1- 1.5' FROM LATERAL TO EDGE OF BED (TYP.) THE 1.5' SHALL BE MEASURED FROM THE ℄ OF THE LATERAL TO THE EDGE OF BED.

BED CROSS-SECTION

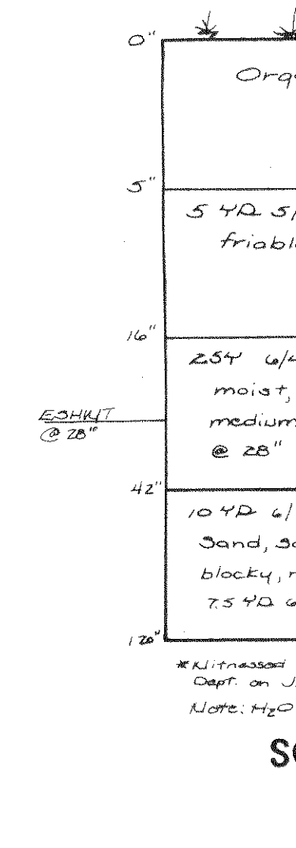
SCALE: 1" = 20' HORIZ.
1" = 2' VERT.

BED TYPE: MOUNDED SOIL REPLACEMENT
SOIL SUITABILITY CLASS: III Ht.



*Witnessed
Dept. on
Note: H_2O

SC



*Witnessed
Dept. on
Note: H_2O

SC

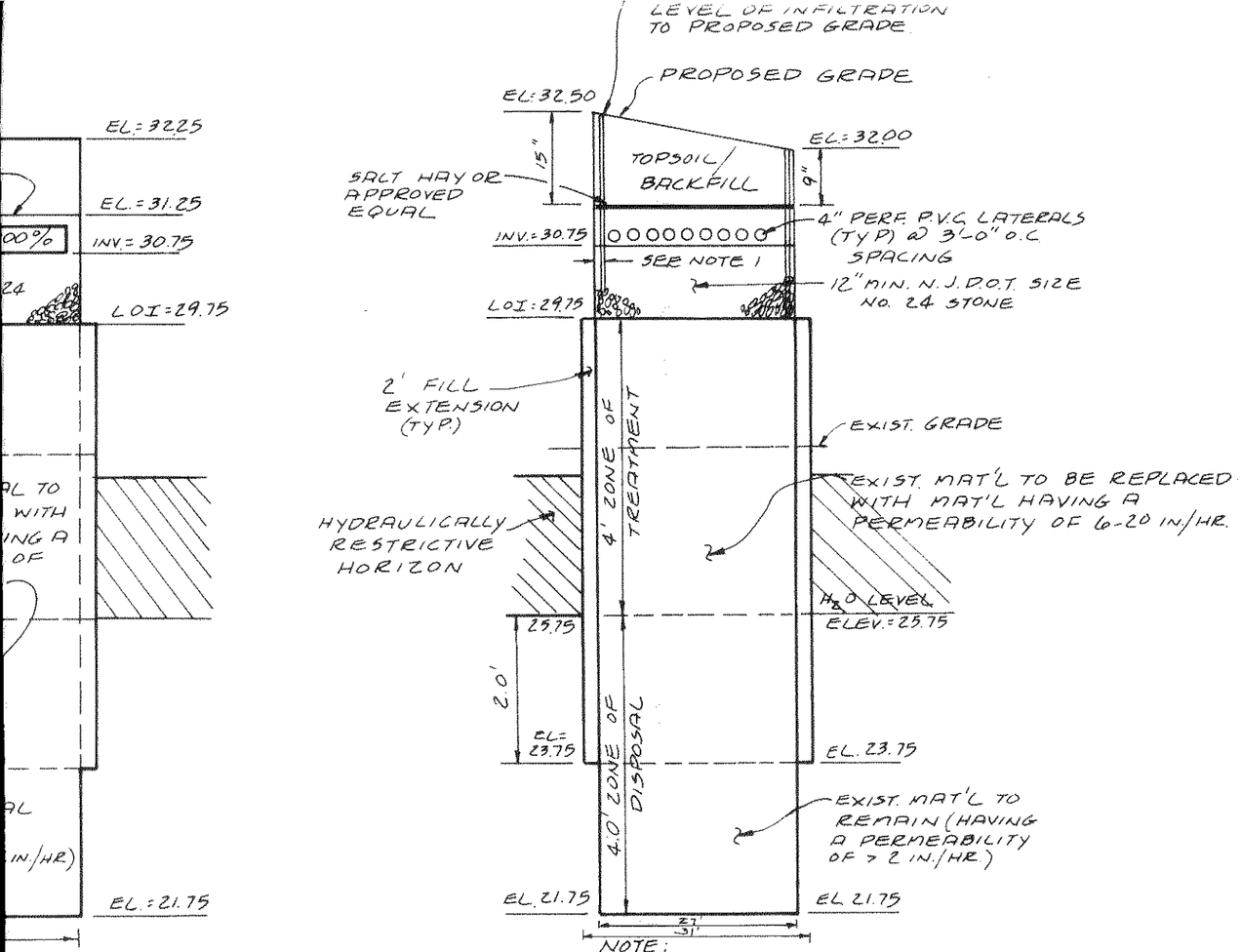
REV.	DATE	

ROGER J. MAR
124 HAIN
TOMS RIVER, NE
PHONE: (908
FAX: (908)

FINAL

PLOT PLAN & SEPT

LOT 16.19 –



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BED CROSS-SECTION

SCALE: 1" = 20' HORIZ.
1" = 2' VERT.

BED TYPE: MOUNDED SOIL REPLACEMENT
SOIL SUITABILITY CLASS: III Hr.

REV.	DATE	

ROGER J. MA
124 HAIN
TOMS RIVER, N
PHONE: (908
FAX: (908)

FINAL

PLOT PLAN & SEPT

LOT 16.19 -

TOWNSHIP OF JACKSON

SCALE:	DATE:	ACAD No.:
N.T.S.	8-6-93	

. INSPECTION
XTEND FROM
N FILTRATION
D GRADE.

D GRADE

EL.=32.00

9"

4" PERF. P.V.C. LATERALS
(TYP.) @ 3'-0" O.C.
SPACING

12" MIN. N.J.D.O.T. SIZE
NO. 24 STONE

EXIST. GRADE

EXIST. MAT'L TO BE REPLACED
WITH MAT'L HAVING A
PERMEABILITY OF 6-20 IN/HR.

H_2O LEVEL
ELEV.=23.75

EL. 23.75

EXIST. MAT'L TO
REMAIN (HAVING
A PERMEABILITY
OF > 2 IN./HR.)

EL 21.75

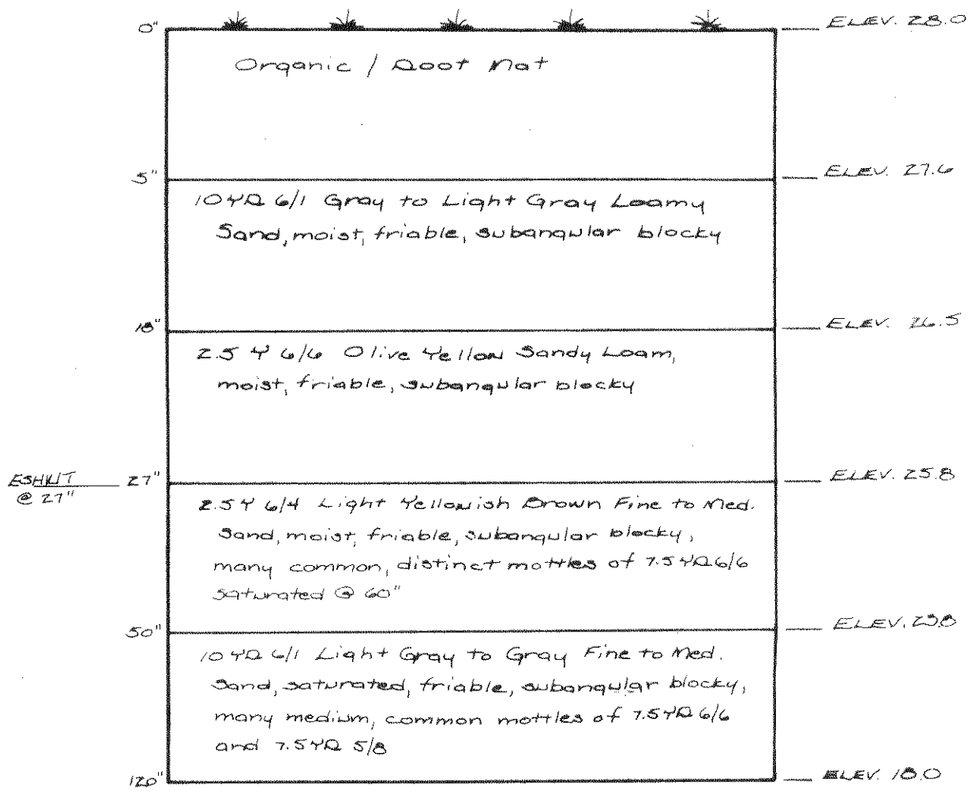
H

RAL TO EDGE OF
1.5' SHALL BE
N THE ℄ OF THE
EDGE OF BED.

- SECTION

0' HORIZ.
VERT.

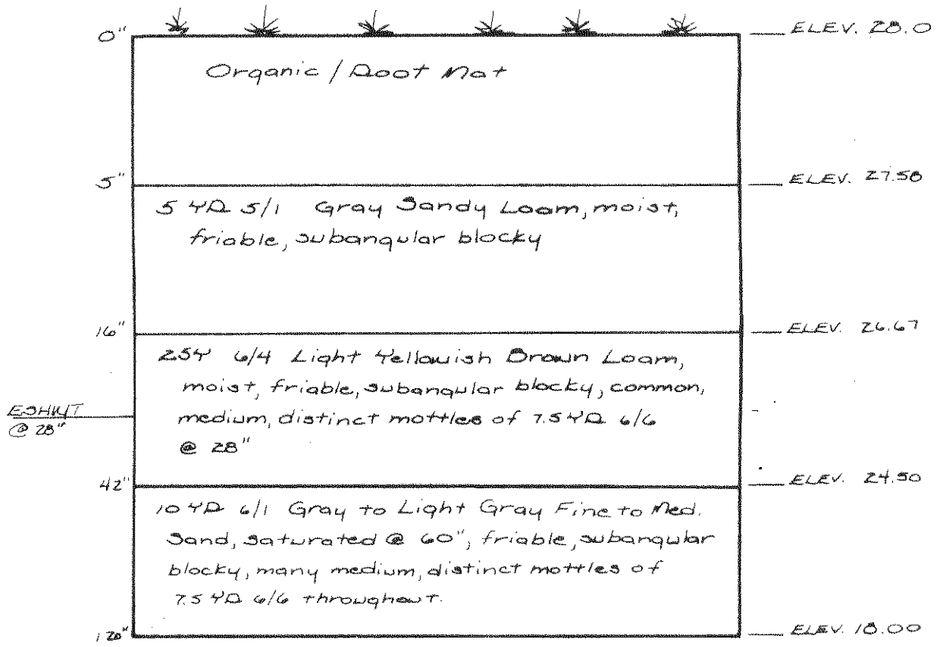
IDED SOIL REPLACEMENT
TY CLASS: III HT.



*Witnessed By Fred Magee of the Ocean County Health Dept. on July 6, 1993

Note: H_2O @ 60"

SOIL LOG SB-1



*Witnessed By Fred Magee of the Ocean County Health Dept. on July 6, 1993

Note: H_2O @ 60"

SOIL LOG SB-2

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

PLOT PLAN & SEPTIC SYSTEM DESIGN

LOT 16.19 – BLOCK 83

TOWNSHIP OF JACKSON OCEAN COUNTY NEW JERSEY

Roger J. Marino

ROGER J. MARINO
N.J.P.E. LIC. No. 37511

SCALE:	DATE:	ACAD No.:	DRAWN BY:	CHECKED BY:	FIELD BOOK No.:	SHEET No.:
N.T.S.	8-6-93		cm/ R.J.M.	R.J.M.		3 of 3

. INSPECTION
XTEND FROM
N FILTRATION
D GRADE

GRADE

EL=32.00

9"

4" PERF. P.V.C. LATERALS (TYP) @ 3'-0" O.C. SPACING

12" MIN. N.J.D.O.T. SIZE NO. 24 STONE

EXIST. GRADE

EXIST. MAT'L TO BE REPLACED WITH MAT'L HAVING A PERMEABILITY OF 6-20 IN/HR.

H_2O LEVEL ELEV.=25.75

EL. 23.75

EXIST. MAT'L TO REMAIN (HAVING A PERMEABILITY OF > 2 IN./HR.)

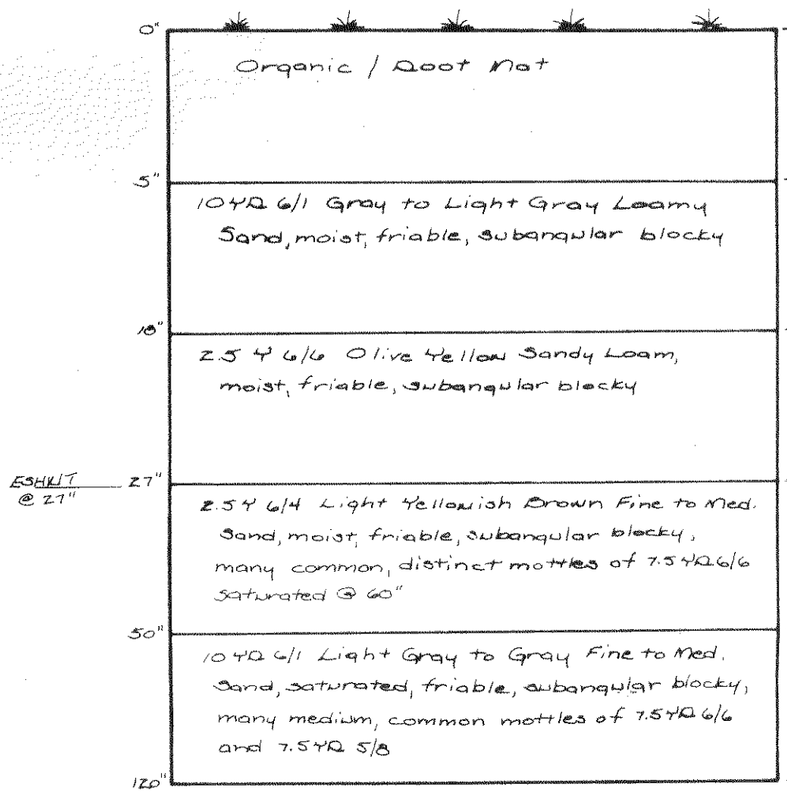
EL 21.75

RAL TO EDGE OF
1.5' SHALL BE
M THE ℄ OF THE
E EDGE OF BED.

- SECTION

0' HORIZ.
' VERT.

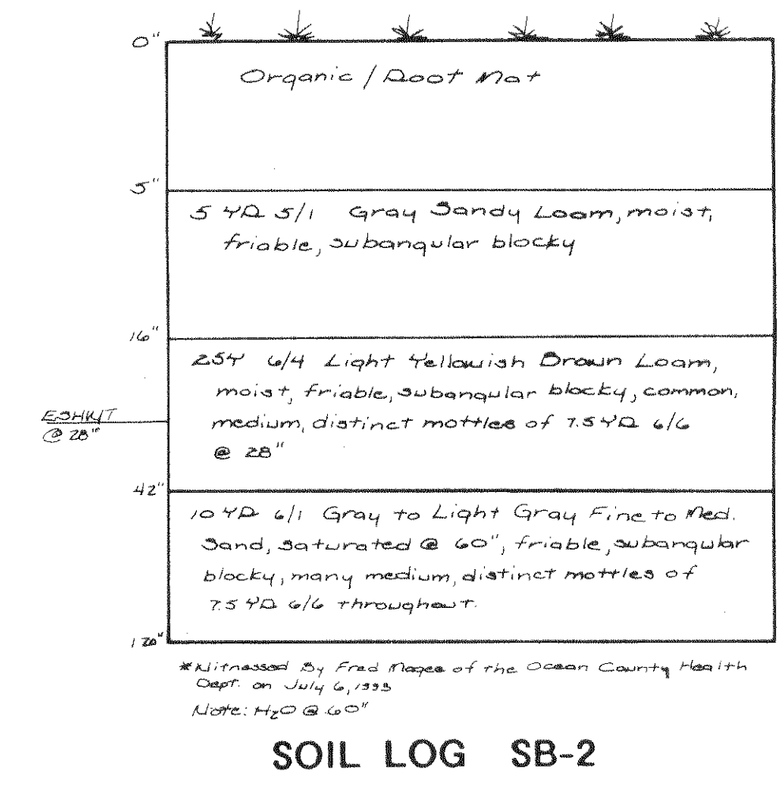
NDED SOIL REPLACEMENT
TY CLASS: III HP.



*Witnessed By Fred Magee of the Ocean County Health Dept. on July 6, 1993

Note: H_2O @ 60"

SOIL LOG SB-1



*Witnessed By Fred Magee of the Ocean County Health Dept. on July 6, 1993

Note: H_2O @ 60"

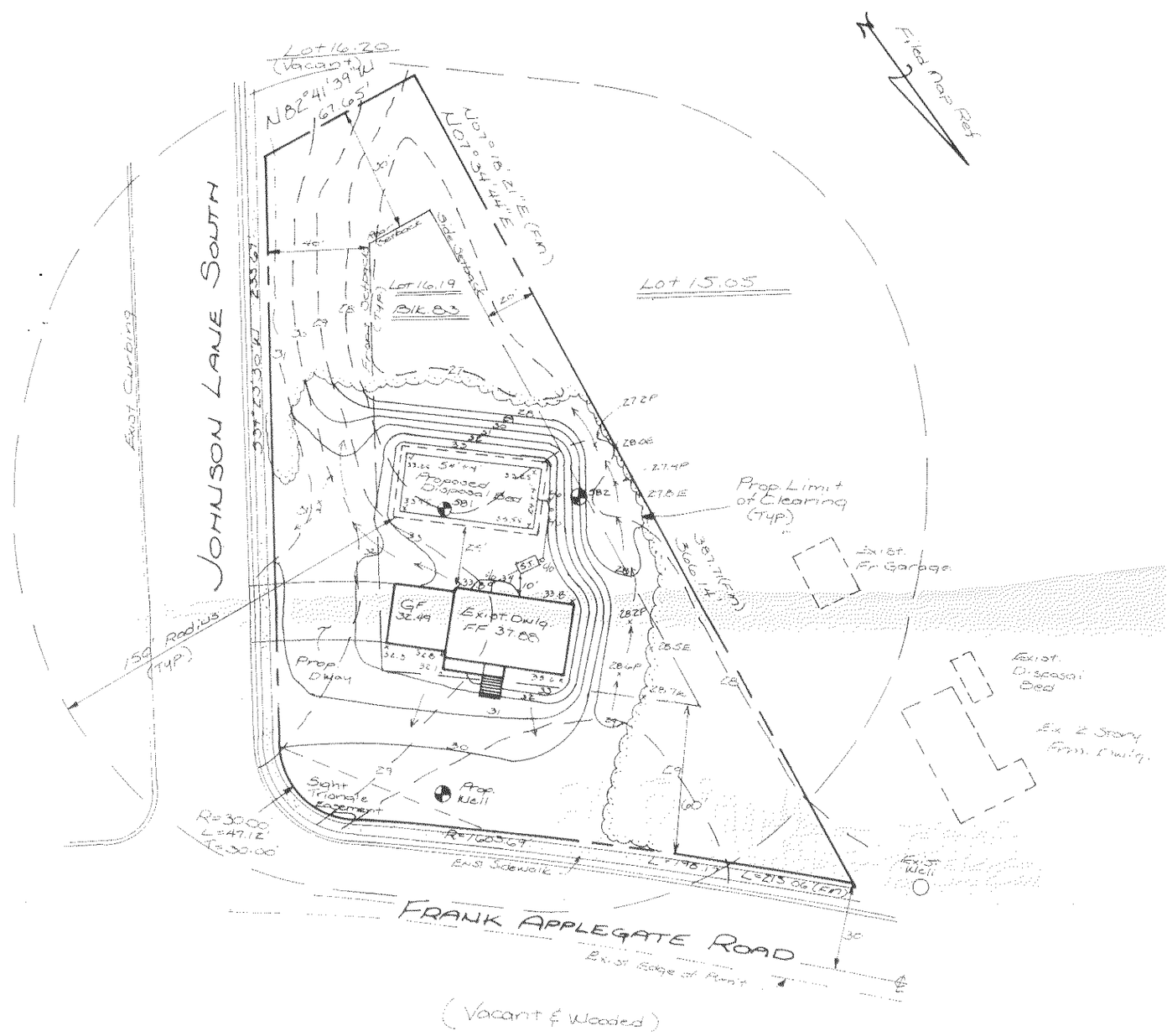
SOIL LOG SB-2

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

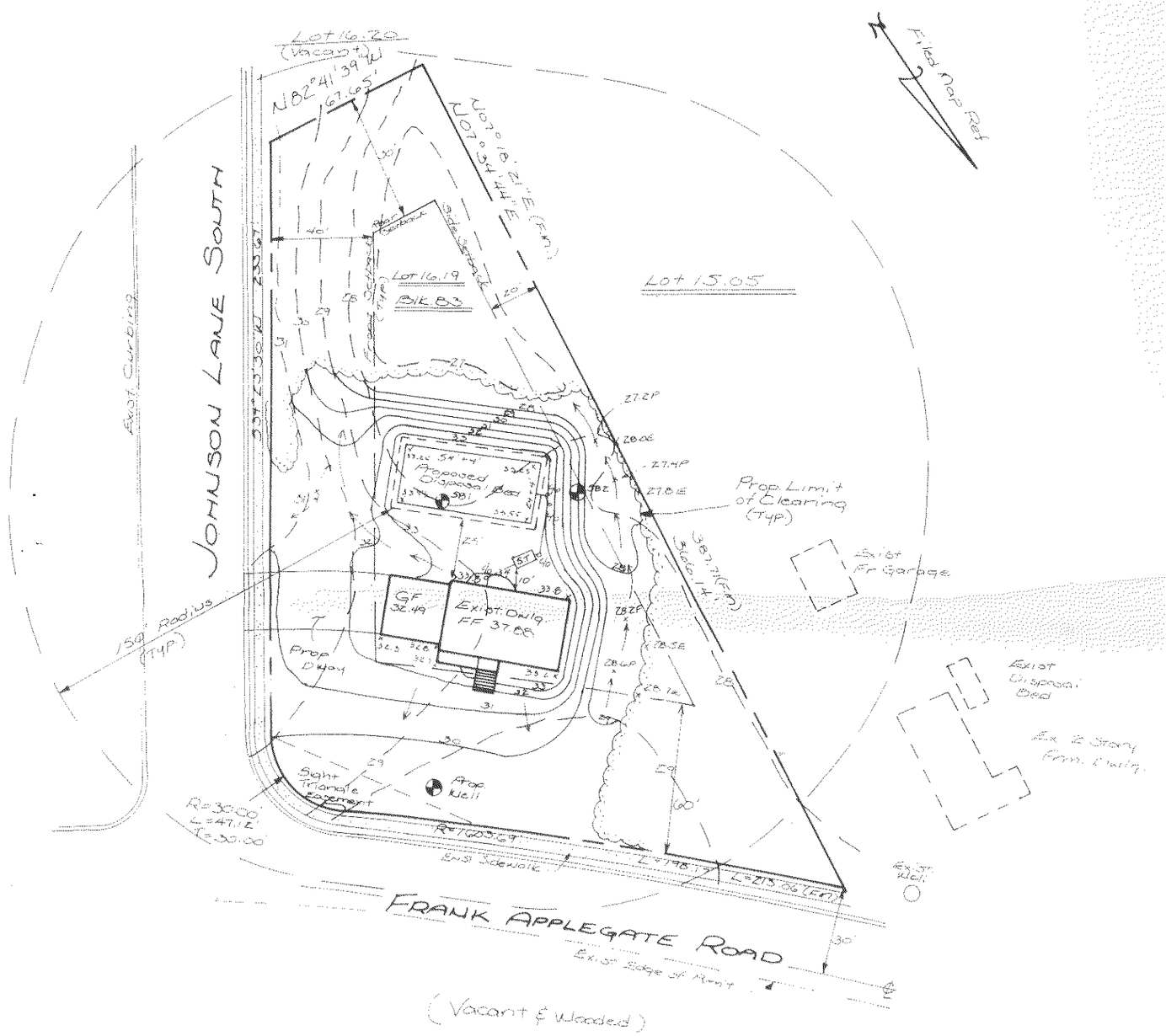
FINAL PLAN

Roger J. Marino



Legend

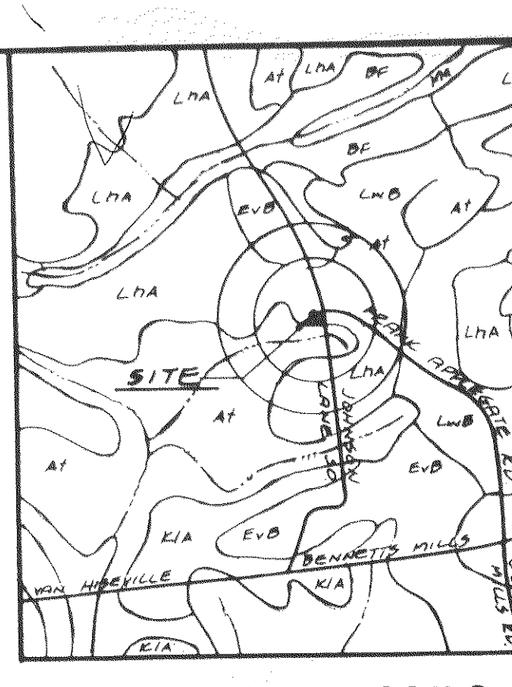
SB1 ●	Soil Boring Location
S.T.	Septic Tank
C/O	Clean Out
28.2P x	Proposed Spot Elevation
28.0E x	Existing Spot Elevation
-- 27 --	Existing Contour
29	Proposed Contour



Legend

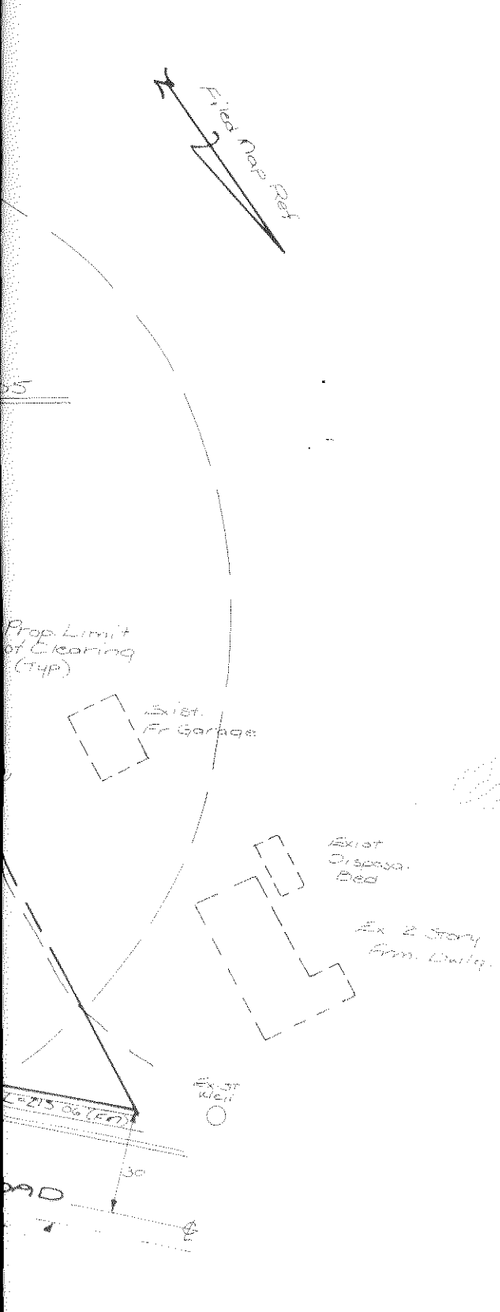
SB1	Soil Boring Location
S.T.	Septic Tank
C/O	Clean Out
ZB.2P x	Proposed Spot Elevation
ZB.0E x	Existing Spot Elevation
— 27 —	Existing Contour
— 29 —	Proposed Contour

0



OCEAN COUNTY SOILS

SCALE: 1" = 1667'



DESIGN REQUIREMENTS

REQUIRED

5 Bedrooms = 800 gal./day
Design Soil Permeability Class = K4
Design Permeability = 6-20 in./hr.
1.61 SF/ gal./day x 800 gal./day = 1288 SF

PROVIDED

24' X 54' Bed = 1296 SF
Septic Tank Capacity = 1250 gallons

Notes:

1. The Ocean County Soil Survey shows the soils on-site to be Lakehurst Sands.
2. The Estimated Seasonal High Water Table as determined during the on-site investigation is 12".
3. Laterals within the distribution network are to be joined in a loop. The connecting loop shall be installed such that two feet of linear bed space is maintained between the edge of the bed and the loop.
4. Inspection ports shall be installed at all bed corners. The ports shall consist of perforated PVC which extends from the ground surface to the Level of Infiltration. The ports shall be equipped with removable caps.
5. Fill material within the Zones of Treatment and Disposal shall meet the requirements of N.J.A.C. 7:9A-10.1 (f)4, and shall have a design Permeability Class of 6-20 in./hr. Testing of the permeability of the placed material shall be performed at the Level of Infiltration. The compaction of fill material shall be in accordance with N.J.A.C. 7:9A-10.4 (f)3 as follows:

Compaction

A. Fill material within the disposal field shall be spread and compacted in layers of one foot or less in thickness.
B. Compaction may be accomplished manually or mechanically, by tamping or rolling, or by driving over the filled area in a controlled pattern using tracked or rubber tired vehicles. Compaction may also be accomplished by puddling.
C. When heavy excavating equipment is operated within the excavation for the purpose of placement or compaction of the fill material, this equipment shall not be driven directly on the exposed bottom of the excavation. A minimum of one foot of fill material shall be maintained below the vehicle tracks or wheels at all times.

NOTES:

1. Prope
2. Total
3. The s
4. Dista
5. There well.
6. There
7. Topog Co., south Apple
8. Outb Town prep 11/6
9. Appl

GRAPHIC SCALE

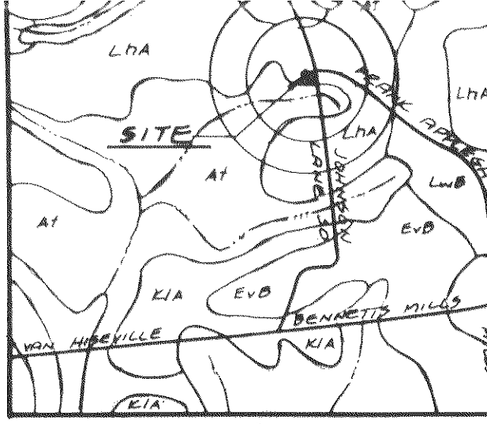
REV.	DATE	
2	6-1-94	Revised As P
1	9-17-93	Revised As P

ROGER J. MAR
An Engineering
124
TOMS RIVER,
PHONE:
FAX: (

PLOT PLAN AND S

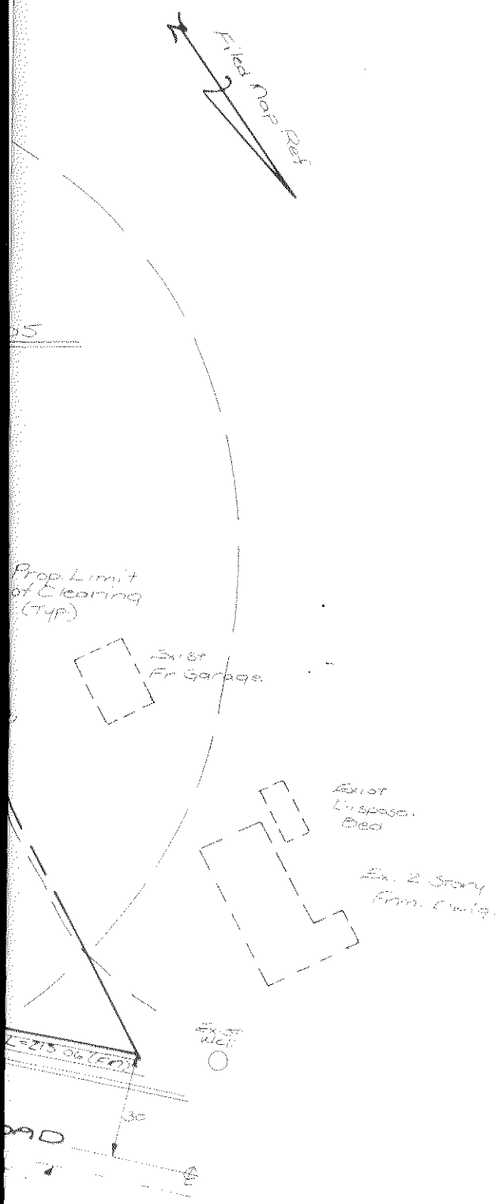
LOT 16

JACKSON TOWNSHIP



OCEAN COUNTY SOILS

SCALE: 1" = 1667'



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1.61 SF/ gal./day x 800 gal./day = 1288 SF

PROVIDED

24' X 54' Bed = 1296 SF
Septic Tank Capacity = 1250 gallons

Notes:

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5. Fill material within the Zones of Treatment and Disposal shall meet the requirements of N.J.A.C. 7:9A-10.1 (f)4, and shall have a design Permeability Class of 6-20 in./hr. Testing of the permeability of the placed material shall be performed at the Level of Infiltration. The compaction of fill material shall be in accordance with N.J.A.C. 7:9A-10.4 (f)3 as follows:

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NOTES:

1. Prop
2. Tota
3. The
4. Dist
5. Ther well
6. Ther
7. Topo Co., sout Appl
8. Outl Town prep 11/6
9. Appl

GRAPHIC SCALE

0 25 50 100 150

REV.	DATE	
2	6-1-94	Revised As Pe
1	9-17-93	Revised As Pe

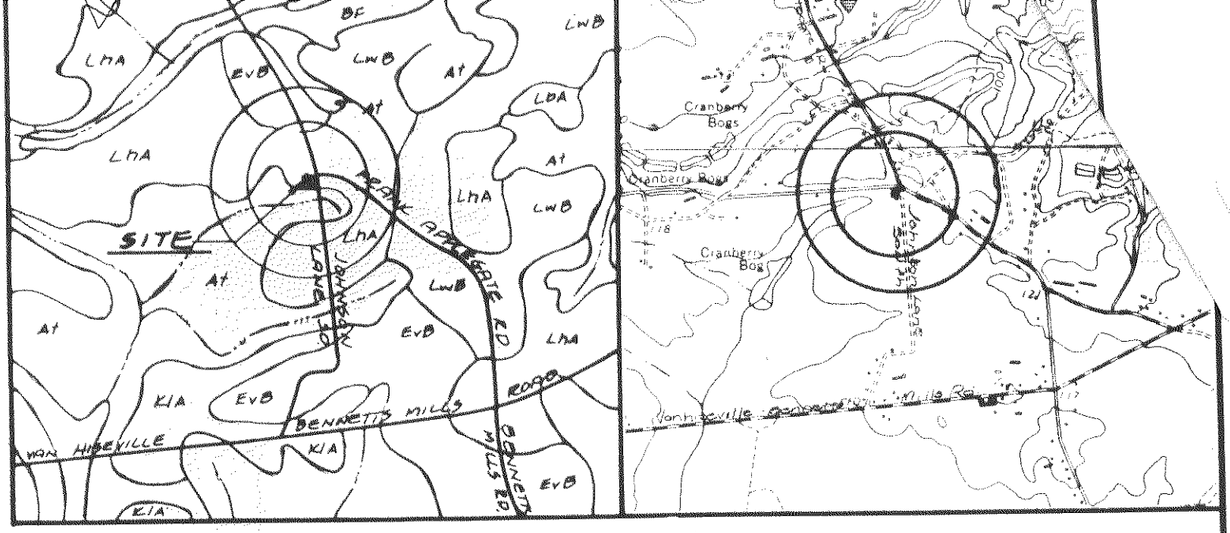
ROGER J. MAR
An Engineering
124 H
TOMS RIVER,
PHONE: (
FAX: (9

PLOT PLAN AND S

LOT 16.

JACKSON TOWNSHIP

SCALE:	DATE:	ACAD
1"= 50'	8/6/93	



OCEAN COUNTY SOILS MAP

SCALE: 1" = 1667'

LAKEHURST QUADRANGLE

SCALE: 1" = 2000'

DESIGN REQUIREMENTS

REQUIRED

5 Bedrooms = 800 gal./day
Design Soil-Permeability Class = K4
Design Permeability = 6-20 in./hr.
1.61 SF/ gal./day x 800 gal./day = 1288 SF

PROVIDED

24' X 54' Bed = 1296 SF
Septic Tank Capacity = 1250 gallons

Notes:

1. The Ocean County Soil Survey shows the soils on-site to be Lakehurst Sands.
2. The Estimated Seasonal High Water Table as determined during the on-site investigation is 12".
3. Laterals within the distribution network are to be joined in a loop. The connecting loop shall be installed such that two feet of linear bed space is maintained between the edge of the bed and the loop.
4. Inspection ports shall be installed at all bed corners. The ports shall consist of perforated PVC which extends from the ground surface to the Level of Infiltration. The ports shall be equipped with removable caps.
5. Fill material within the Zones of Treatment and Disposal shall meet the requirements of N.J.A.C. 7:9A-10.1 (f)4, and shall have a design Permeability Class of 6-20 in./hr. Testing of the permeability of the placed material shall be performed at the Level of Infiltration. The compaction of fill material shall be in accordance with N.J.A.C. 7:9A-10.4 (f)3 as follows:

Compaction

A. Fill material within the disposal field shall be spread and compacted in layers of one foot or less in thickness.
B. Compaction may be accomplished manually or mechanically, by tamping or rolling, or by driving over the filled area in a controlled pattern using tracked or rubber tired vehicles. Compaction may also be accomplished by puddling.
C. When heavy excavating equipment is operated within the excavation for the purpose of placement or compaction of the fill material, this equipment shall not be driven directly on the exposed bottom of the excavation. A minimum of one foot of fill material shall be maintained below the vehicle tracks or wheels at all times.

NOTES:

1. Property known as Lot 16.19, Block 83, Jackson Township, New Jersey.
2. Total lot area = 40,990 S.F. (0.941 Ac.)
3. The site is partially wooded and the residential unit has been constructed.
4. Distance between proposed well and septic bed is 105'.
5. There are no existing wells or disposal beds within 100' of the proposed well.
6. There are no existing septic beds within 50' of the proposed bed.
7. Topographic information based upon field work performed by Seneca Survey Co., Inc. on July 2, 1993. Benchmark is nail in JCPL pole located at the southwest corner of the intersection of Johnson Lane South and Frank Applegate Road. Assumed elevation is 30.00.
8. Outbound Survey information taken from a plan entitled "Plot Plan Situate Township of Jackson, Ocean County, New Jersey, Block 83, Lot 16.19", prepared by Seneca Survey Co., Inc., dated 7/22/93, and last revised on 11/6/93.
9. Applicant: Dorothy Batton
133 Wilson Avenue
Port Monmouth, New Jersey 07758

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.
2	6-1-94	Revised As Per O.C.H.D.	RJM	RJM
1	9-17-93	Revised As Per Twp Engr.	RJM	RJM

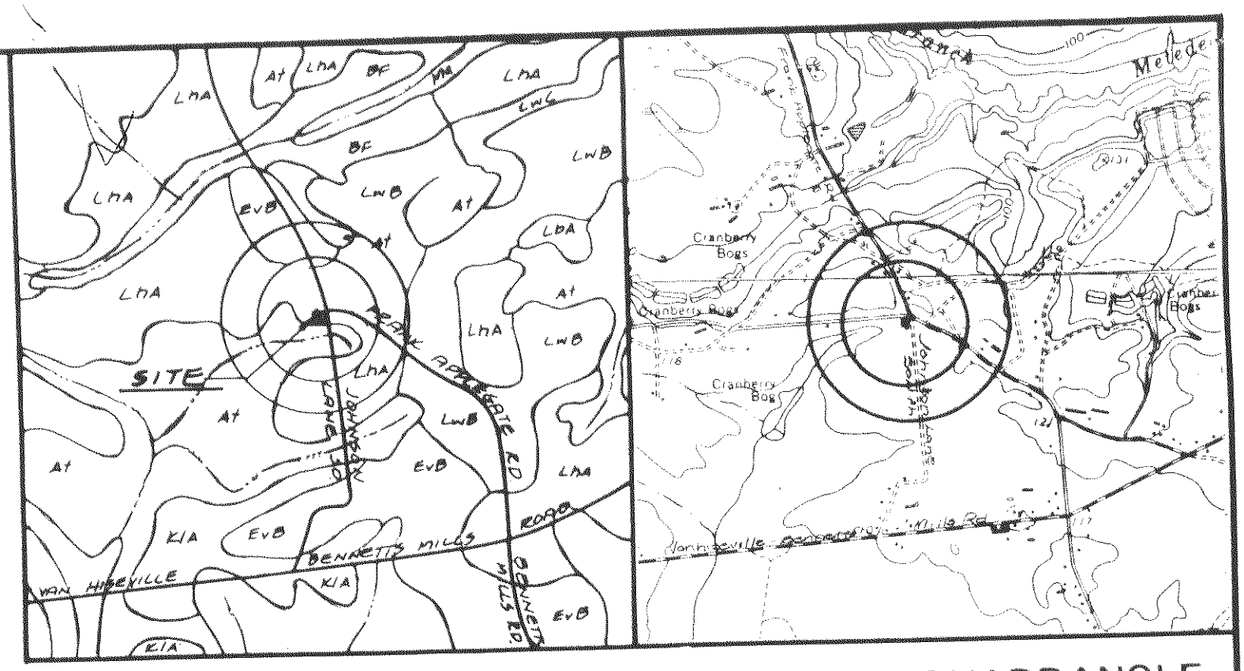
ROGER J. MARINO & ASSOC., INC.
An Engineering Services Corporation
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

PLOT PLAN AND SEPTIC SYSTEM DESIGN

LOT 16.19 BLOCK 83
JACKSON TOWNSHIP OCEAN COUNTY NEW JERSEY

ROGER J. MARINO
PROFESSIONAL ENGINEER
N.J.P.E. LIC. No. 37511

SCALE:	DATE:	ACAD No.:	DRAWN BY:	CHECKED BY:	FIELD BOOK No.:	SHEET No.:
1"= 50'	8/6/93		RJM			1 OF 3



OCEAN COUNTY SOILS MAP

SCALE: 1" = 1667'

LAKEHURST QUADRANGLE

SCALE: 1" = 2000'

DESIGN REQUIREMENTS

REQUIRED

5 Bedrooms = 800 gal./day
Design Soil Permeability Class = K4
Design Permeability = 6-20 in./hr.
1.61 SF/ gal./day x 800 gal./day = 1288 SF

PROVIDED

24' X 54' Bed = 1296 SF
Septic Tank Capacity = 1250 gallons

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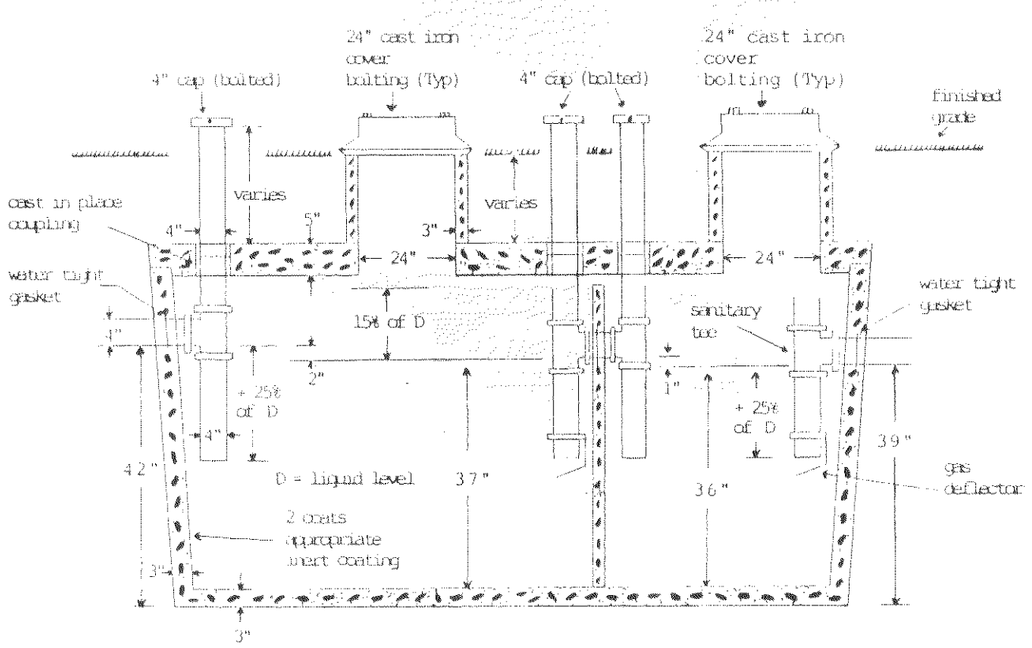
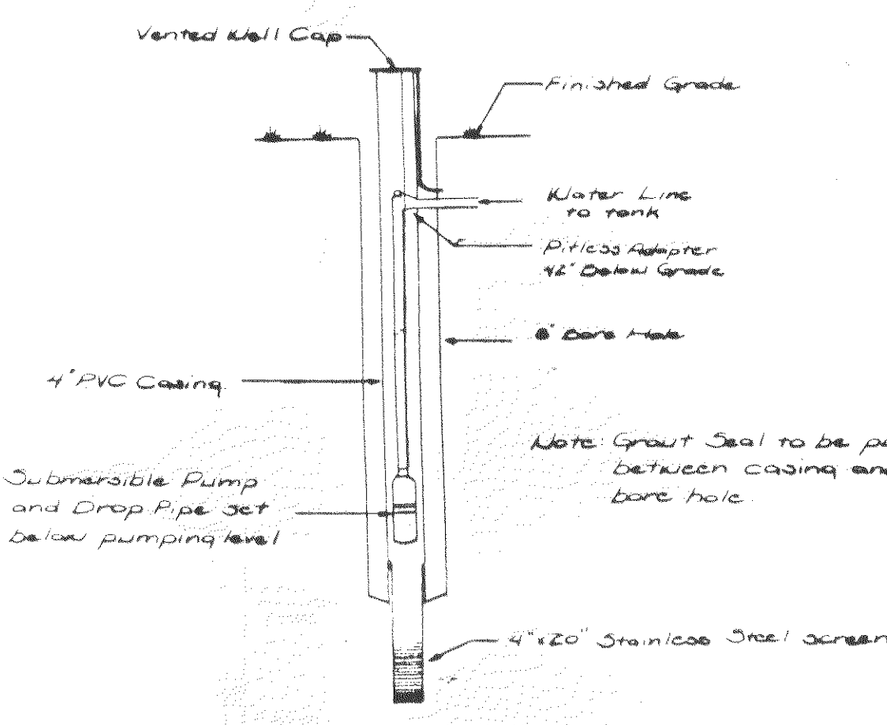


Tank tapers top to bottom and is trapezoidal in cross section.

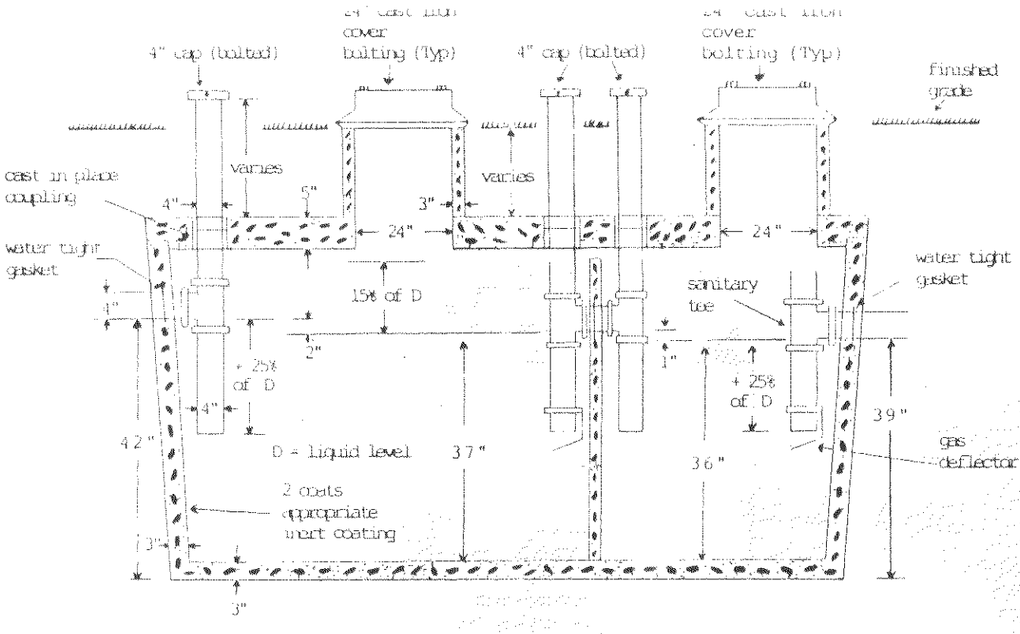
Tank is 4000 psi concrete- 5/8" reinforced Concrete conforms to ACI 318-16-4.5.1 and 318-16-4.5.2

1250 Gallon Septic Tank

2 COMPARTMENT BY RIVERSHON CONCRETE PRODUCTS (OR APPROVED EQUAL)



Well Detail (WTS)

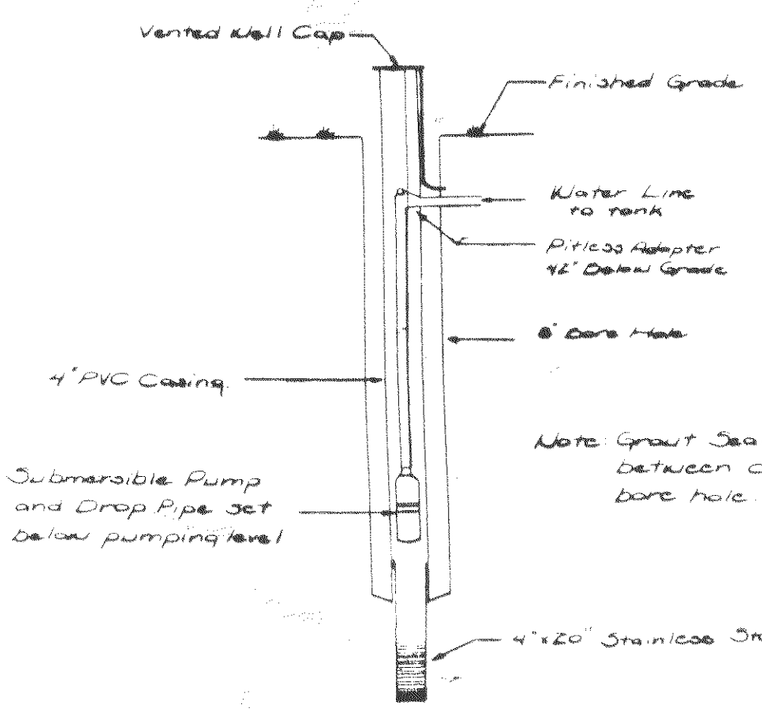


Tank tapers top to bottom and is trapezoidal in cross section.

Tank is 4000 psi concrete- steel reinforced. Concrete conforms to ACI 318-16-4.5.1 and 318-16-4.5.2

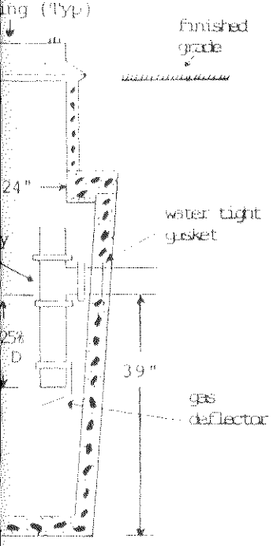
1250 Gallon Septic Tank

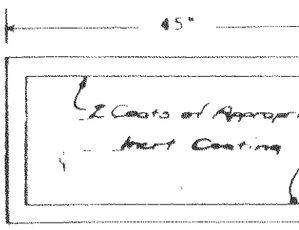
2 Compartment by Riverbend Concrete Products (or approved equal)

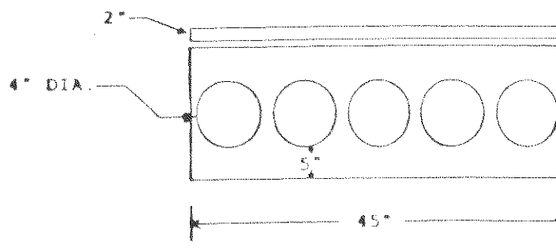


Well Detail (NTS)

cast iron
ing (Typ)







DISTRIBUTION B

ete- ... reinforced
CI 318-16-4.5.1
d 318-16-4.5.2

TANK

NCRETE PRODUCTS

Finished Grade

Water Line to tank

P.V.C. Adapter 42" Below Grade

8" Bore Hole

Note: Grout Seal to be pumped between casing and bore hole

4"x20' Stainless Steel screen

(NTS)

REV.	DATE	

ROGER J. MARINO & A
124 HAINES ROA
TOMS RIVER, NEW JERS
PHONE: (908) 349-93
FAX: (908) 349-247

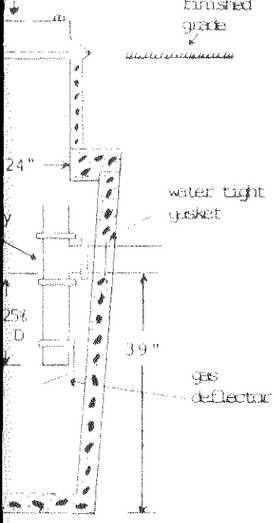
FINAL PLAN

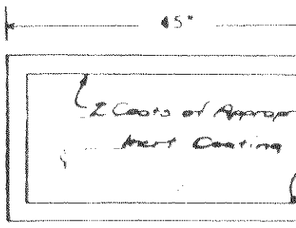
PLOT PLAN & SEPTIC SY

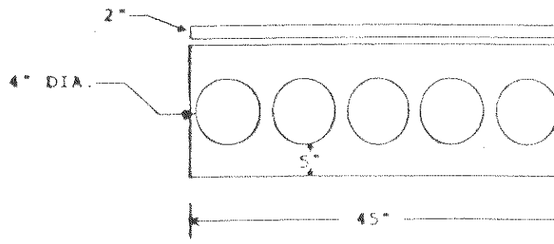
LOT 16.19 – BLOCK

cast iron

ing (Typ)







DISTRIBUTION B

ete- St. ' einforced
ACI 318-16-4.5.1
318-16-4.5.2

TANK

UCRETE PRODUCTS

Finished Grade

Water Line to tank

P.V.C. Adapter 42" Below Grade

8" Bore Hole

Note: Grout Seal to be pumped between casing and bore hole.

4"x20' Stainless Steel screen.

(NTS)

REV.	DATE	

ROGER J. MARINO & A
124 HAINES ROA
TOMS RIVER, NEW JERS
PHONE: (908) 349-93
FAX: (908) 349-247

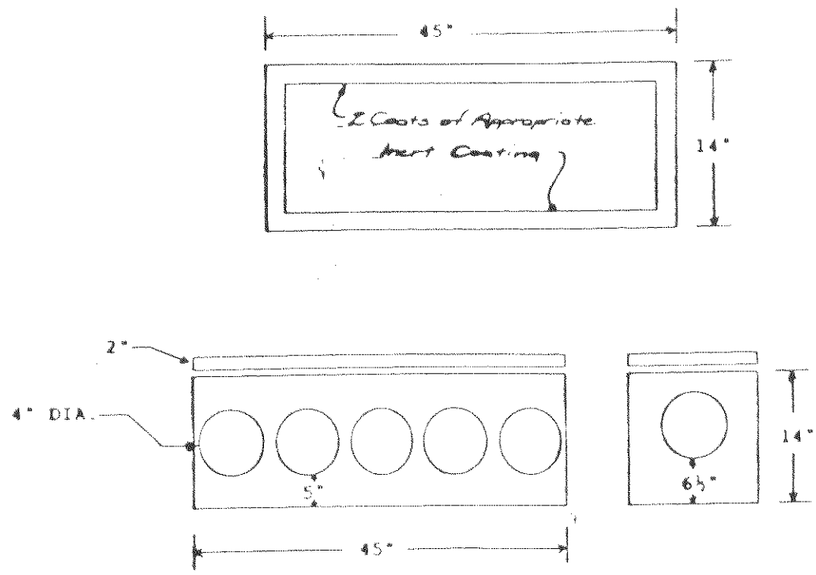
FINAL PLAN

PLOT PLAN & SEPTIC SY

LOT 16.19 – BLOCK

TOWNSHIP OF JACKSON OCEAN C

SCALE:	DATE:	ACAD No.:	DRA
As Noted	8-6-93		



DISTRIBUTION BOX (N.T.S.)

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

PLOT PLAN & SEPTIC SYSTEM DESIGN

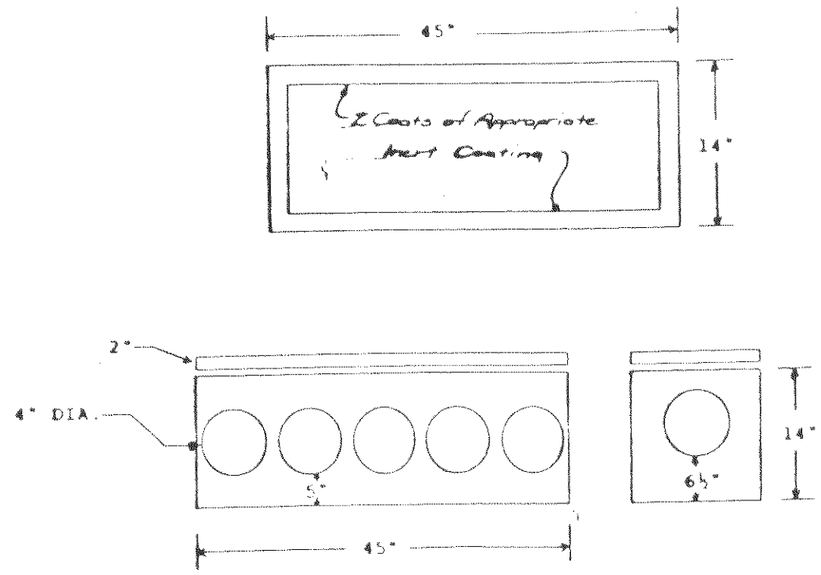
LOT 16.19 – BLOCK 83

TOWNSHIP OF JACKSON OCEAN COUNTY NEW JERSEY

Roger J. Marino

ROGER J. MARINO
N.J.P.E. LIC. No. 37511

SCALE:	DATE	ACAD No.:	DRAWN BY:	CHECKED BY:	FIELD BOOK No.	SHEET No.:
As Noted	8-6-93		R.J.M.	R.J.M.		2 of 3



DISTRIBUTION BOX (N.T.S.)

REV	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
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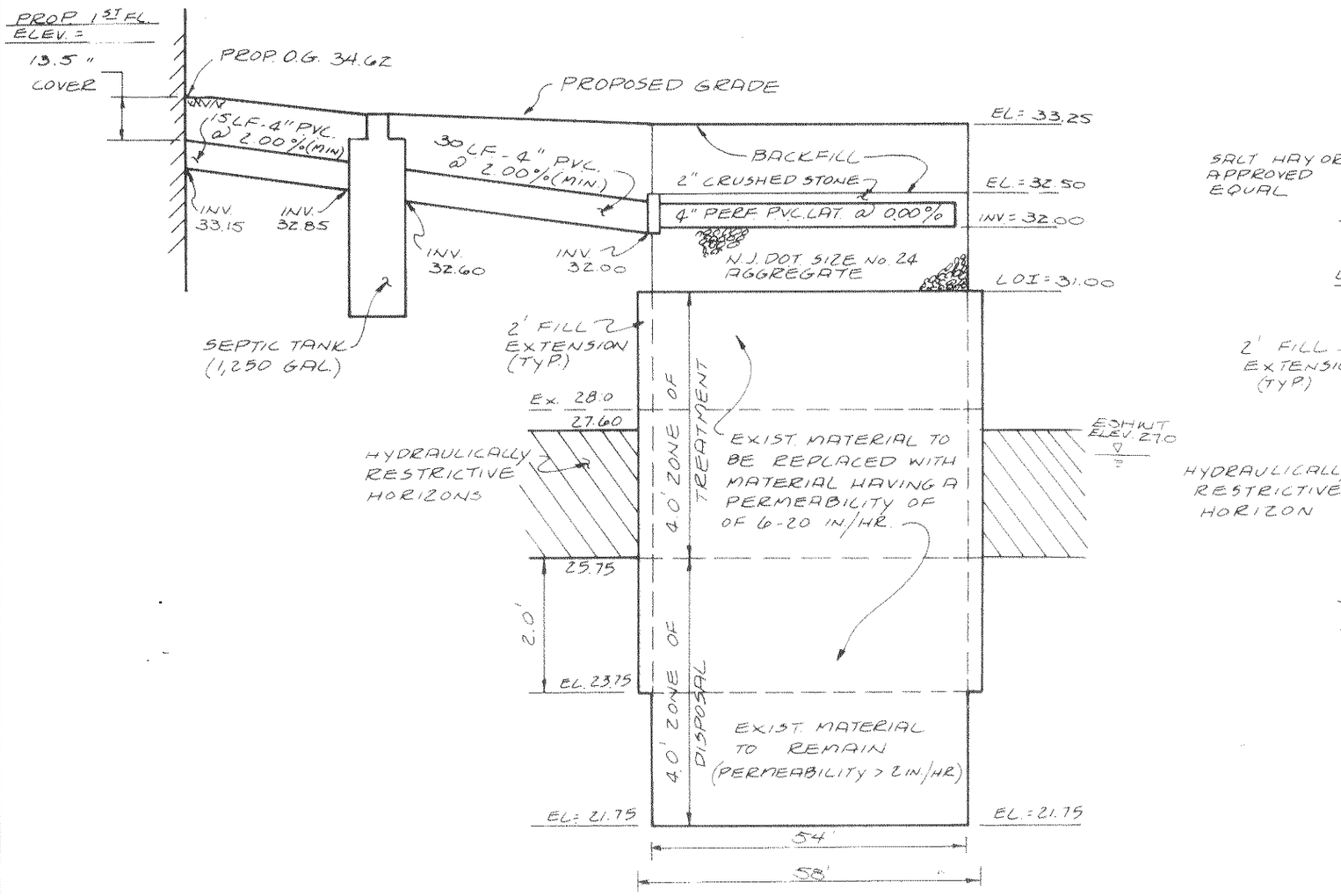
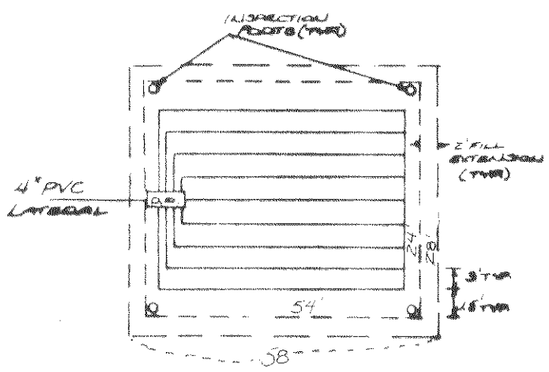
FINAL PLAN

Roger J. Marino



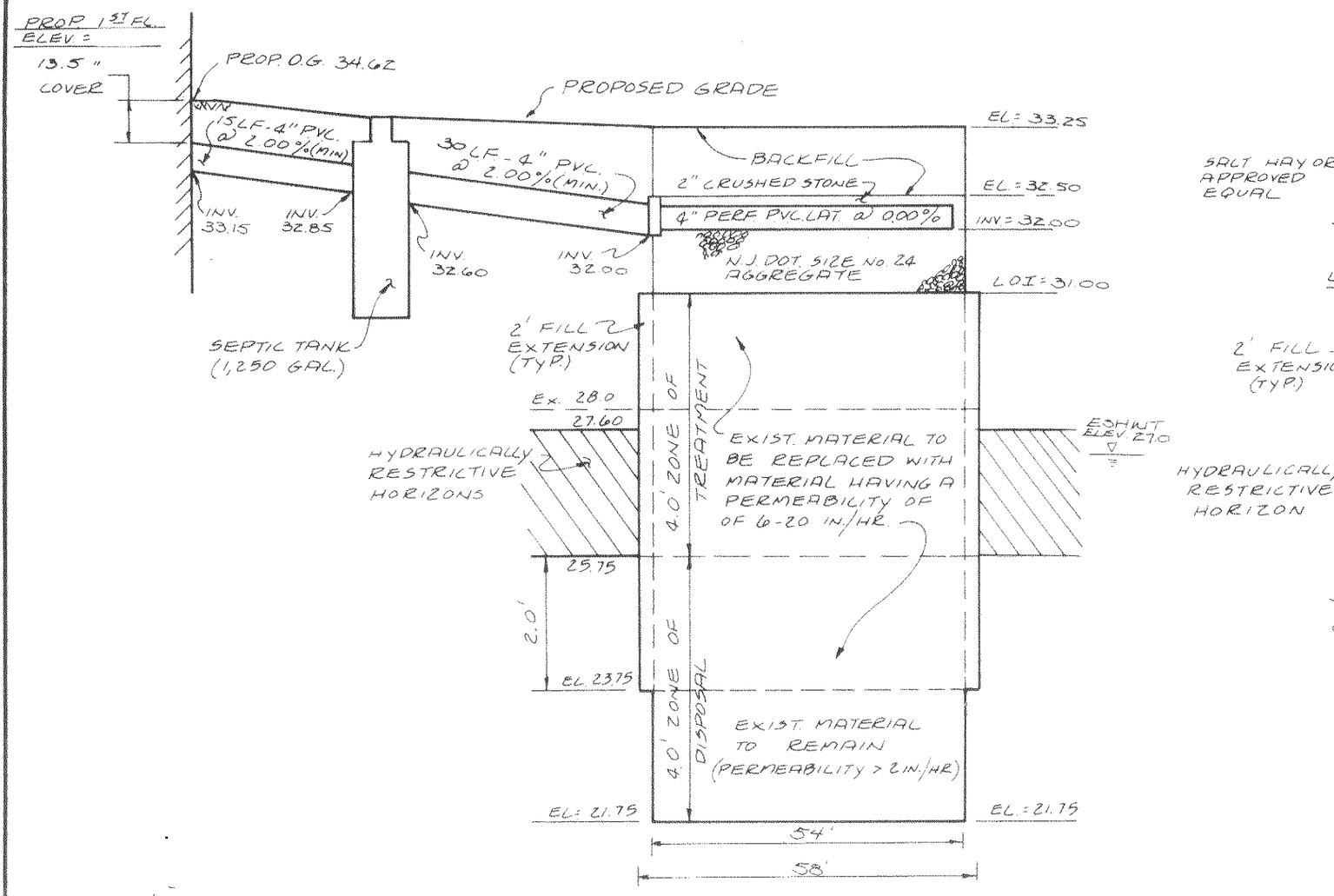
PROFILE OF SYSTEM

N.T.S.



DISPOSAL BED PLAN VIEW

N.T.S.



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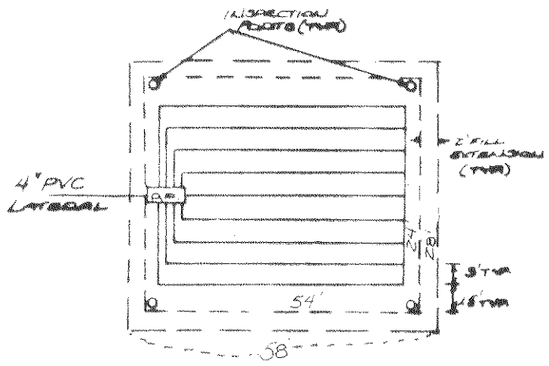
N.T.S.



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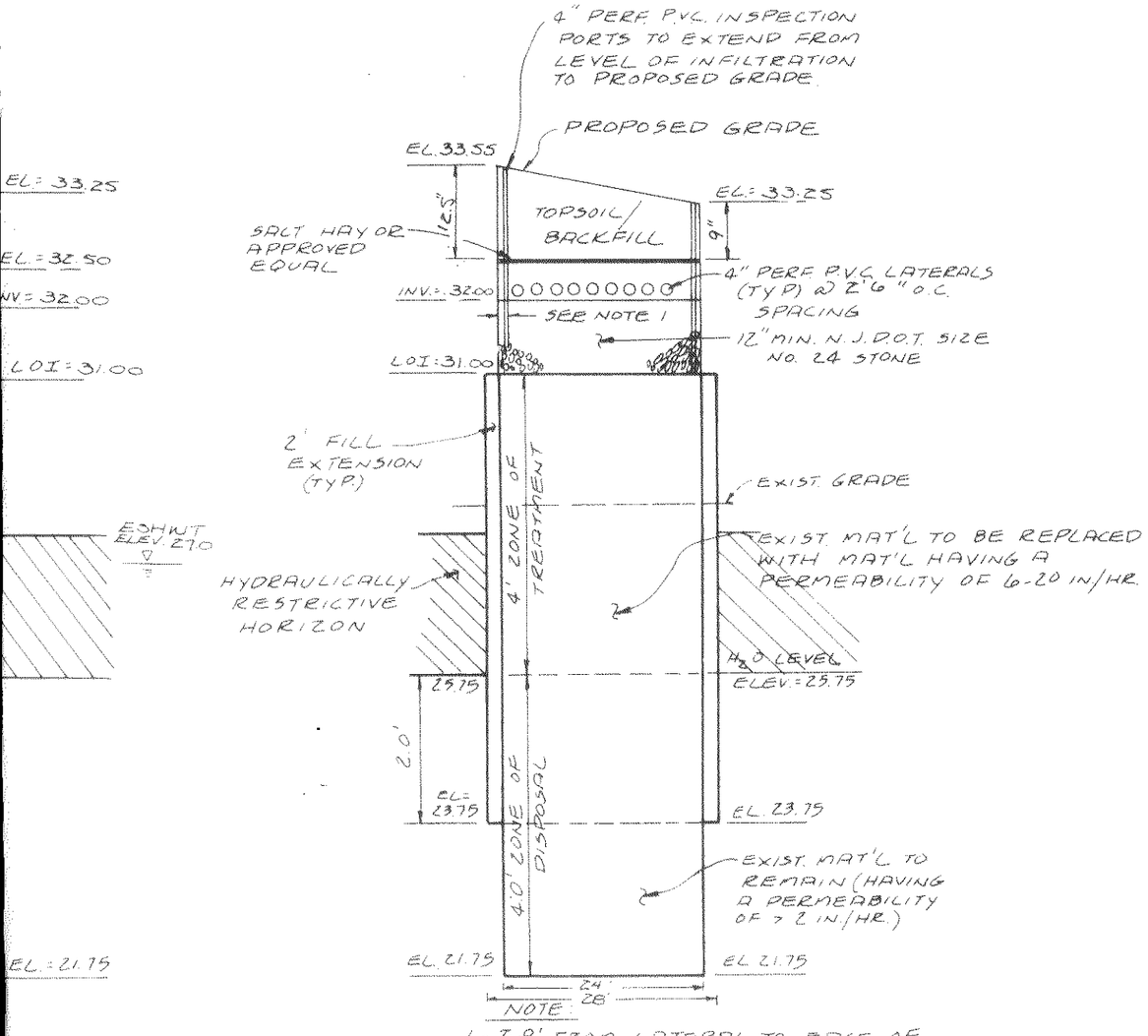
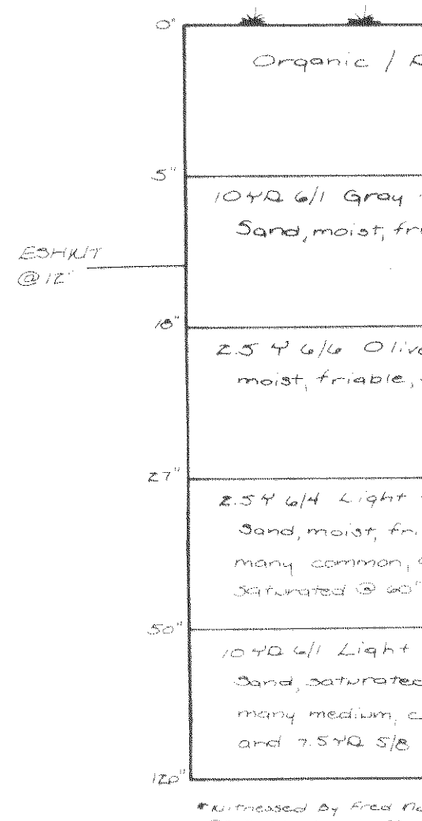


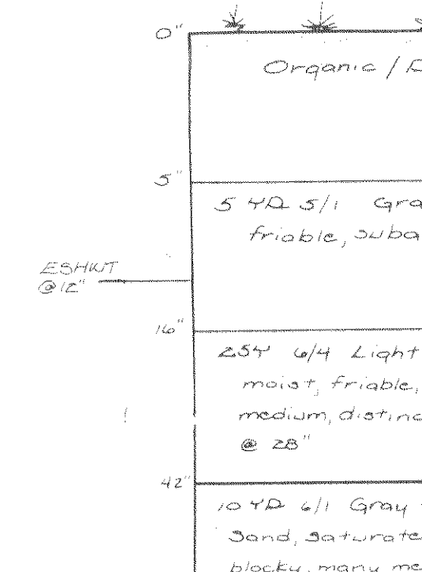
BED CROSS-SECTION

BED TYPE: MOUNDED SOIL REPLACEMENT
SOIL SUITABILITY CLASS: III Hr, Wr



*Witnessed By Fred Ma
Dept. on July 6, 1993

SOIL L



*Witnessed By Fred M
Dept. on July 6, 1993

SOIL L

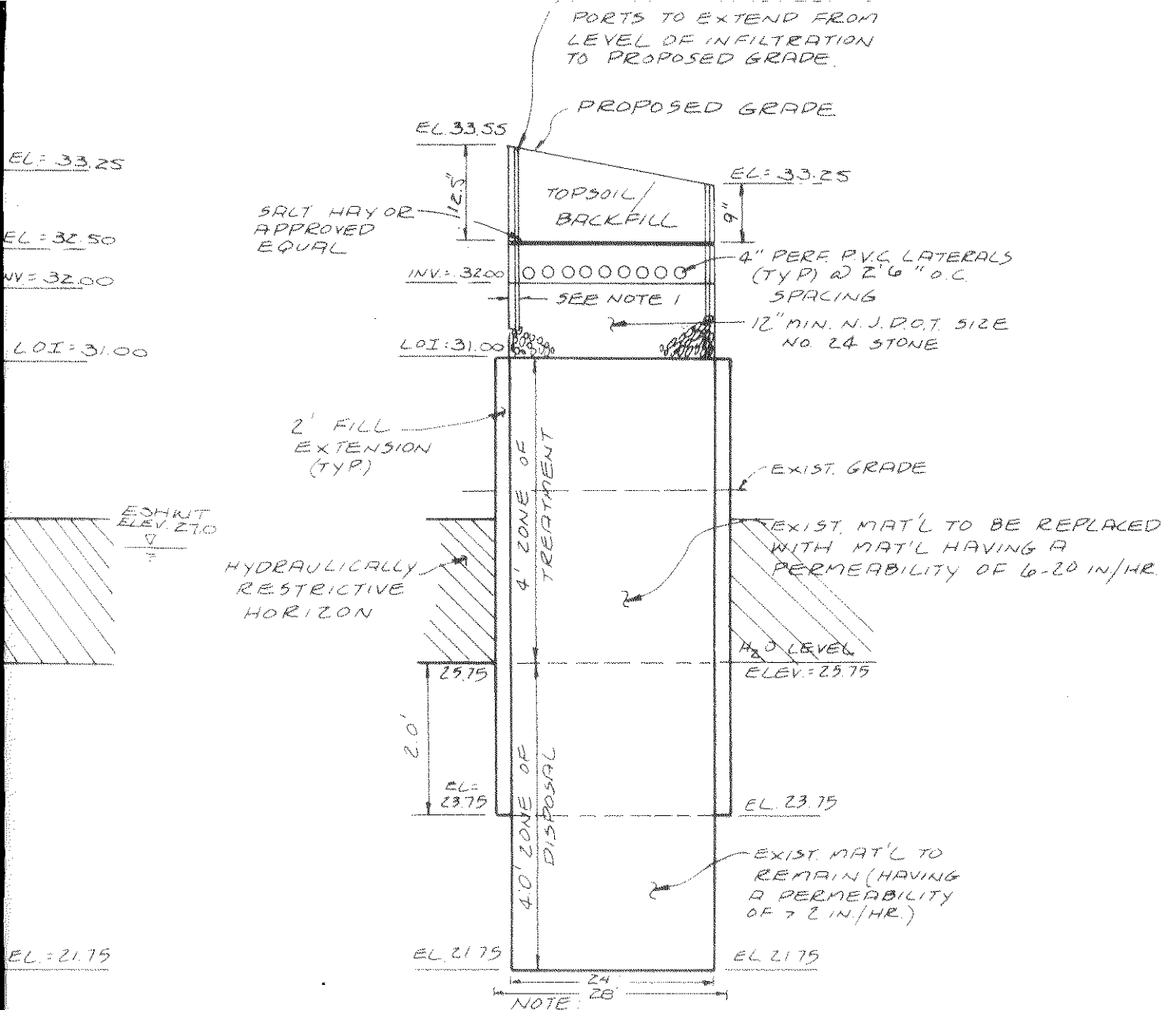
REV	DATE	
1	6/11/94	Rev. as per DEPE sub

ROGER J. MARINO &
124 HAINES ROA
TOMS RIVER, NEW JER
PHONE: (908) 349-93
FAX: (908) 349-247

FINAL PLAN

PLOT PLAN & SEPTIC SY

LOT 16.19 -- BLOCK



BED CROSS-SECTION

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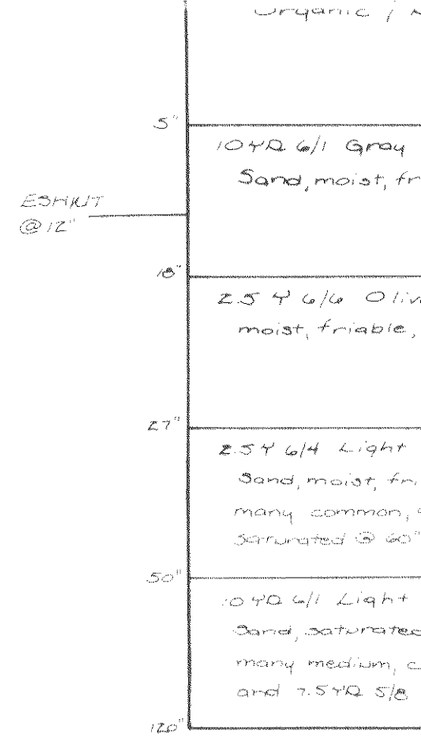
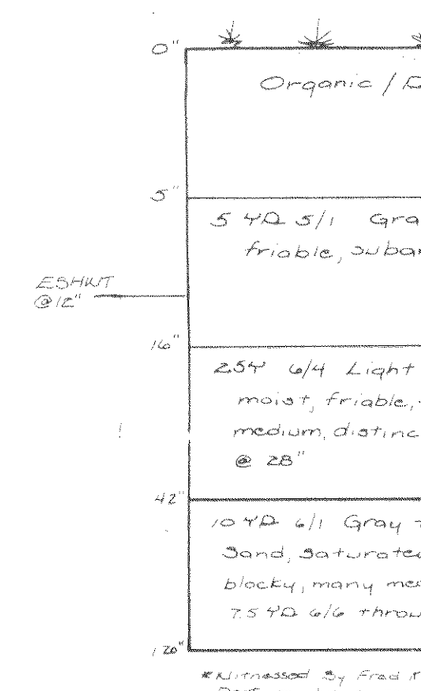
SOIL SUITABILITY CLASS: III Hf, Hr



* Witnessed by Fred Ric
Dept. on July 6, 1993

SOIL L



* Witnessed by Fred R
Dept. on July 6, 1993

SOIL L

REV.	DATE	
1	6/1/94	Rev. as per D.E.P.E. sub

ROGER J. MARINO & A
124 HAINES ROA
TOMS RIVER, NEW JERS
PHONE: (908) 349-93
FAX: (908) 349-247

FINAL PLAN

PLOT PLAN & SEPTIC SY

LOT 16.19 - BLOCK

TOWNSHIP OF JACKSON OCEAN C

SCALE	DATE	ACAD No.:	DR
N.T.S.	8-9-93		CH

INSPECTION
XTEND FROM
NFILTRATION
D GRADE.

GRADE

EL: 33.25

9"

4" PERF P.V.C. LATERALS
(TYP) @ 2'6" O.C.
SPACING

12" MIN. N.J.D.O.T SIZE
No. 24 STONE

EXIST. GRADE

EXIST MAT'L TO BE REPLACED
WITH MAT'L HAVING A
PERMEABILITY OF 6-20 IN/HR.

H_2O LEVEL
ELEV. = 25.75

EL. 23.75

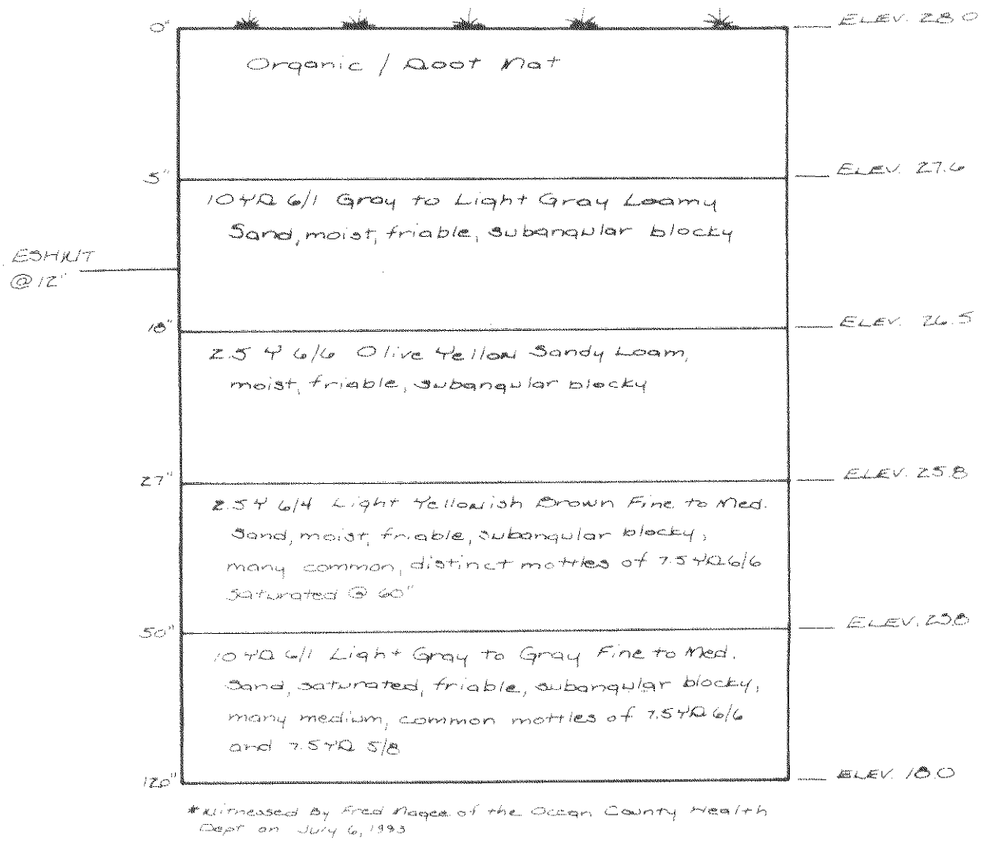
EXIST. MAT'L TO
REMAIN (HAVING
A PERMEABILITY
OF > 2 IN./HR.)

EL 21.75

RAL TO EDGE OF
2.0' SHALL BE
N THE & OF THE
EDGE OF BED.

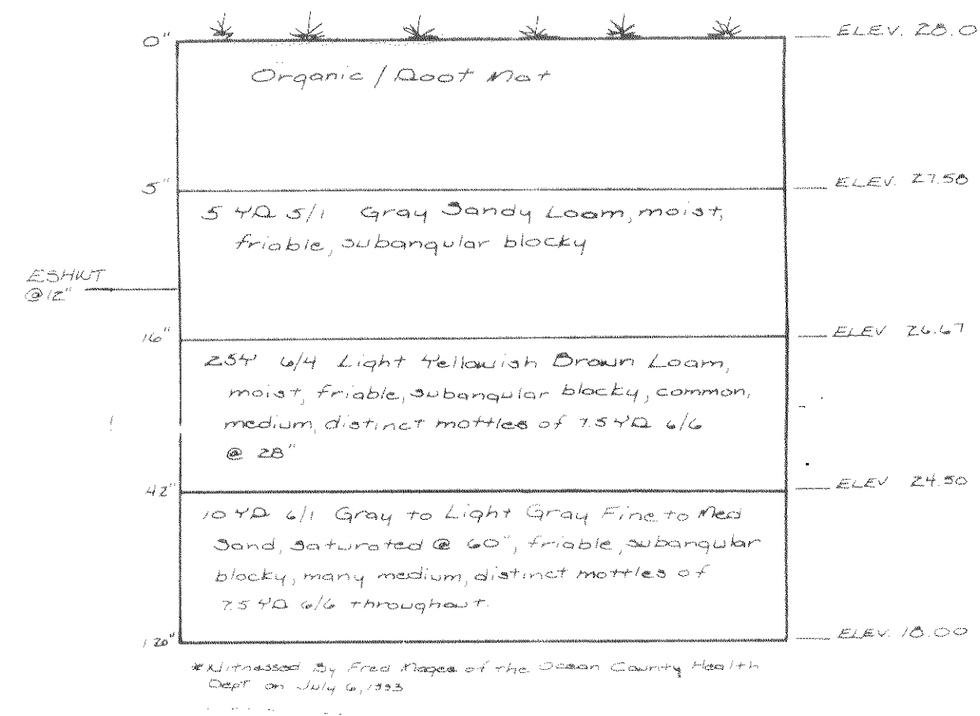
- SECTION

IDED SOIL REPLACEMENT
TY CLASS: I, II Hr, Vr



*Witnessed By Fred Nagee of the Ocean County Health Dept on July 6, 1993

SOIL LOG SB-1



*Witnessed By Fred Nagee of the Ocean County Health Dept on July 6, 1993

SOIL LOG SB-2

REV	DATE	DESCRIPTION	CHK'D	APPR'D.
1	6/1/94	Rev. as per D.E.P.E. Submission	RJM	RJM

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

PLOT PLAN & SEPTIC SYSTEM DESIGN

LOT 16.19 – BLOCK 83

TOWNSHIP OF JACKSON OCEAN COUNTY NEW JERSEY

ROGER J. MARINO
N.J.P.E. LIC. No. 37511

SCALE	DATE	ACAD No.	DRAWN BY	CHECKED BY	FIELD BOOK No.	SHEET No.
N.T.S.	8-6-93		cm/ R.J.M.	R.J.M.		3 of 3

L. INSPECTION
XTEND FROM
NFILTRATION
D GRADE.

D GRADE

EL.=33.25

9"

4" PERF. P.V.C. LATERALS
(TYP.) @ 2'6" O.C.
SPACING

12" MIN. N.J.D.O.T. SIZE
NO. 24 STONE

EXIST. GRADE

EXIST. MAT'L TO BE REPLACED
WITH MAT'L HAVING A
PERMEABILITY OF 6-20 IN/HR.

H_2O LEVEL
ELEV.=25.75

EL. 23.75

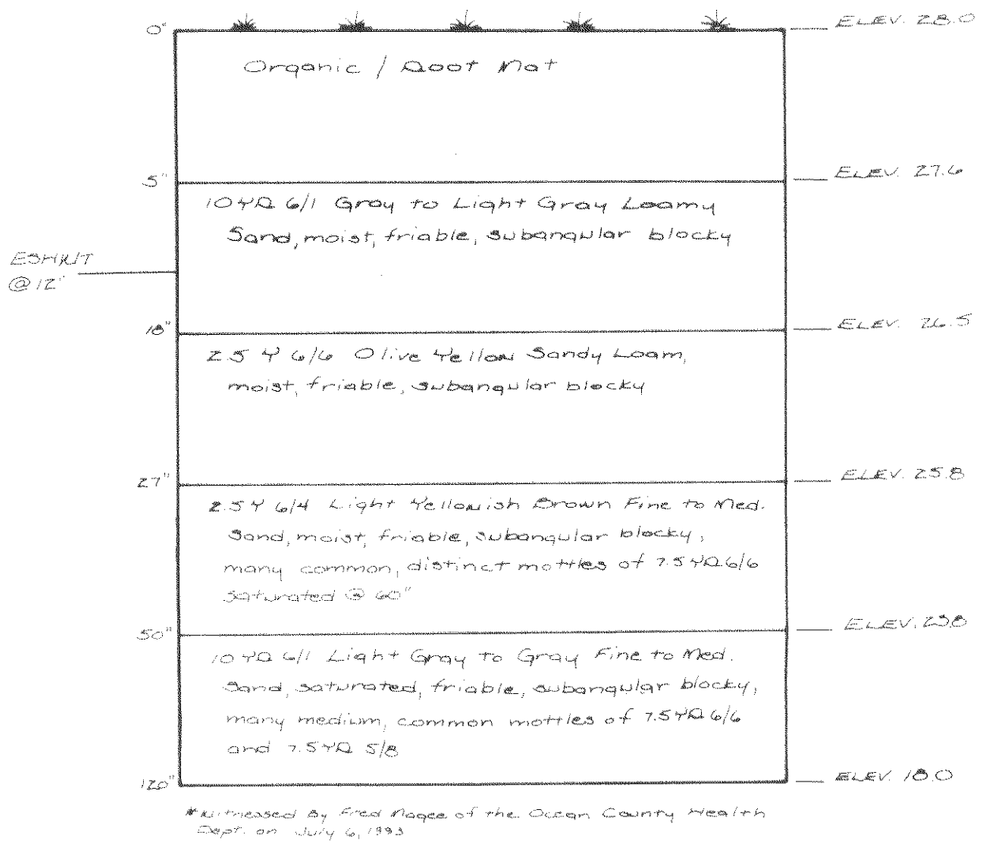
EXIST. MAT'L TO
REMAIN (HAVING
A PERMEABILITY
OF > 2 IN/HR.)

EL 21.75

RAL TO EDGE OF
2.0' SHALL BE
M THE ℄ OF THE
E EDGE OF BED.

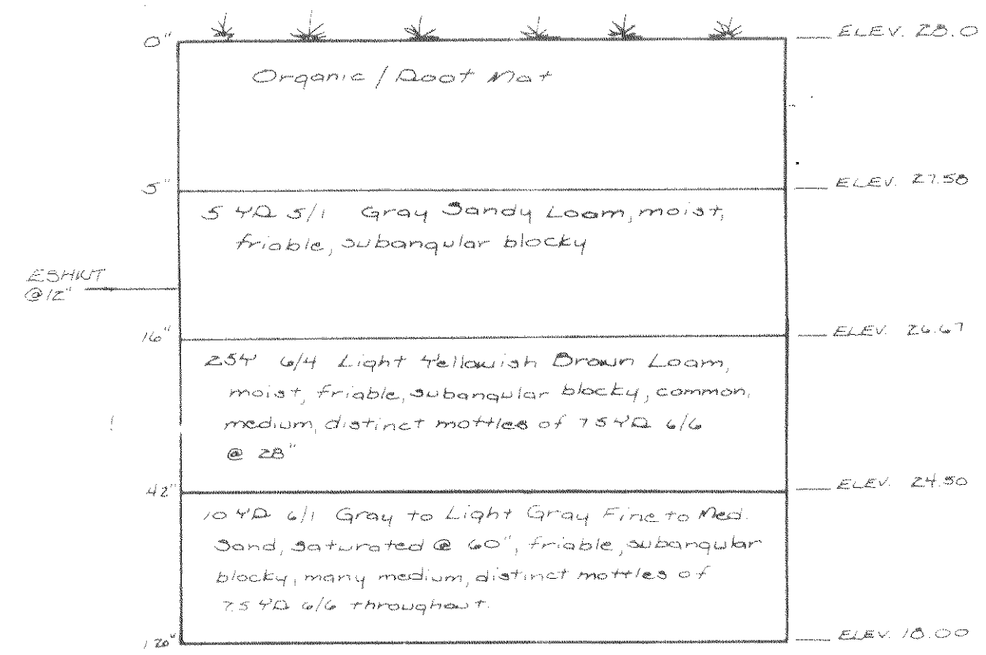
S-SECTION

NDED SOIL REPLACEMENT
TY CLASS: III Ht, Wr



*Witnessed By Fred Magee of the Ocean County Health Dept. on July 6, 1993

SOIL LOG SB-1



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SOIL LOG SB-2

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.
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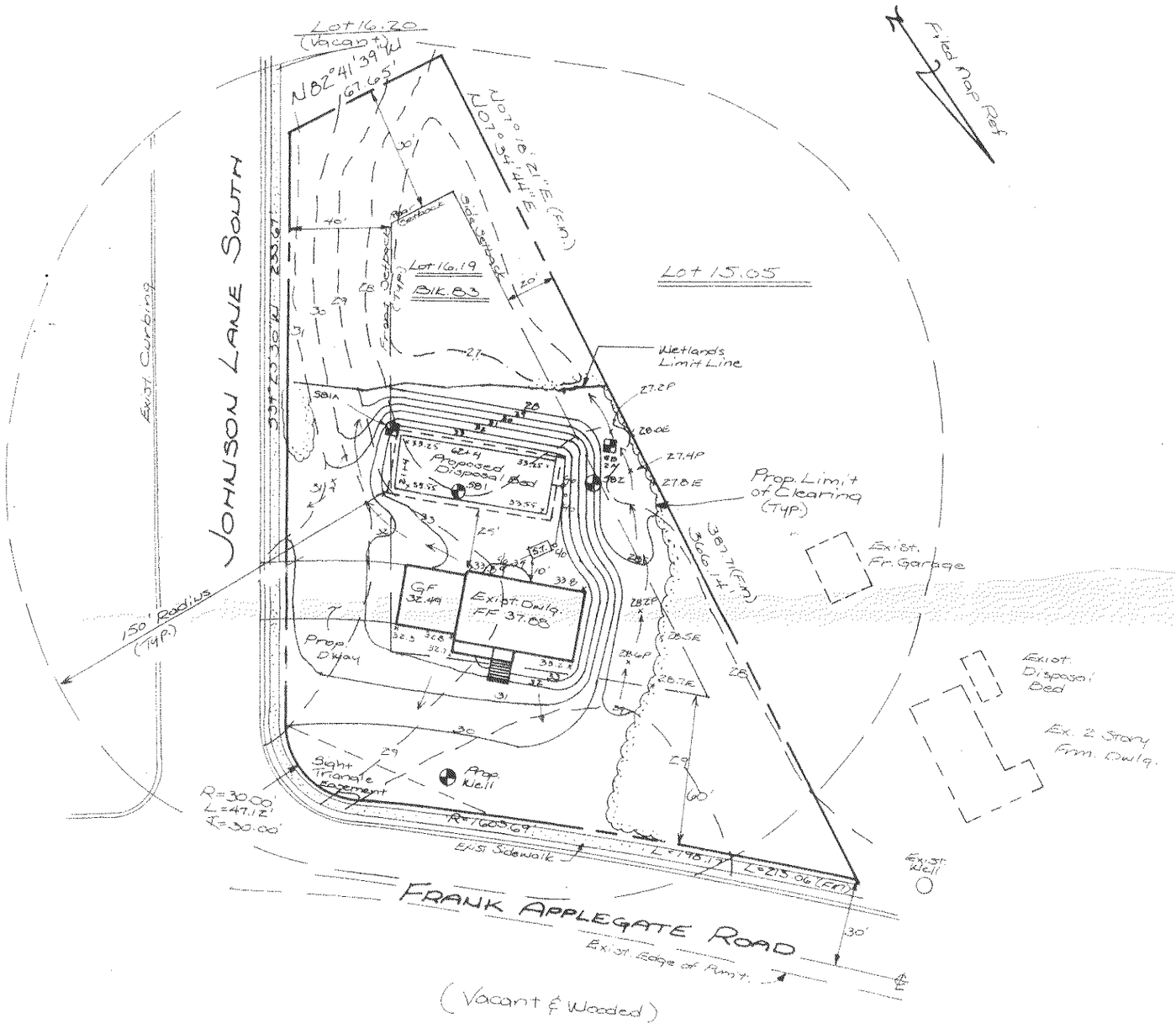
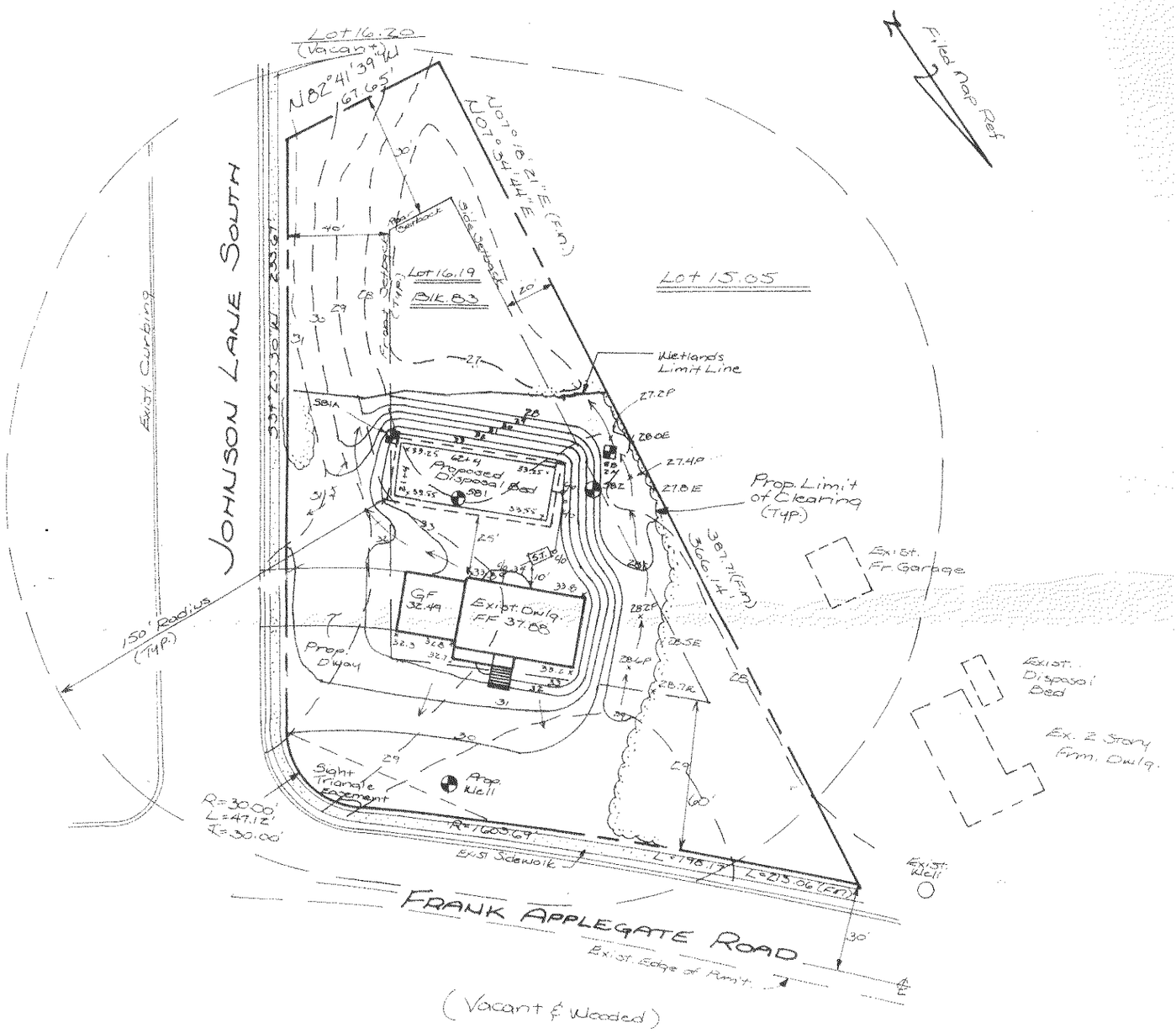
ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

Marino



Legend

- SB1 — Soil Boring Location
- S.T. — Septic Tank
- C/O — Clean Out
- 28.2P x — Proposed Spot Elevation
- 28.0E x — Existing Spot Elevation
- —27— Existing Contour
- —29— Proposed Contour



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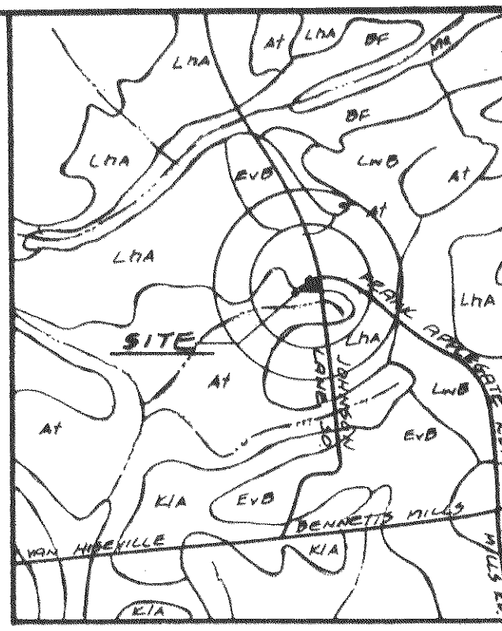
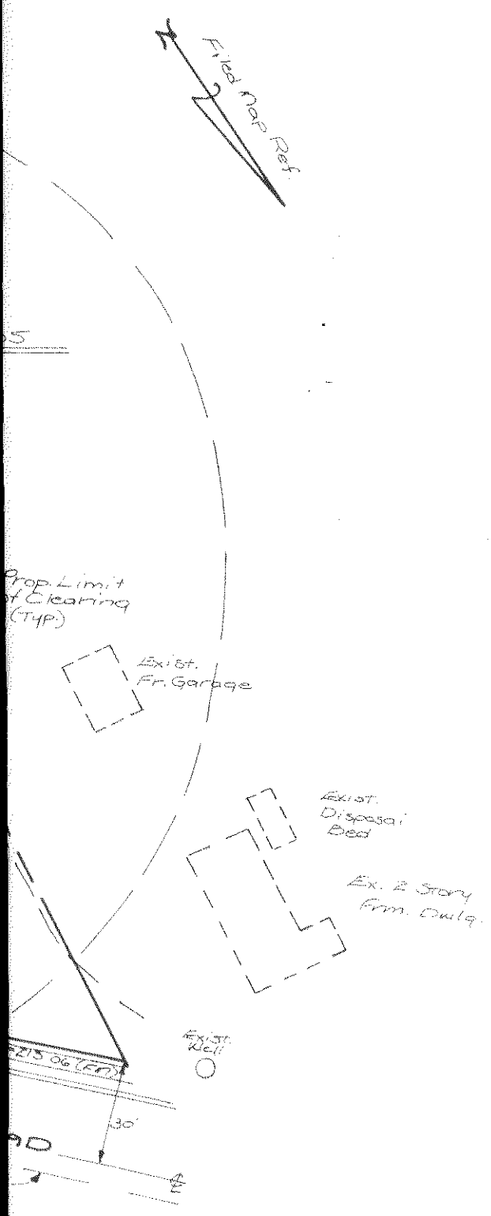


OCEAN COUNTY SOILS

SCALE: 1" = 1667'



DESIGN REQUIREMENTS

REQUIRED

5 Bedrooms = 800 gal./day
Design Soil Permeability Class = K4
Design Permeability = 6-20 in./hr.
1.61 SF/ gal./day x 800 gal./day = 1288 SF

PROVIDED

41 X 62 Bed = 1302 SF
Septic Tank Capacity = 1250 gallons

Notes:

1. The Ocean County Soil Survey shows the soils on-site to be Lakehurst Sands.
2. The Estimated Seasonal High Water Table as determined during the on-site investigation is 12".
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PLAN APPROVED RE — TWA. 1511-94
PLAN REVISED 7/27/94 APPROVED 8/15/94 B

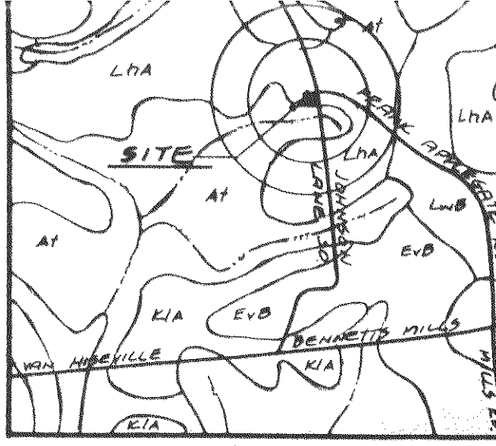
REV.	DATE	
3	7-27-94	Added Wetlands
2	6-1-94	Revised As Per
1	9-17-93	Revised As Per

ROGER J. MARI
An Engineering S
124 HA
TOMS RIVER, NE
PHONE: (90
FAX: (908

GRAPHIC SCALE

PLOT PLAN AND SE

LOT 16.19



OCEAN COUNTY SOILS

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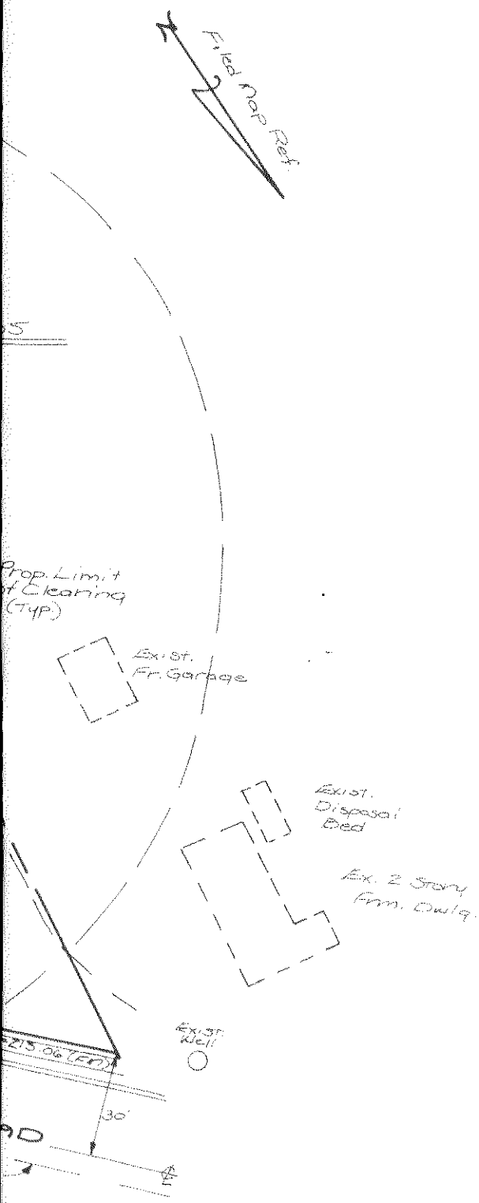

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PLAN APPROVED BC — TWP. 15/11-94 -
PLAN REVISED 7/27/94 APPROVED 8/15/94 BC

REV.	DATE	
3	1-27-94	Added Wetlands L
2	6-1-94	Revised As Per
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ROGER J. MARIN
An Engineering S
124 HAIN
TOMS RIVER, NEW
PHONE: (908
FAX: (908)

GRAPHIC SCALE

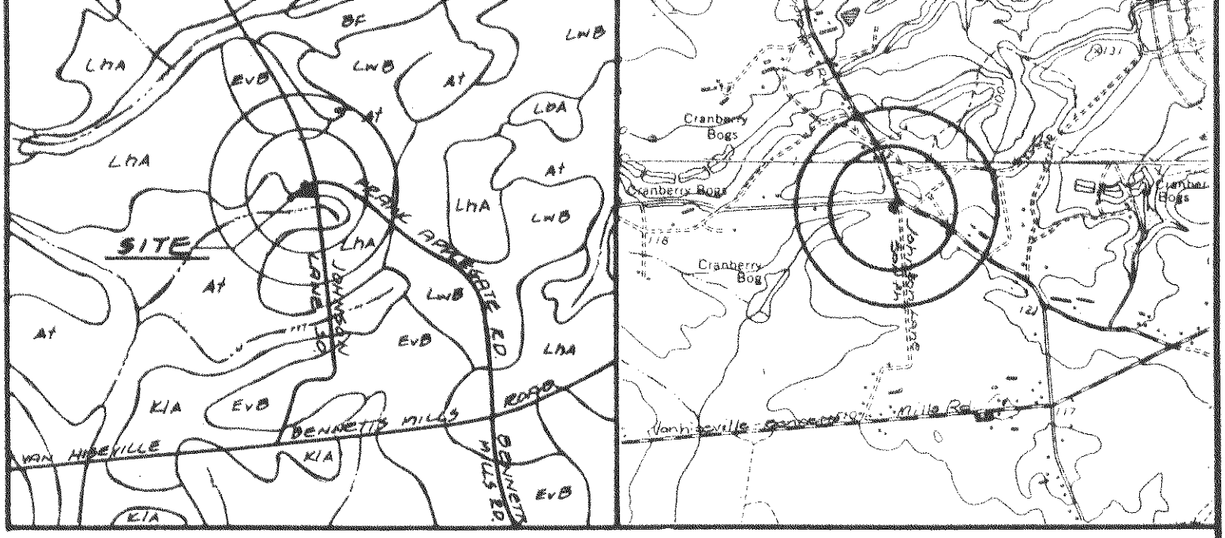
0 25 50 100 150

PLOT PLAN AND SE

LOT 16.19

JACKSON TOWNSHIP

SCALE:	DATE:	ACAD No.:
1"= 50'	8/6/93	



OCEAN COUNTY SOILS MAP

SCALE: 1" = 1667'

LAKEHURST QUADRANGLE

SCALE: 1" = 2000'

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NOTES:

1. Property known as Lot 16.19, Block 83, Jackson Township, New Jersey.
2. Total lot area = 40,990 S.F. (0.941 Ac.)
3. The site is partially wooded and the residential unit has been constructed.
4. Distance between proposed well and septic bed is 105'.
5. There are no existing wells or disposal beds within 100' of the proposed well.
6. There are no existing septic beds within 50' of the proposed bed.
7. Topographic information based upon field work performed by Seneca Survey Co., Inc. on July 2, 1993. Benchmark is nail in JCPL pole located at the southwest corner of the intersection of Johnson Lane South and Frank Applegate Road. Assumed elevation is 30.00.
8. Outbound Survey information taken from a plan entitled "Plot Plan Situate Township of Jackson, Ocean County, New Jersey, Block 83, Lot 16.19", prepared by Seneca Survey Co., Inc., dated 7/22/93, and last revised on 11/6/93.
9. Applicant: Dorothy Batton
   133 Wilson Avenue
   Port Monmouth, New Jersey 07758

PLAN APPROVED RE—TWA. 1511-94-0018.1 AND WETLANDS WAIVER CORP 1511-94-0017.2. F. MAGUE, O.C.H.D 12/6/94
PLAN REVISED 7/27/94 APPROVED 8/15/94 WITH STIPULATIONS PENDING APPROVAL BY TREATMENT WORKS/DEP&E

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.
3	7-27-94	Added Wetlands Line, Rev. as per O.C.H.D.	RJM	RJM
2	6-1-94	Revised As Per O.C.H.D.	RJM	RJM
1	9-17-93	Revised As Per Twp. Engr.	RJM	RJM

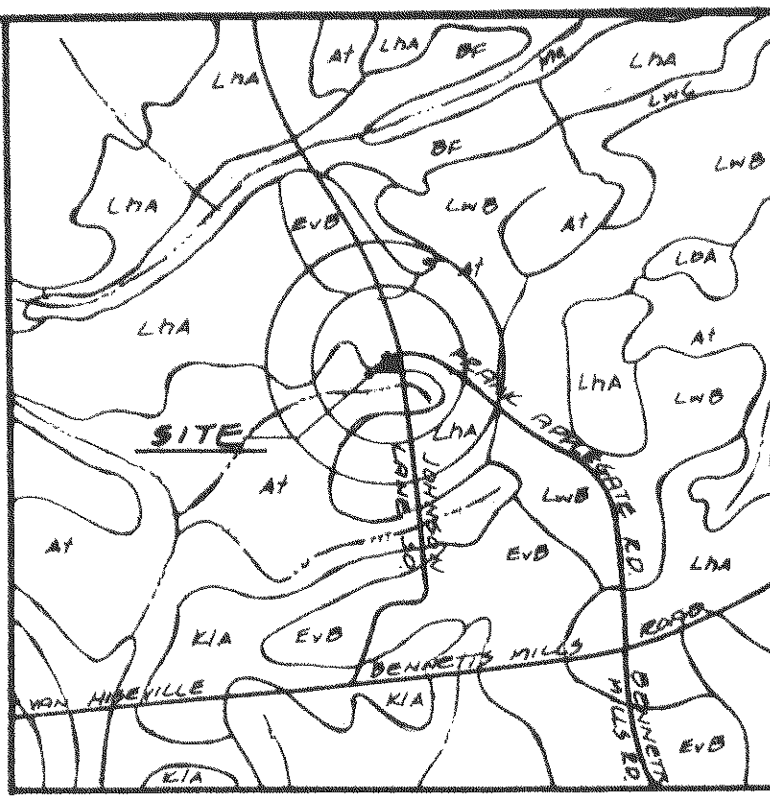
ROGER J. MARINO & ASSOC., INC.
An Engineering Services Corporation
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

PLOT PLAN AND SEPTIC SYSTEM DESIGN

LOT 16.19 BLOCK 83
JACKSON TOWNSHIP OCEAN COUNTY NEW JERSEY

ROGER J. MARINO
PROFESSIONAL ENGINEER
N.J.P.E. LIC. No. 37511

SCALE:	DATE:	ACAD No.:	DRAWN BY:	CHECKED BY:	FIELD BOOK No.:	SHEET No.:
1"= 50'	8/6/93		RJM			1 OF 3



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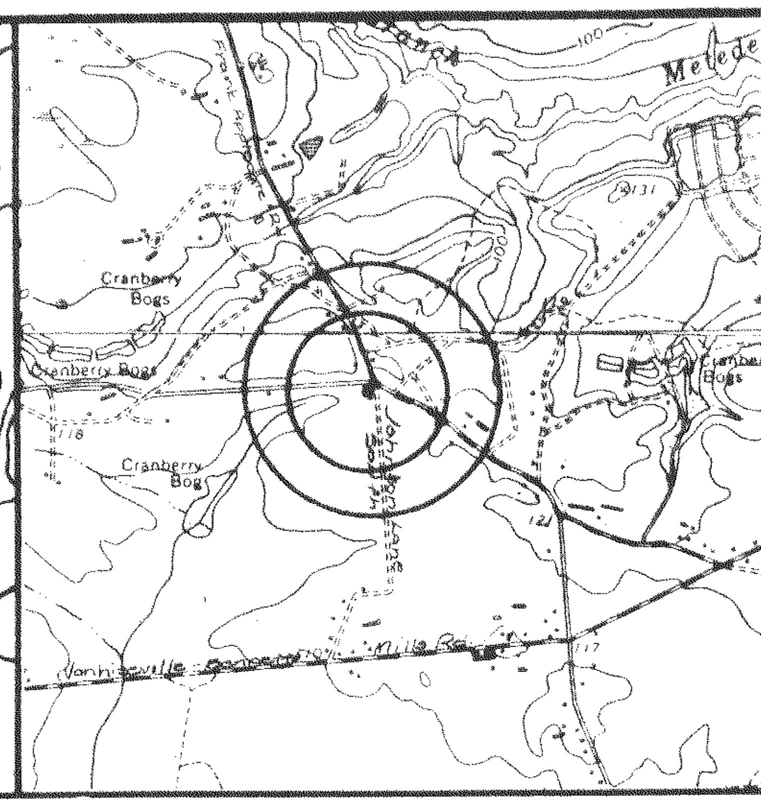

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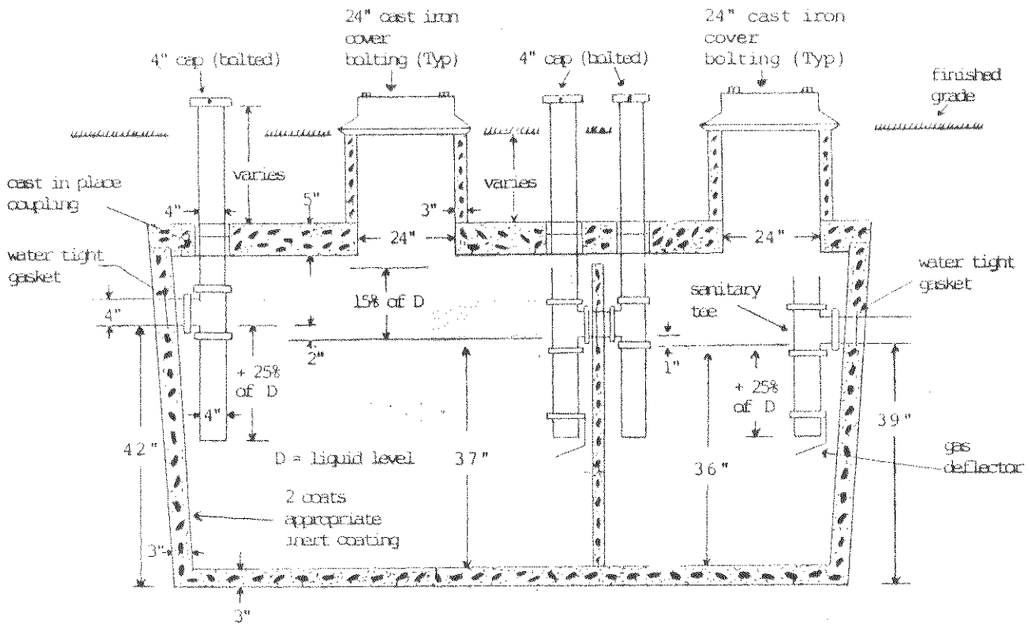
Roger J. Marino



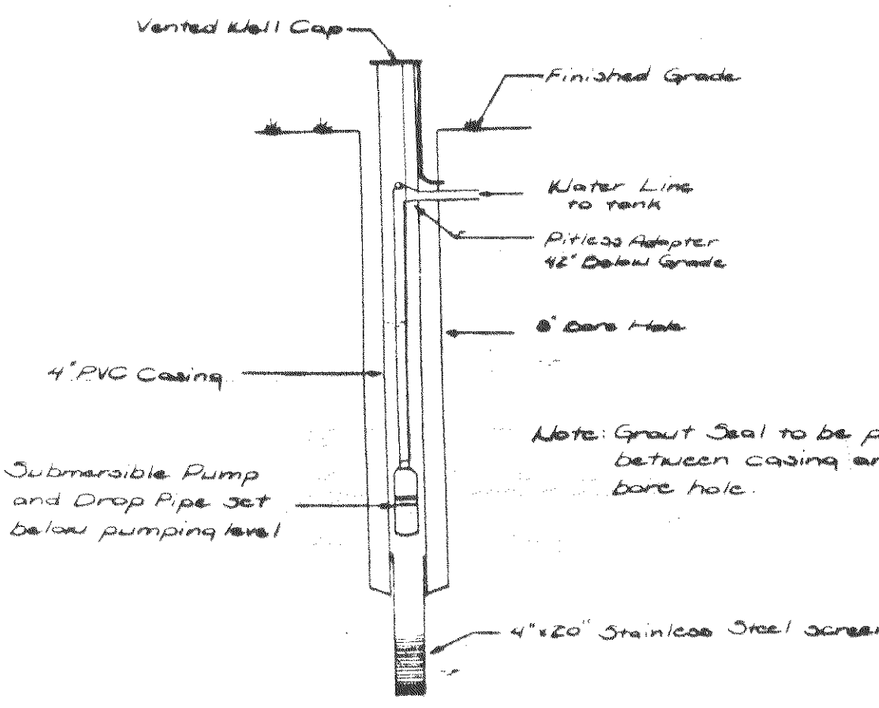
Tank tapers top to bottom and is trapezoidal in cross section.

Tank is 4000 psi concrete- steel reinforced Concrete conforms to ACI 318-16-4.5.1 and 318-16-4.5.2

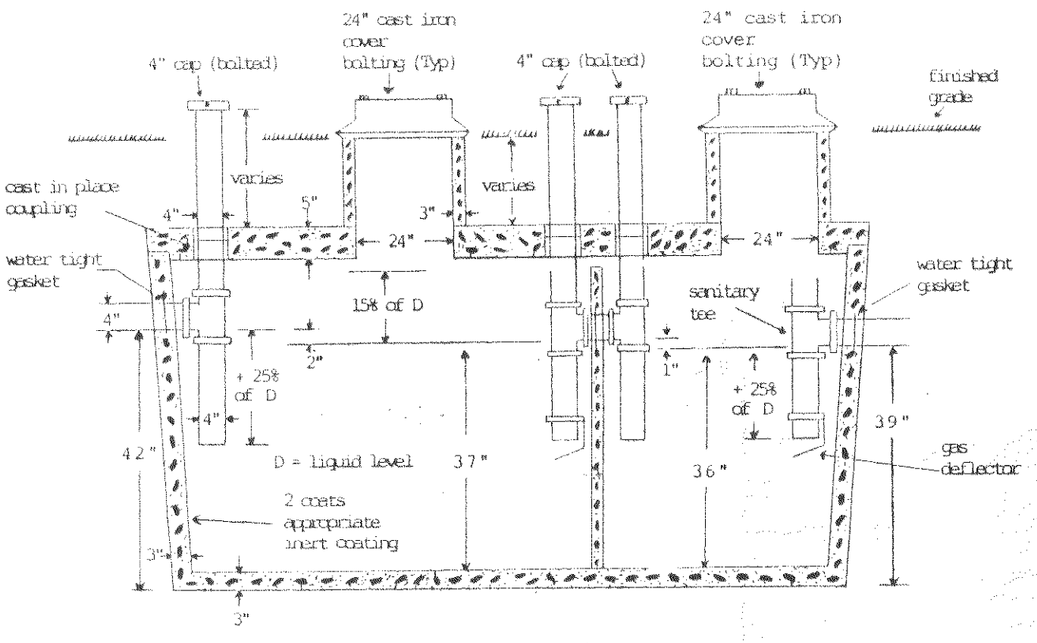
1250 Gallon Septic Tank

2 compartment by R&E Mershon Concrete Products

(or approved equal)



Well Detail (N.T.S)



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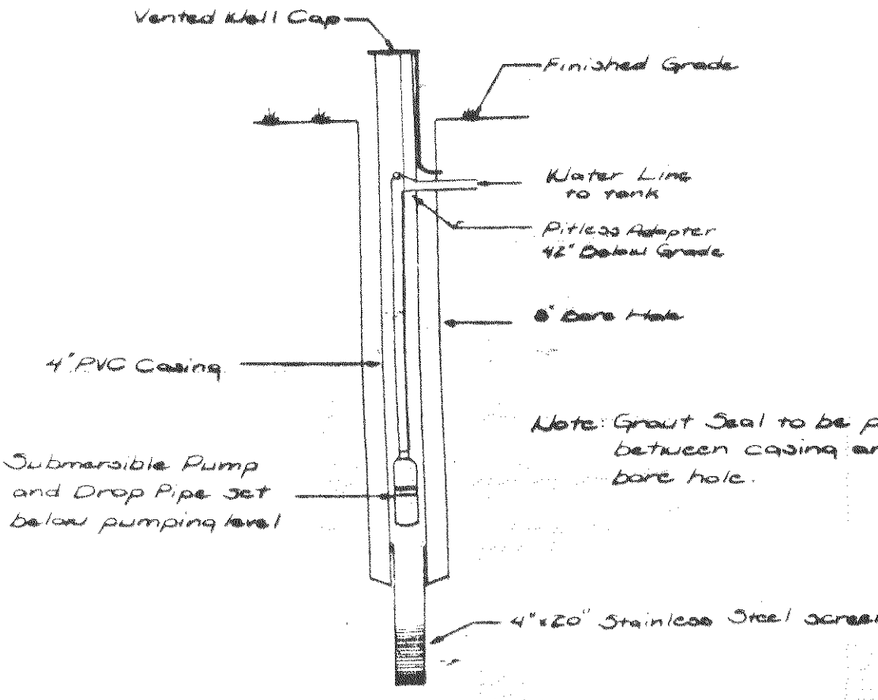

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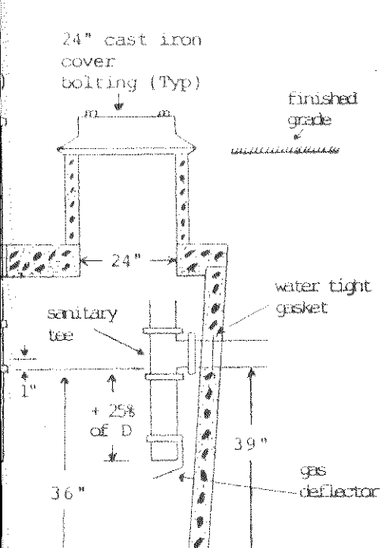

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EPTIC TANK

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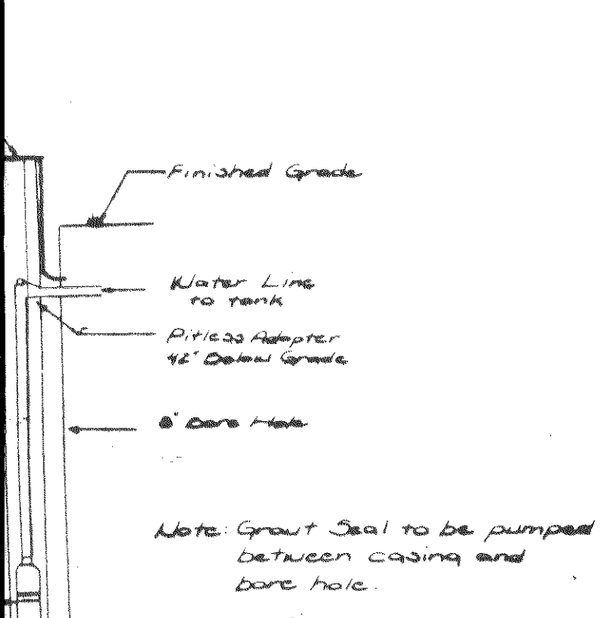

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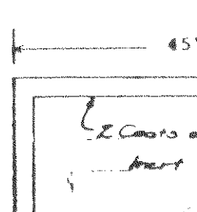
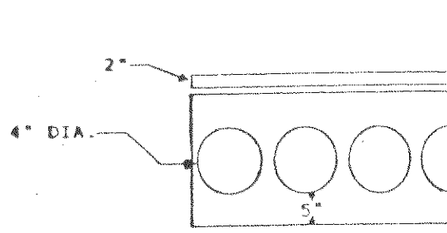




DISTRIBUTIO

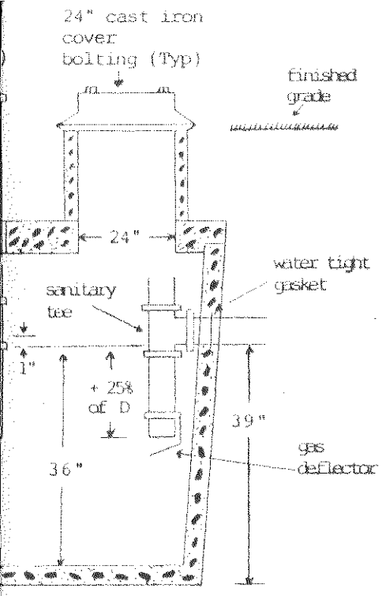
REV.	DATE	

ROGER J. MA
124 HAI
TOMS RIVER, N
PHONE: (90
FAX: (908

FINAL

PLOT PLAN & SEP

LOT 16.19



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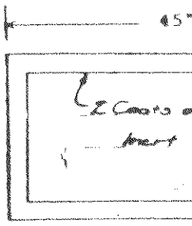

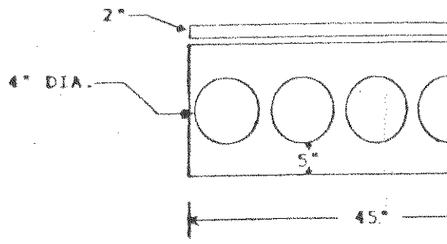

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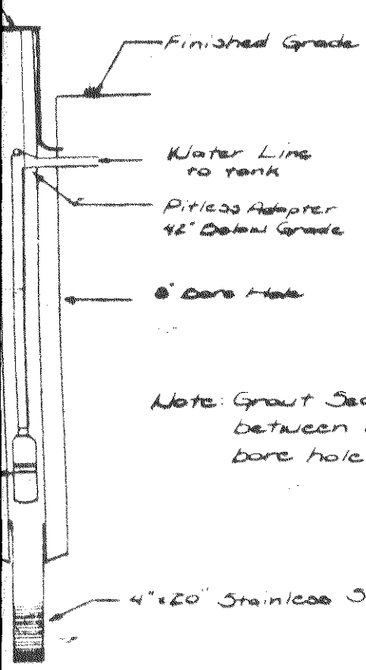


ETAIL (N.T.S)

REV.	DATE	

ROGER J. MA
124 HAIN
TOMS RIVER, N
PHONE: (908
FAX: (908)

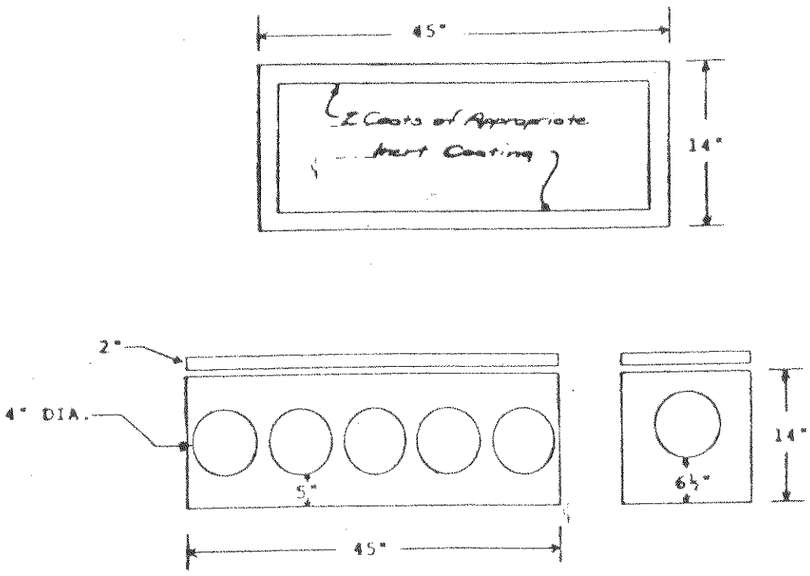
FINAL

PLOT PLAN & SEPT

LOT 16.19 -

TOWNSHIP OF JACKSON

SCALE:	DATE:	ACAD No.:
As Noted	8-6-93	



DISTRIBUTION BOX (N.T.S.)

REV.	DATE	DESCRIPTION	CHK'D	APPR'D.

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

PLOT PLAN & SEPTIC SYSTEM DESIGN

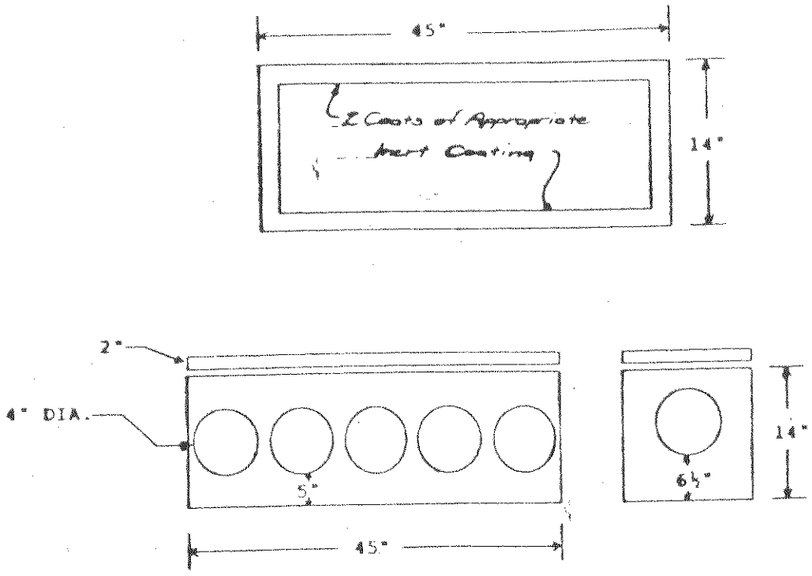
LOT 16.19 – BLOCK 83

TOWNSHIP OF JACKSON OCEAN COUNTY NEW JERSEY

Roger J. Marino

ROGER J. MARINO
N.J.P.E. LIC. No. 37511

SCALE:	DATE:	ACAD No.:	DRAWN BY:	CHECKED BY:	FIELD BOOK No.:	SHEET No.:
As Noted	8-6-93		R.J.M.	R.J.M.		2 of 3



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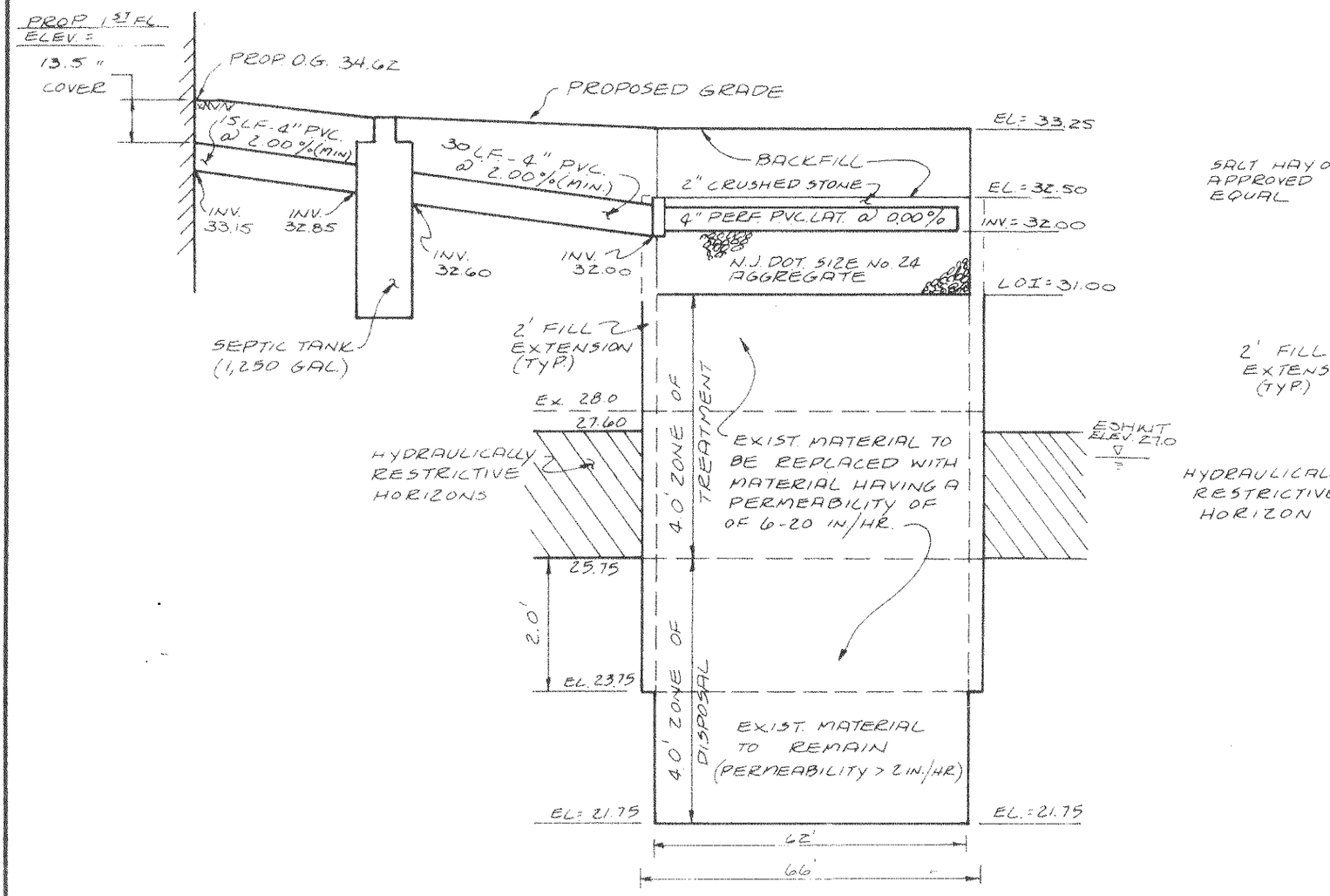
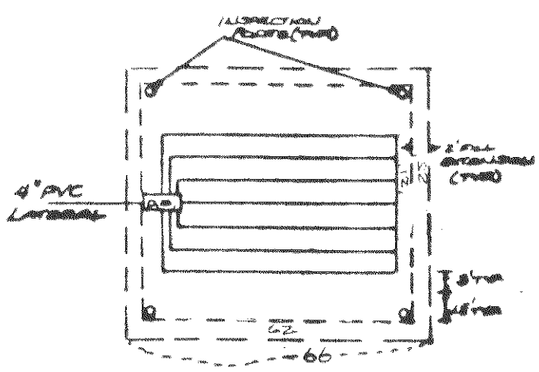
FINAL PLAN

Roger J. Marino



PROFILE OF SYSTEM

N.T.S.



DISPOSAL BED PLAN VIEW

N.T.S.

NOTE: See Bed Cross-Section For Lateral Spacing

0"–5"	Topsoil / Root Mat.
5"–16"	5YR 5/1 Gray Sandy Loam, moist, subangular blocky, friable, saturated at 12".
16"–42"	2.5Y 6/4 Light Yellowish Brown Loam, saturated, subangular blocky, friable, common, medium, distinct mottles of 7.5YR 6/6 at 28".
42"–120"	10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated, many, medium, distinct mottles of 7.5YR 6/6 throughout.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 12" –
– Water Encountered at 12" –

Date Performed: 4/14/94
Performed By: R. Marino, P.E.
Witnessed By: F. Magee, O.C.H.D.

Signed and Sealed,
Roger J. Marino
Roger J. Marino, P.E.

ELEV. 28.0

SOIL LOG SB-2A

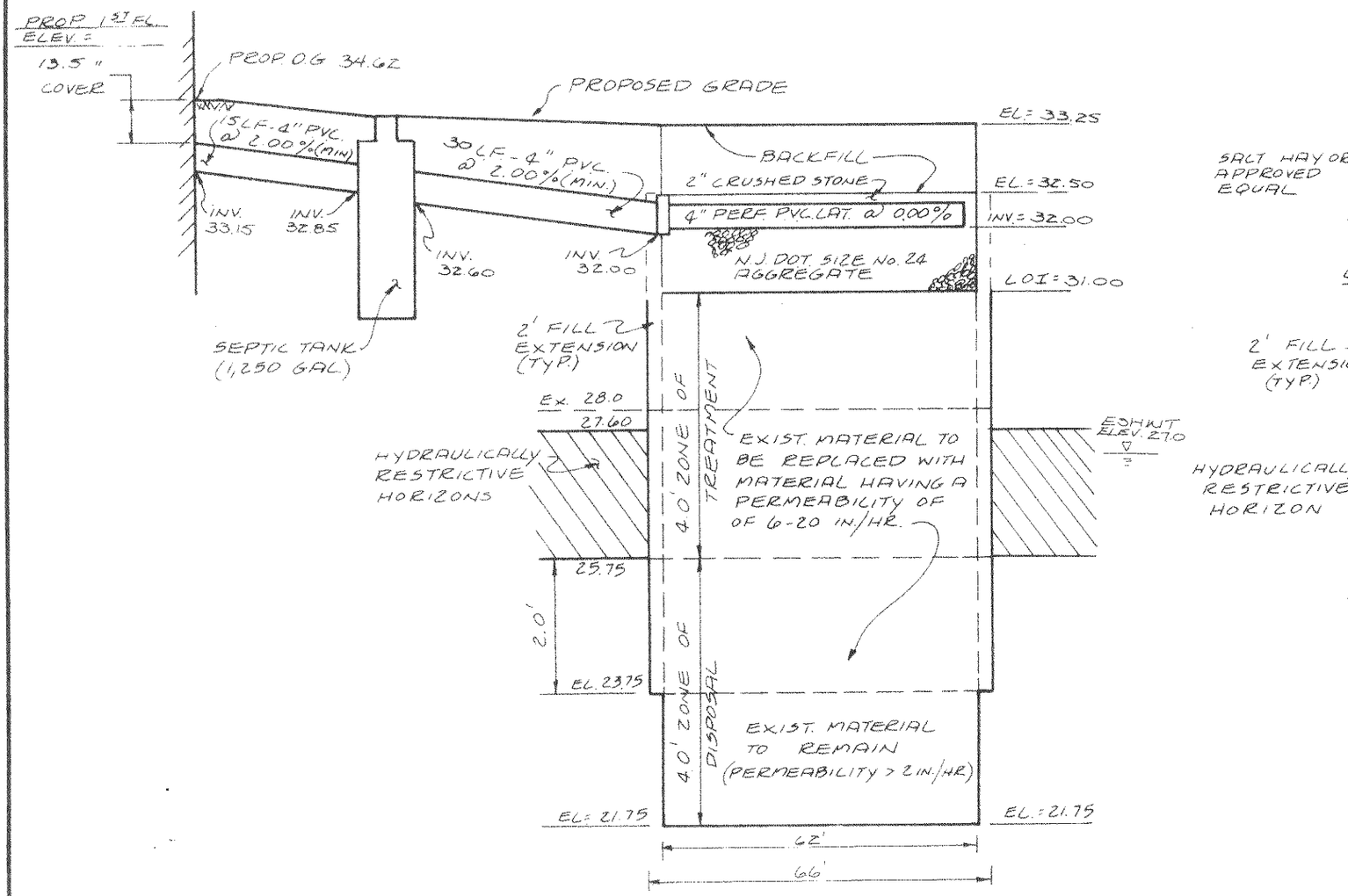
LOT 16.19 BLOCK 83

JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY

DATE: 4/14/94 | SCALE: N/A | JOB NO. BTN001

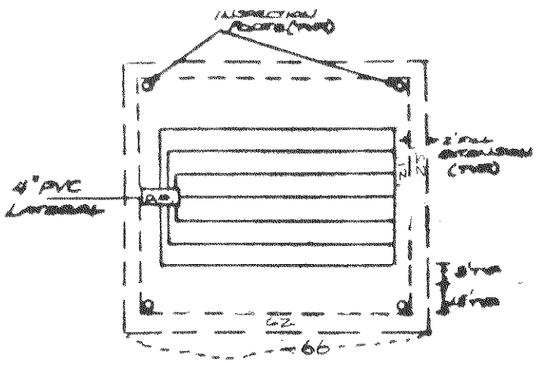
BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.



PROFILE OF SYSTEM

N.T.S.



DISPOSAL BED PLAN VIEW

N.T.S.

NOTE: See Bed Cross-Section For Lateral Spacing

0"–5"	Topsoil / Root Mat.
5"–16"	5YR 5/1 Gray Sandy Loam, moist, subangular blocky, friable, saturated at 12".
16"–42"	2.5Y 6/4 Light Yellowish Brown Loam, saturated, subangular blocky, friable, common, medium, distinct motties of 7.5YR 6/6 at 28".
42"–120"	10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated, many, medium, distinct motties of 7.5YR 6/6 throughout.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 12" –
– Water Encountered at 12" –

Date Performed: 4/14/94
Performed By: R. Marino, P.E.
Witnessed By: F. Magee, O.C.H.D.

Signed and Sealed,
Roger J. Marino
Roger J. Marino, P.E.

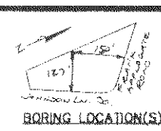
ELEV. 28.0

SOIL LOG SB-2A

LOT 16.19 BLOCK 83

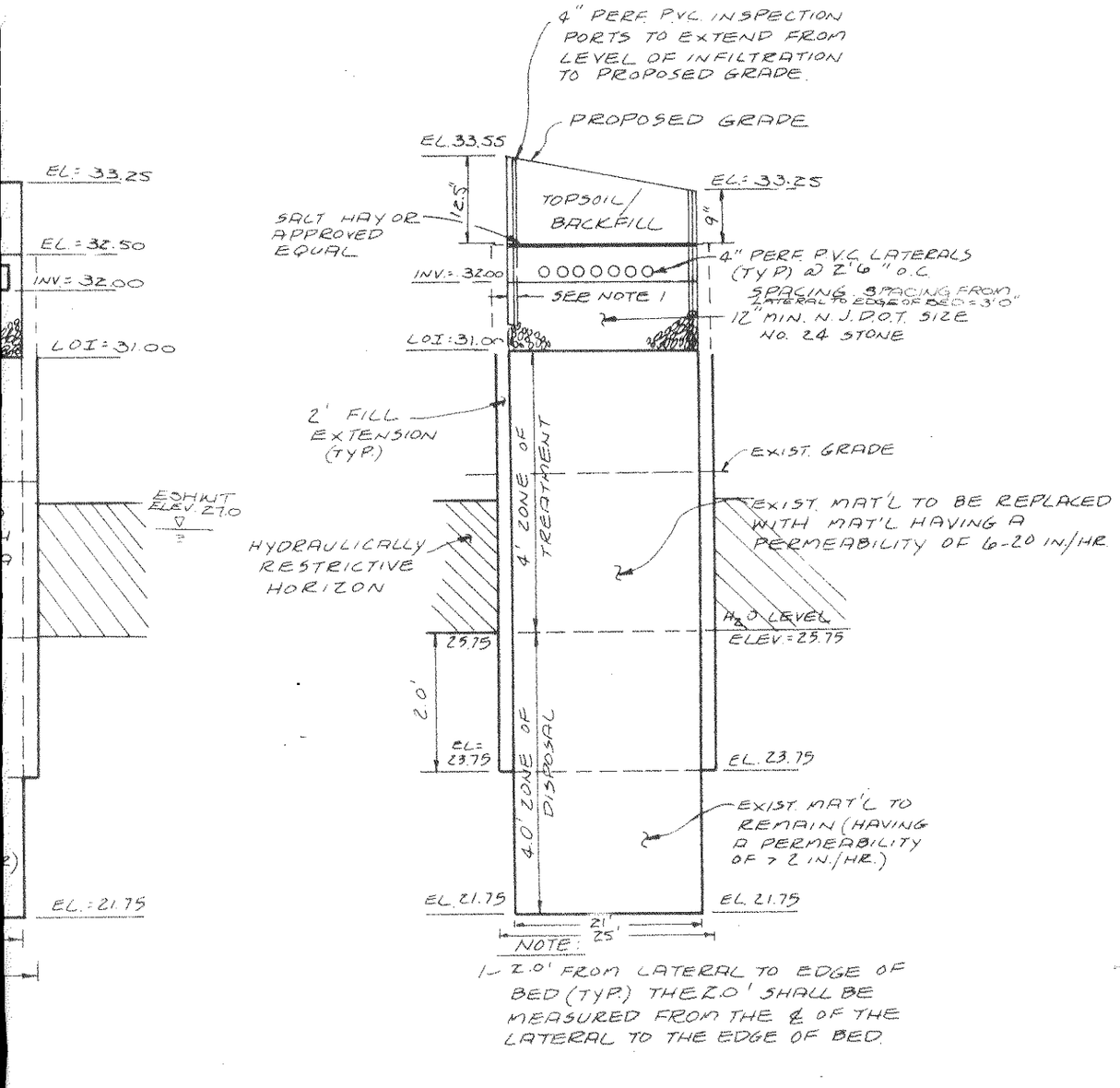
JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY

DATE: 4/14/94 | SCALE: N/A | JOB NO. BTN001



BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505-2095 – FAX: (908) 473-0530



NOTE:
1. 2.0' FROM LATERAL TO EDGE OF BED (TYP.) THE 2.0' SHALL BE MEASURED FROM THE ℄ OF THE LATERAL TO THE EDGE OF BED.

BED CROSS-SECTION

BED TYPE: MOUNDED SOIL REPLACEMENT
SOIL SUITABILITY CLASS: III Hr, Wr

0"–5"	Topsoil / Root Mat.
5"–16"	5YR 5/1 Gray Sandy Loam, moist, subangular blocky, friable.
16"–42"	2.5Y 6/4 Light Yellowish Brown Loam, moist, subangular blocky, friable, common, medium, distinct mottles of 7.5YR 6/6 at 28".
42"–120"	10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated at 60", many, medium, distinct mottles of 7.5YR 6/6 throughout.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 28" –
– Water Encountered at 60" –

Date Performed: 7/3/93
Performed By: R. Marino, P.E.
Witnessed By: F. Magee, O.C.H.D.

Signed and Sealed,
Roger J. Marino, P.E.

ELEV. 28.0

SOIL LOG SB–2
LOT 16.19 BLOCK 83
JACKSON TOWNSHIP OCEAN COUNTY NEW JERSEY
DATE: 7/8/93 SCALE: N/A JOB NO. BTN001
BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.

Signed and Sealed,
Roger J. Marino, P.E.

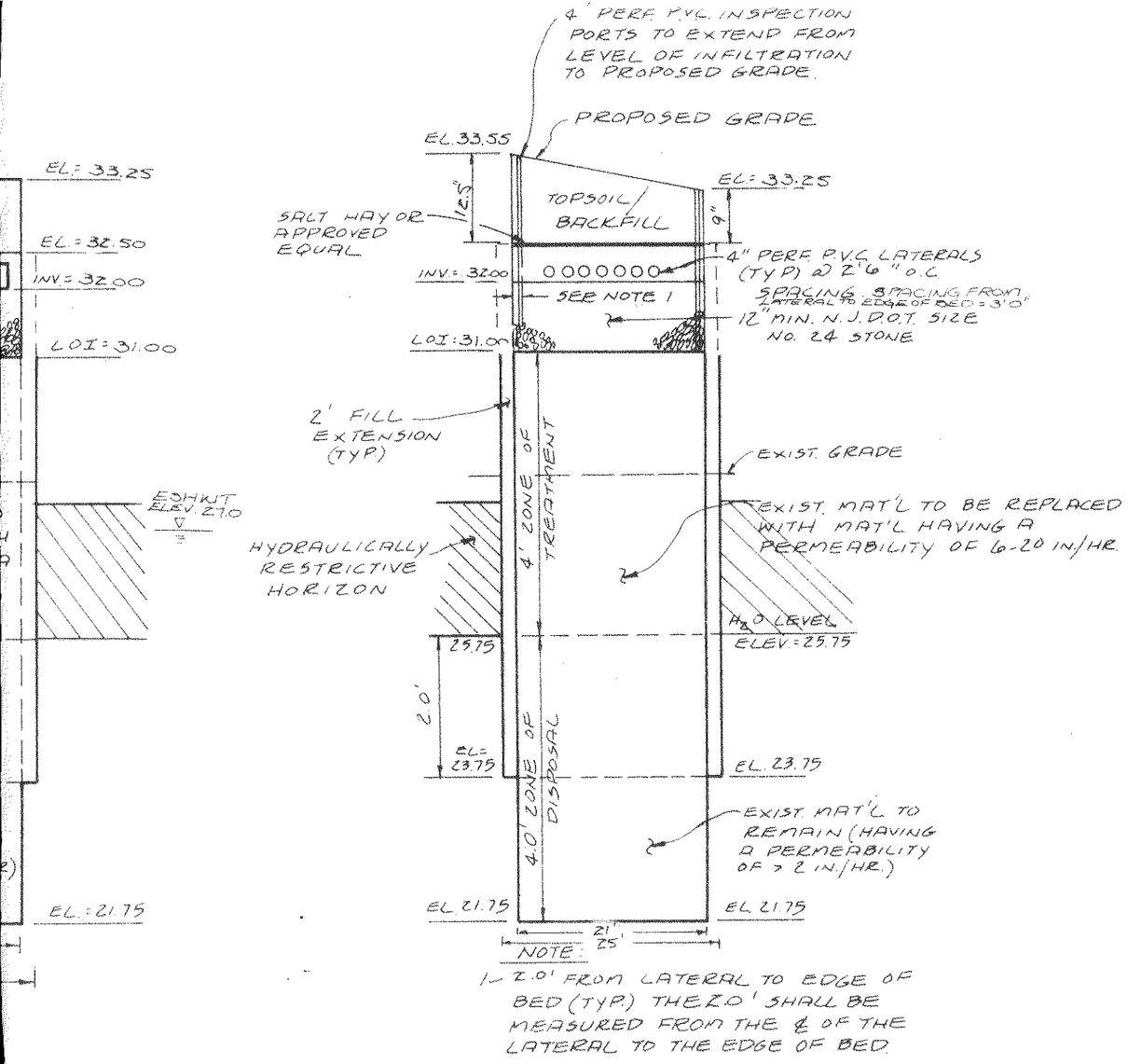
REV.	DATE	
2	7/27/94	Rev. Added Soil LO
1	6/1/94	Rev. as per D.E.P.E.

ROGER J. MARINO
124 HAINES
TOMS RIVER, NEW
PHONE: (908) 34
FAX: (908) 349

FINAL PLAN

PLOT PLAN & SEPTIC

LOT 16.19 – BL



BED CROSS-SECTION

BED TYPE: MOUNDED SOIL REPLACEMENT
SOIL SUITABILITY CLASS: III Hf, Nr

0"–5" Topsoil / Root Mat.

5"–16" 5YR 5/1 Gray Sandy Loam, moist, subangular blocky, friable.

16"–42" 2.5Y 6/4 Light Yellowish Brown Loam, moist, subangular blocky, friable, common, medium, distinct mottles of 7.5YR 6/6 at 28".

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– E.S.H.W.T. as per N.J.A.C. 7:9A is 28" –
– Water Encountered at 60" –

Date Performed: 7/3/93
Performed By: R. Marino, P.E.
Witnessed By: F. Magee, O.C.H.D.

Signed and Sealed,
Roger J. Marino, P.E.

ELEV. 26.0

SOIL LOG SB-2
LOT 16.19 BLOCK 83
JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY
DATE: 7/6/93 | SCALE: N/A | JOB NO. BTN001

BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505-2095 – FAX: (908) 473-0530

REV.	DATE	
2	7/27/94	Rev.: Added Soil Log
1	6/1/94	Rev. as per D.E.P.E.

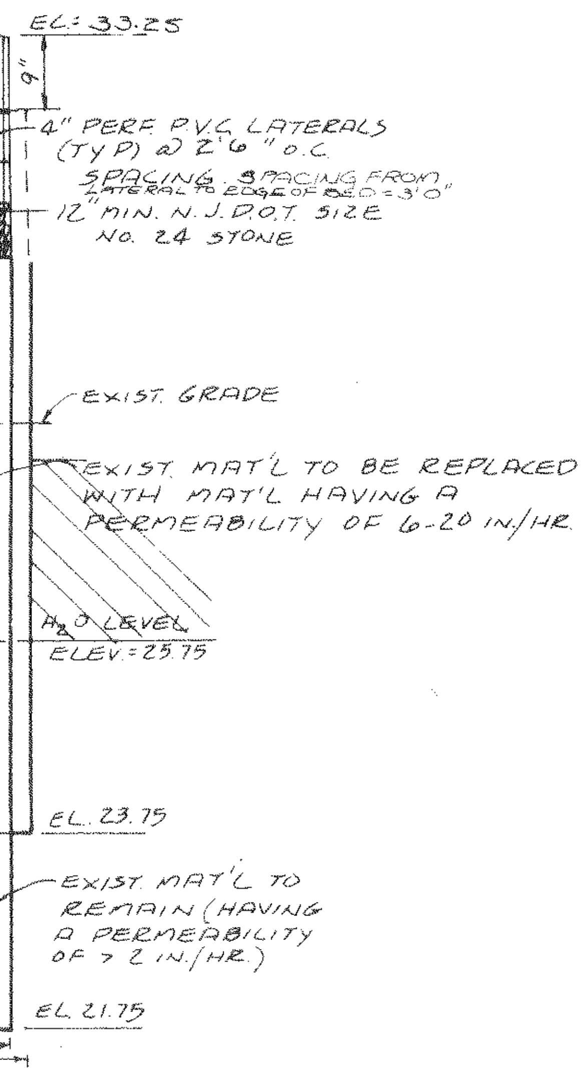
ROGER J. MARINO
124 HAINES
TOMS RIVER, NEW
PHONE: (908) 349
FAX: (908) 349

FINAL PLAN

PLOT PLAN & SEPTIC

LOT 16.19 – BL
TOWNSHIP OF JACKSON OCE

SCALE:	DATE:	ACAD No.:
N.T.S.	8-6-93	



...RAL TO EDGE OF ...2.0' SHALL BE ...OM THE ℄ OF THE ...E EDGE OF BED.

...S-SECTION

...NDED SOIL REPLACEMENT ...ITY CLASS: III Hr,Wr

0"–5"	Topsoil / Root Mat
5"–18"	10YR 6/1 Gray Loamy Sand, moist, subangular blocky, friable
18"–27"	2.5Y 6/6 Olive Yellow Sandy Loam, moist, subangular blocky, friable
27"–50"	2.5Y 6/4 Light Yellowish Brown fine to medium Sand, moist, subangular blocky, very friable, common, medium, distinct mottles of 7.5YR 6/6 beginning at 27".
50"–120"	10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated at 60", common, medium, distinct mottles of 7.5YR 6/6 and 7.5YR 5/8.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 27" –
– Water Encountered at 60" –

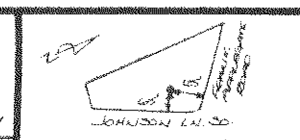
Date Performed: 7/6/93
Witnessed By: F. Magee, O.C.H.D.
Performed By: R. Marino, P.E.

Signed and Sealed,
Roger J. Marino, P.E.

ELEV. 28.0

SOIL LOG SB–1
LOT 16.19 BLOCK 83

JACKSON TOWNSHIP	OCEAN COUNTY	NEW JERSEY
DATE: 7/6/93	SCALE: N/A	JOB NO. BTN001



BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505–2095 – FAX: (908) 473–0530

0"–5"	Topsoil / Root Mat.
5"–18"	10YR 6/1 Gray Loamy Sand, moist, subangular blocky, friable.
18"–27"	2.5Y 6/6 Olive Yellow Sandy Loam, moist, subangular blocky, friable, saturated at 12".
27"–50"	2.5Y 6/4 Light Yellowish Brown fine to medium Sand, saturated, subangular blocky, very friable, common, medium, distinct mottles of 7.5YR 6/6 beginning at 27".
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– Water Encountered at 12" –

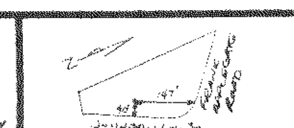
Date Performed: 4/14/94
Witnessed By: F. Magee, O.C.H.D.
Performed By: R. Marino, P.E.

Signed and Sealed,
Roger J. Marino, P.E.

ELEV. 28.0

SOIL LOG SB–1A
LOT 16.19 BLOCK 83

JACKSON TOWNSHIP	OCEAN COUNTY	NEW JERSEY
DATE: 4/14/94	SCALE: N/A	JOB NO. BTN001



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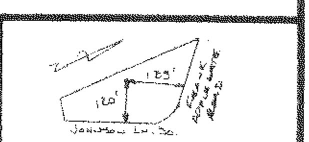
ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505–2095 – FAX: (908) 473–0530

...Loam, moist, subangular blocky, friable.
...wish Brown Loam, moist, subangular ...non, medium, distinct mottles of
...to medium Sand, moist, subangular blocky, ...60", many, medium, distinct mottles of ...ut.
...er N.J.A.C. 7:9A is 28" – ...ncountered at 60" –

Signed and Sealed,
Roger J. Marino, P.E.

...B–2
...CK 83

	NEW JERSEY
	JOB NO. BTN001



BORING LOCATION(S)

...RINO & ASSOCIATES, INC.
...ring Services Corporation
...TREET, TOMS RIVER, NJ 08753
...05–2095 – FAX: (908) 473–0530

REV	DATE	DESCRIPTION	CHK'D	APPR'D
2	7/27/94	Rev. Added Soil Logs 4-14-94, Revs Per O.C.H.D.	RJM	RJM
1	6/1/94	Rev. as per D.E.P.E. submission	RJM	RJM

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

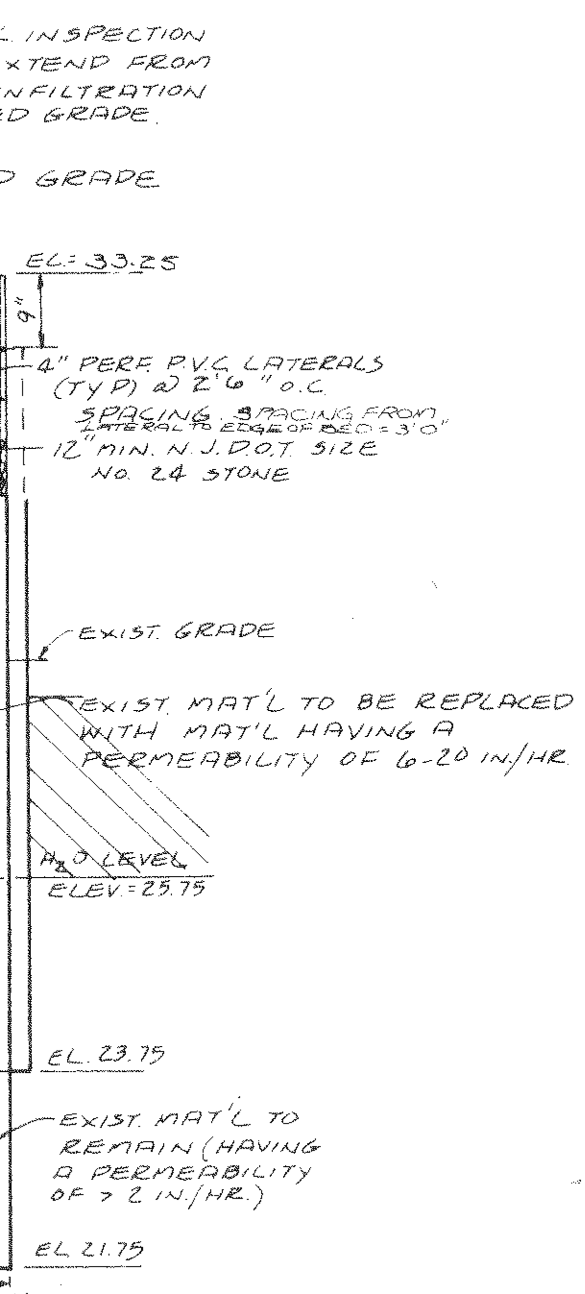
FINAL PLAN

PLOT PLAN & SEPTIC SYSTEM DESIGN

LOT 16.19 – BLOCK 83
TOWNSHIP OF JACKSON OCEAN COUNTY NEW JERSEY

ROGER J. MARINO
N.J.P.E. LIC. No. 37511

SCALE:	DATE:	ACAD No:	DRAWN BY:	CHECKED BY:	FIELD BOOK No:	SHEET No:
N.T.S.	8-6-93		CM/ R.J.M.	R.J.M.		3 of 3



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OM THE ℄ OF THE
E EDGE OF BED.

S-SECTION

NDED SOIL REPLACEMENT
ITY CLASS III HF,Kr

0"–5"	Topsoil / Root Mat
5"–18"	10YR 6/1 Gray Loamy Sand, moist, subangular blocky, friable
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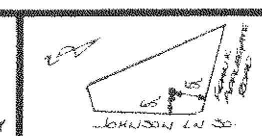
– Water Encountered at 60" –

Date Performed: 7/6/93
Witnessed By: F. Magee, O.C.H.D.
Performed By: R. Marino, P.E.

Signed and Sealed,
Roger J. Marino
Roger J. Marino, P.E.

ELEV. 28.0

SOIL LOG SB-1
LOT 16.19 BLOCK 83
JACKSON TOWNSHIP OCEAN COUNTY NEW JERSEY
DATE: 7/6/93 | SCALE: N/A | JOB NO. BTN001



BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505-2095 – FAX: (908) 473-0530

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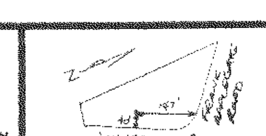
Date Performed: 4/14/94
Witnessed By: F. Magee, O.C.H.D.
Performed By: R. Marino, P.E.

Signed and Sealed,
Roger J. Marino
Roger J. Marino, P.E.

ELEV. 28.0

SOIL LOG SB-1A
LOT 16.19 BLOCK 83
JACKSON TOWNSHIP OCEAN COUNTY NEW JERSEY
DATE: 4/14/94 | SCALE: N/A | JOB NO. BTN001



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ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505-2095 – FAX: (908) 473-0530

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...er N.J.A.C. 7:9A is 28" –
...Encountered at 60" –

Signed and Sealed,
Roger J. Marino
Roger J. Marino, P.E.

...B-2

REV.	DATE	DESCRIPTION	CHK'D	APPR'D
2	7/27/94	Rev. Added Soil Logs 4-14-94, Revs Per O.C.H.D.	RJM	RJM
1	6/1/94	Rev. as per D.E.P.E. submission	RJM	RJM

ROGER J. MARINO & ASSOC.
124 HAINES ROAD
TOMS RIVER, NEW JERSEY 08753
PHONE: (908) 349-9304
FAX: (908) 349-2479

FINAL PLAN

COUNTY/MUNICIPALITY OCEAN / JACKSON TWP.

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

Form 1—General Information

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

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

   ___ Alteration/Expansion or Change in Use

   ___ Alteration/Malfunctioning System

   ___ Deviation from Standards ___ Repairs to Existing System

2. Location of Project:

   Municipality JACKSON Block No. 83 Lot No. 16.19

   Street Address JOHNSON LANE SOUTH Zip ____

3. Name of Applicant (print): DOROTHY BATTON

4. Applicant's Present Address: 133 WILSON AVENUE, PORT MONMOUTH, NJ

5. Applicant's Phone Number: (908) 787-5409

6. Type Of Facility:

   X Residential

   ___ Commercial/Institutional

   Specify Type of Establishment: ____

7. Type of Wastes to be Discharged:

   X Sanitary Sewage

   ___ Industrial Wastes

   ___ Other—Specify Type

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

   ___ Pinelands Commission

   ___ U.S. Army Corps of Engineers

   ___ NJDEP—Bureau of Flood Plain Management

   ___ Other—Specify:

9. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false sweaning is a crime in this State and subject to prosecution.

Signature of Applicant Roger J. Marino Date 8/18/93

FOR AGENCY USE ONLY

___ Application Denied—Reason for Denial/Citation of Rules Violated:_____

X Application Approved

Date of Action 8/30/93 Signature of Authorized Agent [signature]

Name and Title FRED MAGEE, SANITARY INSPECTOR

COUNTY/MUNICIPALITY OCEAN/JACKSON TWP.

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

Form 2a—General Site Evaluation Data Lot 16.19 Block 83

1. Name of Site Evaluator (print): ROGER J. MARINO

2. Business Address of Site Evaluator: 124 HAINES RD., TOMS RIVER, NJ 08753

3. Business Phone Number of Site Evaluator: (908) 349-9304

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

___ Flood Plains ___ Bedrock Outcrops ___ Wetlands

___ Excessively Stony ___ Disturbed Ground ___ Sink Holes

___ Sand Dunes ___ Steep Slopes

___ Other—Specify_____

5. Soil Logs—Enter on Form 2b—Use one sheet for each soil log.

6. Considerations Relating to Disturbed Ground:

a) Type of Disturbance (Check appropriate categories):

___ Filled Area ___ Excavated Area ___ Re-graded Area

___ Subsurface Drains ___ Other—Specify_____

b) Pre-existing Natural Ground Surface

Elevation Relative to Existing Ground Surface_____

Method of Identification_____

c) Suitability of Disturbed Ground

___ Unsuitable: Objects Subject to Disintegration or Change in Volume

___ Excessively Coarse

___ Proctor Test performed—% Standard Proctor Density =_____

7. Hydraulic Head Test:

a) Hydraulically Restrictive Horizon: Depth Top to Bottom_____

b) Piezometer A: Depth to Bottom___Depth of Water Level (24 hrs)___

c) Piezometer B: Depth to Bottom___Depth of Water Level (24 hrs)___

d) Witnessed by_____ Signature_____ Date_____

8. Attachments (Check items included):

✓ Site Plan

✓ Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map

✓ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map

___ Other—Specify_____

9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator Roger J Marino Date 8/18/93

Signature of Professional Engineer R J Marino License # 37511

COUNTY/MUNICIPALITY OCEAN / JACKSON TWP.

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

Form 2b—Soil Log and Interpretation Lot 16.19 Block 83

1. Log Number SB-1 Method (Check One): X Profile Pit ___ Boring

2. Soil Log

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present

SEE ATTACHED SOIL LOG

3. Ground Water Observations:

X Seepage—Indicate Depth 60"

___ Pit/Boring Flooded—Depth after ___ Hours

4. Soil Limiting Zones (Check Appropriate Categories):

___ Fractured Rock Substratum—Depth to Top

___ Massive Rock Substratum—Depth to Top

___ Excessively Coarse Horizon—Depth Top to Bottom

___ Excessively Coarse Substratum—Depth to Top

X Hydraulically Restrictive Horizon—Depth Top to Bottom 5" - 27"

___ Hydraulically Restrictive Substratum—Depth to Top

___ Perched Zone of Saturation—Depth Top to Bottom

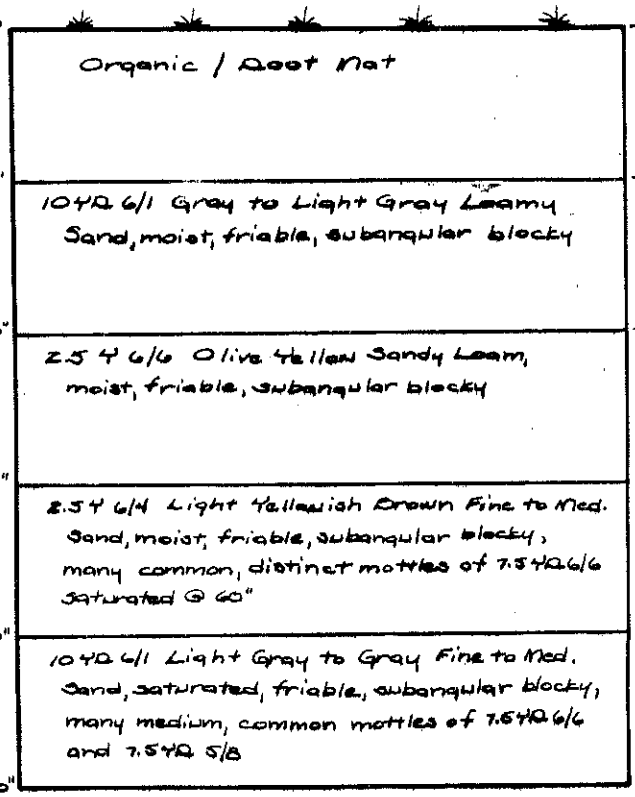
___ Regional Zone of Saturation—Depth to Top

5. Soil Suitability-Classification:
III Hr

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator R J Marino Date 8/18/93

Signature of Professional Engineer R J Marino License # 37511



*Witnessed By Fred Nagel of the Ocean County Health Dept. on July 6, 1993

DATE PERFORMED:

WEATHER CONDITIONS:

LOG PREPARED BY: G. Marino

ENGINEER: G. Marino

E.S.H.W.T. 27"

WATER TABLE 60"

NOTE: SOILS ARE IDENTIFIED IN ACCORDANCE WITH THE U.S.D.A. SOIL CLASSIFICATION SYSTEM.

SOIL LOG SB-1

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP NEW JERSEY

EKM ASSOCIATES, INC.
1565 ROUTE 37 WEST, SUITE 11
TOMS RIVER, NEW JERSEY 08755

COUNTY/MUNICIPALITY OCEAN / JACKSON TWP.

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

Form 2b—Soil Log and Interpretation Lot 16.19 Block 83

1. Log Number SB-2 Method (Check One): ✓ Profile Pit ___ Boring

2. Soil Log

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present
	SEE ATTACHED SOIL LOG

3. Ground Water Observations:

✓ Seepage—Indicate Depth 60"

___ Pit/Boring Flooded—Depth after ___ Hours

4. Soil Limiting Zones (Check Appropriate Categories):

___ Fractured Rock Substratum—Depth to Top

___ Massive Rock Substratum—Depth to Top

___ Excessively Coarse Horizon—Depth Top to Bottom

___ Excessively Coarse Substratum—Depth to Top

✓ Hydraulically Restrictive Horizon—Depth Top to Bottom 5"-42"

___ Hydraulically Restrictive Substratum—Depth to Top

___ Perched Zone of Saturation—Depth Top to Bottom

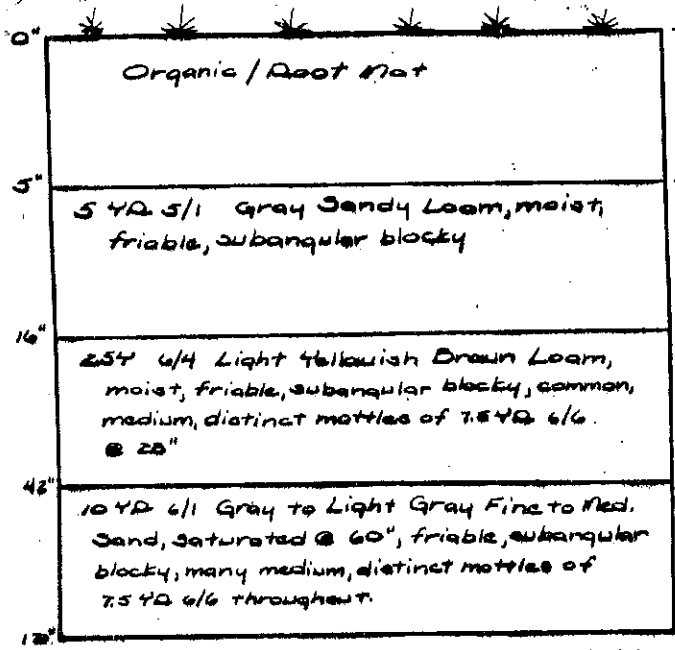
___ Regional Zone of Saturation—Depth to Top

5. Soil Suitability-Classification: IIIHr

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator RJ Marino Date 8/18/93

Signature of Professional Engineer RJ Marino License # 37511



*Witnessed By Fred Riggs of the Ocean County Health Dept. on July 6, 1995

DATE PERFORMED:

WEATHER CONDITIONS:

LOG PREPARED BY: G. Marino

ENGINEER: G. Marino

E.S.H.W.T. 28"

WATER TABLE 60"

NOTE: SOILS ARE IDENTIFIED IN ACCORDANCE WITH THE U.S.D.A. SOIL CLASSIFICATION SYSTEM.

SOIL LOG SB-2

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP NEW JERSEY

EKM ASSOCIATES, INC.
1565 ROUTE 37 WEST, SUITE 11
TOMS RIVER, NEW JERSEY 08755

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. 800 GAL/DAY

___ Residential: No. of Dwelling Units___Total No. of Bedrooms___

___ Commercial/Institutional—Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading_____

2. Alterations or Repairs

a) Reason for Alteration or Repair (Check appropriate categories):

___ Expansion or Change in Use ___ Upgrade Existing Facilities

___ Correct Malfunctioning System ___ Other—Specify_____

b) Describe Nature of Alteration or Repairs:_____

3. System Components:

a) Grease Trap Capacity, gals_____

Show Calculation Used:_____

b) Septic Tank Capacities, gals: 1250 First (Single) Compartment___

___ Second Compartment___ ___ Third Compartment___

c) Effluent Distribution

Method: X Gravity Flow ___ Gravity Dosing

___ Pressure Dosing

Dosing Device: ___ Pump ___ Siphon

d) Dosing Tank Capacities, gals: Total Capacity___Dose Volume___

Reserve Capacity_____

e) Laterals: Number 4 Total Length 207 Pipe Size 4" Spacing 3' O.C.

f) Connecting Pipe: Size 4" Length 45'

g) Manifold: Size_____Length_____

h) Disposal Field: Type of Installation MOUNDED SOIL REPLACEMENT

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

Trenches: Width_____Total Length_____Bed: Area_____

i) Seepage Pits: Design Percolation Rate_____

Number of Pits_____Total Percolating Area Provided_____

4. Attachments (Check items included):

X General Plan of System Showing Location of All System Components

X X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

___ Pump Performance Curve

___ Other—Specify_____

5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer [signature] Date 8/18/93

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

HERBERT W. ROESCHKE
PUBLIC HEALTH COORDINATOR

DATE: July 7, 1993

EKM Associates Inc.
1565 Rt 37 West
Suite II
Toms River, NJ 08755

BLOCK 83 LOT 16.19

TOWNSHIP Jackson

TIME: FROM 8:55 TO 11:55

Dear Sir:

This agency has recently witnessed soil tests, performed by your firm, on the above stated parcel. Ocean County Health Department Ordinance #90-1 requires that the fee of $25.00 per hour be charged for this witnessing.

Please remit $ 75.00 for the service that has been rendered by this agency. Failure to remit this fee will result in the plans not being accepted for review.

Checks should be made out to the "Ocean County Health Department" and shall include name of municipality and block and lot designation.

Respectfully,

Robert J. Ingenito
Chief Sanitary Inspector

RJI:dem

EKM Associates, Inc. *An Engineering Services Company*

1565 Route 37 West, Suite 11 • Toms River, NJ 08755
(908) 505-2095 • Fax : (908) 244-6372

Ocean County Health Department
CN 2191
Sunset Avenue
Toms River, New Jersey 08754

June 23, 1993

Re: Soil Pit Inspection
Lot 16.19 Block 83
Frank Applegate Road and Johnson Lane
Jackson Township, New Jersey

To Whom It May Concern,

A representative of EKM Associates, Inc. will be on-site Tuesday, July 6, at 9:00 A.M. for the purpose of performing two (2) soil logs in accordance with N.J.A.C. 9:7A. The data collected will then be used to design a subsurface sewage disposal system for the subject parcel. We are therefore requesting that a member of your staff be present during the excavation and logging of the soil pits.

Please note that we have attached to this letter a location map to assist you in locating the site.

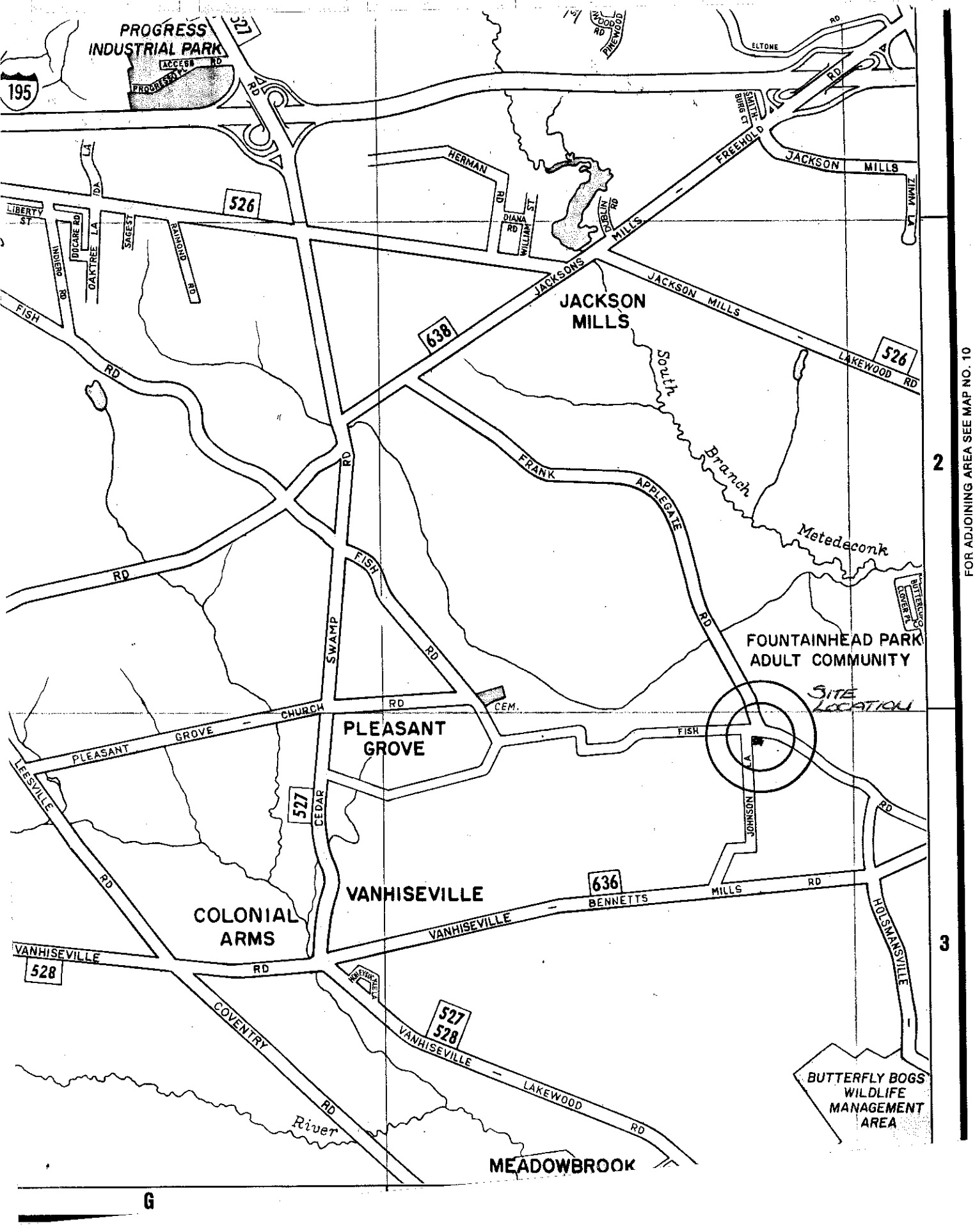
Thank you for your cooperation.

Very truly yours,

Roger J. Marino

Roger J. Marino, P.E.

cc; B. Obsuth
D. Batton


PROGRESS INDUSTRIAL PARK
ACCESS RD
PROGRESS CT
195
527
RD
WOOD RD
PINEWOOD
ELTONE
RD
SMITHBURG CT
FREEHOLD
JACKSON MILLS
ZIMMIT
HERMAN
RD
DIANA RD
WILLIAM ST
DUBLIN RD
MILLS
526
LIBERTY ST
DOCARE RD
OAKTREE LA
SAGEST
RAINROD RD
INDIAN RD
FISH
RD
JACKSONS
JACKSON MILLS
638
JACKSON MILLS
LAKEWOOD RD
526
South Branch Metedeconk
FRANK APPLEGATE RD
SWAMP RD
FISH RD
RD
BUTTERCUP CLOVER PL
FOUNTAINHEAD PARK ADULT COMMUNITY
SITE LOCATION
CEM.
CHURCH RD
PLEASANT GROVE
PLEASANT GROVE
FISH
LEESVILLE RD
527
CEDAR
JOHNSON
RD
COLONIAL ARMS
VANHISEVILLE
636
BENNETTS MILLS RD
VANHISEVILLE RD
HOLSMANSVILLE
VANHISEVILLE
528
RD
NEWBURY CT
527
528
COVENTRY RD
VANHISEVILLE
LAKEWOOD RD
River
MEADOWBROOK
BUTTERFLY BOGS WILDLIFE MANAGEMENT AREA
2
3
G
FOR ADJOINING AREA SEE MAP NO. 10

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date 8/10/93
Signature of Inspecting Official FRED MAGEE	Municipality	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	Septic-Well Permit Review #005772
	BLK 83 Lot 16.19
	Municipality JACKSON
	Approved with Stipulation:
	Engineer must certify by signature and seal using appendix B
	Parts A and B, that system has been located, constructed and
	installed as per approved plan. An inspection by this department
	is required prior to backfilling the system.
	A satisfactory Ocean County Health Department Ordinance 87-1 water
	analysis and well head and tank inspections are required for
	approval.
	This department shall be notified 24 hours prior to well installation
	for witnessing purposes.
	Other:
	Reviewers Signature:

(Attach additional sheets if necessary)

SERIAL # 65252

DWR-133
(3/93)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENT PROTECTION & ENERGY
TRENTON, NJ

Mail to
Water Allocation
CN 426
Trenton, NJ 08625

Permit No. 28-32680

PERMIT TO DRILL WELL

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

COORD # : 28.34.6 63

Owner Mrs. Dorothy Batton
Address Johnson Lane and Applegate Road
Jackson Twp NJ
Name of Facility Obsuth Contracting
Address Same

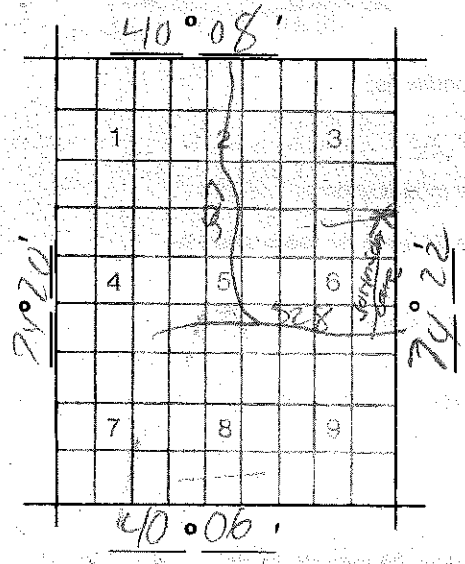
Driller Garden State Environmental Drilling
Address 1565 Rte 37 West Suite 11
Toms River, NJ 08755

Diameter of Well	4 *Inches*	Proposed Depth of Well	100 *Feet*
Proposed Capacity of Pump	16 *GPM*	Method of Drilling *(cable-tool, rotary, etc.)*	Rotary
Use of Well *(See Reverse)*	Domestic		
Drinking Water Supply?	Yes yes (see # 6 on reverse)		no

LOCATION OF WELL

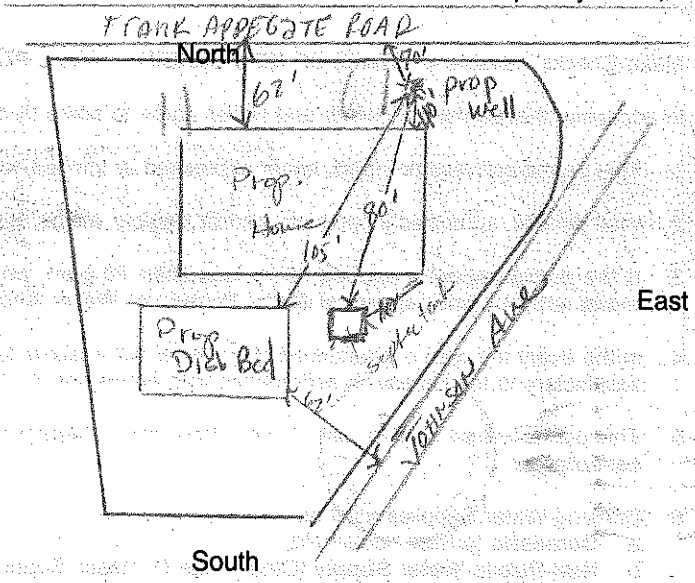
Lot #	Block #	Municipality	County
16.19	83	Jackson Twp	Ocean

State Atlas Map No. 28



West

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.

- [X] **DOMESTIC/PUBLIC NON-COMMUNITY** Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et. seq.
- [ ] **PUBLIC COMMUNITY** Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1 et seq.
- [ ] **DOMESTIC IRRIGATION SUPPLY** - No piping from the well for which the permit applies shall enter any building.
- [ ] **HEAT PUMP WELLS** - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well. A two hour pump test must be performed on the return well at a rate of 1½ times the estimated return flow of water.
- [ ] **INDUSTRIAL SUPPLY** - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et. seq.
- [ ] **REPLACEMENT WELL** - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment.
- [ ] IRRIGATION PURPOSES ONLY [ ] TEST PURPOSES ONLY
- [ ] PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84(a)4.v. are met.
- [ ] GEOPHYSICAL LOGS of this well must be made. Permanent pumping equipment *SHALL NOT* be installed until such logs are made.
- [ ] SAMPLES of cuttings required every _____ feet or change in material.
- [ ] MINIMUM distance requirements as per N.J.A.C. 7:10-12.13 have not been met - see attached additional condition(s).
- [ ] The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:19-2 et. seq.
- [ ] _____

This Space for Approval Stamp

WELL PERMIT APPROVED
Dept. of Environmental Protection
Water Resources/Water Allocation
AUG 17 1993

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

Date 7.26.93 Signature of Driller _____ License No. 1098

Signature of Owner _____

COPIES: Water Allocation — White Health Dept. — Yellow Owner — Blue Driller — White

ROGER J. MARINO & ASSOCIATES
124 Haines Road
Toms River, New Jersey 08753
(908) 349-9304

ATTN: FRED MAGEE

Ocean County Health Department
CN 2191
Sunset Avenue
Toms River, New Jersey 08754

August 18, 1993

Re: Septic and Well Permit
Lot 16.19, Block 83
Jackson Township, New Jersey

To Whom It May Concern,

Attached please find four (4) copies of a plan entitled "Plot Plan/ Septic Design, Lot 16.19, Block 83, Jackson Township, Ocean County, New Jersey", consisting of three (3) sheets dated 8-6-93; four (4) copies of the associated Health Department Applications; a New Jersey State Well Drilling Permit; and a check in the amount of $190.00 to cover the cost of the submission fee.

We look forward to receipt of your review. Thank you for your cooperation.

Very truly yours,

Roger J. Marino

Roger J. Marino, P.E.

cc; D. Batton

5772

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

HERBERT W. ROESCHKE
PUBLIC HEALTH COORDINATOR

DATE: July 7, 1993

EKM Associates Inc.
1565 Rt 37 West
Suite II
Toms River, NJ 08755

BLOCK 83 LOT 16.19

TOWNSHIP Jackson

TIME: FROM 8:55 TO 11:55

Dear Sir:

This agency has recently witnessed soil tests, performed by your firm, on the above stated parcel. Ocean County Health Department Ordinance #90-1 requires that the fee of $25.00 per hour be charged for this witnessing.

Please remit $ 75.00 for the service that has been rendered by this agency. Failure to remit this fee will result in the plans not being accepted for review.

Checks should be made out to the "Ocean County Health Department" and shall include name of municipality and block and lot designation.

Respectfully,

Robert J. Ingenito
Chief Sanitary Inspector

RJI:dem

EKM Associates, Inc. *An Engineering Services Company*

1565 Route 37 West, Suite 11 • Toms River, NJ 08755
(908) 505-2095 • Fax : (908) 244-6372

June 23, 1993

Ocean County Health Department
CN 2191
Sunset Avenue
Toms River, New Jersey 08754

Re: Soil Pit Inspection
Lot 16.19 Block 83
Frank Applegate Road and Johnson Lane
Jackson Township, New Jersey

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Please note that we have attached to this letter a location map to assist you in locating the site.

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Very truly yours,

Roger J. Marino

Roger J. Marino, P.E.

cc; B. Obsuth
D. Batton

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
BLK 83 LOT 16.19		
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
J. Major	JACKSON	Begin

REG. NO.	REMARKS (Please specify area)
	4/8/94 CONF. WITH ROGER MARIANO, ENG. 349-8304 AND EXPLAINED APPROVAL FOR
	SEPTIC TO BE RESCINDED DUE TO S.H.W.T. BEING OBSERVED HIGHER THAN
	INDICATED FOR MOTTLING.
	SUGGESTED HE CONTACT DEP (BRIAN SAGE, 1-609-984-1909)
	RE POSSIBILITY OF ALTERNATE DESIGN BEING APPROVABLE (WAIVE 24" S.H.W.T.
	REQ.) AND OBSERVATION (PERFORATED) TUBE BE INSTALLED AT S.H.W.T.
	SCHEDULED OBSERVATION TUBES FOR 4/13/94, 10AM.
	4/12/94 ENGINEER REQUESTED RESCHEDULE TO 4PM (4/13/94) (WIFE SICK)
	4/13/94 ENGINEER "NO SHOW" AT SITE, BUT HOME OWNER THERE, AND I
	EXPLAINED PROBLEM AND PROCEDURE [illegible] NECESSARY. (OBSERVATION
	TUBES, RESUBMISSION OF REVISED PLANS) TO CORRECT.
	MET ENG AT SITE; INSTALLED OB. TUBES (SEE WITNESS DATA)
	READ TUBES — 15" + 12". TO BE SUBMITTED AS ALTERNATE DESIGN.

(Attach additional sheets if necessary)

April 7, 1994

Mr. Obsuth
Obsuth Professional Contractors
2109 Bridge Avenue
Point Pleasant, New Jersey 08742

Re: Johnson Lane
Block 83 Lot 16.19

Dear Mr. Obsuth:

On March 31st, 1994, representatives from this Department visited the above stated job site. It appears that the engineer who designed the plan for the above may have submitted incorrect information regarding the seasonal high water table (S.H.W.T.). Direct observation of the Seasonal High Water Table at the site disclosed substantially higher S.H.W.T. than the approved plan indicated.

Therefore, we are rescinding our septic plan approvals until your engineer can resubmit a plan, adhering to the present regulations for design criteria, with a correct information pertaining to seasonal high water table and soil characteristics, for our review.

Any additional soil testing must be witnessed by this Department, with prior notification.

If you have any questions, please feel free to contact either Mr. Fred Magee at extension 466 or myself at extension 421.

Yours truly,

Joseph A. Gallos
Principal Sanitary Inspector

JAG:cp

cc - Jackson Township Construction Official
Jackson Township Health Department
Jackson Township Environmental Commission

April 7, 1994

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Obsuth Professional Contractors
2109 Bridge Avenue
Point Pleasant, New Jersey 08742

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Block 83 Lot 16.19

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Yours truly,

Joseph A. Gallos
Principal Sanitary Inspector

JAG:cp

cc - Jackson Township Construction Official
Jackson Township Health Department
Jackson Township Environmental Commission

APPENDIX B

STANDARD FORMS FOR SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY OCEAN CTY, JACKSON TWP.

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

Form 1—General Information

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

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

   ___ Alteration/Expansion or Change in Use

   ___ Alteration/Malfunctioning System

   ✓ Deviation from Standards ___ Repairs to Existing System

2. Location of Project:

   Municipality JACKSON TWP. Block No. 83 Lot No. 16.19

   Street Address JOHNSON LANE SOUTH Zip 07758

3. Name of Applicant (print): DOROTHY BATTON

4. Applicant's
   Present Address: 133 WILSON AVENUE
   FORT MONMOUTH, N.J. 07758

5. Applicant's Phone Number: (908)928-3476

6. Type Of Facility:

   ✓ Residential

   ___ Commercial/Institutional

   Specify Type of Establishment: _____

7. Type of Wastes to be Discharged:

   ✓ Sanitary Sewage

   ___ Industrial Wastes

   ___ Other—Specify Type

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

   ___ Pinelands Commission

___ U.S. Army Corps of Engineers

___ NJDEP—Bureau of Flood Plain Management

___ Other—Specify:

9. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant R J Marino Date 6/8/94

FOR AGENCY USE ONLY

L Application Denied—Reason for Denial/Citation of Rules Violated:

SEE ATTACHED 6/20/94 E. MADDEE.

___ Application Approved

___ Application Approved Subject to Approval by NJDEP

Date of Action _____ Signature of Authorized Agent _____

Name and Title _____

COUNTY/MUNICIPALITY OCEAN CTY., JACKSON TWP.

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

Form 2a—General Site Evaluation Data Lot 16.19 Block 83

1. Name of Site Evaluator (print): ROGER J. MARINO

2. Business Address of MARINO & ASSOC., INC.
   Site Evaluator: 501 MAIN STREET
   TOMS RIVER, N.J. 08753

3. Business Phone Number of Site Evaluator: (908) 505-2095

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

   ___ Flood Plains ___ Bedrock Outcrops ___ Wetlands

   ___ Excessively Stony ___ Disturbed Ground ___ Sink Holes

   ___ Sand Dunes ___ Steep Slopes

   ___ Other—Specify_____

5. Soil Logs—Enter on Form 2b—Use one sheet for each soil log.

6. Considerations Relating to Disturbed Ground:

   a) Type of Disturbance (Check appropriate categories):

      ___ Filled Area ___ Excavated Area ___ Re-graded Area

      ___ Subsurface Drains ___ Other—Specify_____

   b) Pre-existing Natural Ground Surface

      Elevation Relative to Existing Ground Surface_____

      Method of Identification_____

   c) Suitability of Disturbed Ground

      ___ Unsuitable: Objects Subject to Disintegration or Change in Volume

      ___ Excessively Coarse

      ___ Proctor Test performed—% Standard Proctor Density =_____

7. Hydraulic Head Test:

   a) Hydraulically Restrictive Horizon: Depth Top to Bottom_____

   b) Piezometer A: Depth to Bottom___Depth of Water Level (24 hrs)___

   c) Piezometer B: Depth to Bottom___Depth of Water Level (24 hrs)___

   d) Witnessed by_____ Signature_____ Date_____

8. Attachments (Check items included):

✓ Site Plan

✓ Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map

✓ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map

___ Other—Specify_____

9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator R J Marino Date 6/8/94 6/8/94

Signature of Professional Engineer R J Marino License # 37511

R J Marino

COUNTY/MUNICIPALITY OCEAN CTY. / JACKSON TWP.

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

Form 2b—Soil Log and Interpretation Lot 16.19 Block 83

1. Log Number SB1 Method (Check One): X Profile Pit ___ Boring

2. Soil Log

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present

SEE ATTACHED

3. Ground Water Observations:

X Seepage—Indicate Depth 12" STATIC

___ Pit/Boring Flooded—Depth after ___ Hours

4. Soil Limiting Zones (Check Appropriate Categories):

___ Fractured Rock Substratum—Depth to Top

___ Massive Rock Substratum—Depth to Top

___ Excessively Coarse Horizon—Depth Top to Bottom

___ Excessively Coarse Substratum—Depth to Top

___ Hydraulically Restrictive Horizon—Depth Top to Bottom

___ Hydraulically Restrictive Substratum—Depth to Top

___ Perched Zone of Saturation—Depth Top to Bottom

X Regional Zone of Saturation—Depth to Top 12"

5. Soil Suitability Classification: IIIHr, Wr

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator R J Marino Date 6/8/94

Signature of Professional Engineer R J Marino License # 37511

0"–5"	Topsoil / Root Mat.
5"–18"	10YR 6/1 Gray Loamy Sand, moist, (saturated at 12"), subangular blocky, friable.
18"–27"	2.5Y 6/6 Olive Yellow Sandy Loam, saturated, subangular blocky, friable.
27"–50"	2.5Y 6/4 Light Yellowish Brown fine to medium Sand, saturated, subangular blocky, many common, distinct mottles of 7.5YR 6/6 beginning at 27".
50"–120"	10YR 6/1 fine to medium Gray Sand, saturated, subangular blocky, friable, many, medium, distinct mottles of 7.5YR 6/6 and 7.5YR 5/8.

– Water Encountered at 12" –

*Witnessed by F. Magee of Ocean County Health Dept. on July 6, 1993. At that time, the E.S.H.W.T. was determined to be at 27", and static water table was at 60".

Signature and Seal

Roger J. Marino 6/8/94

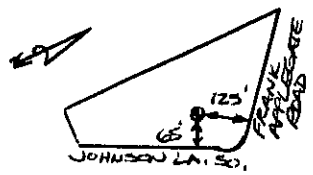
Roger J. Marino, P.E.
N.J. License No. 37511

SOIL LOG SB–1

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY

DATE: 7/6/93 | SCALE: N/A | JOB NO. BTN001



BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
124 HAINES ROAD, TOMS RIVER, NJ 08753
PHONE: (908) 349–9304 – FAX: (908) 349–2479

0"–5"	Topsoil / Root Mat.
5"–16"	5YR 5/1 Gray Sandy Loam, moist (saturated at 12"), subangular blocky, friable.
16"–42"	2.5Y 6/4 Light Yellowish Brown Loam, saturated, subangular blocky, friable, common, medium, distinct mottles of 7.5YR 6/6 at 28".
42"–120"	10YR 6/1 Gray fine to medium Sand, subangular blocky, friable, saturated, many, medium, distinct mottles of 7.5YR 6/6 throughout.

– Water Encountered at 12" –

*Witnessed by F. Magee of Ocean County Health Department on July 6, 1993. At that time, the E.S.H.W.T. was determined to be at 28", and static water table was at 60".

Signature and Seal

Roger J. Marino 6/8/94

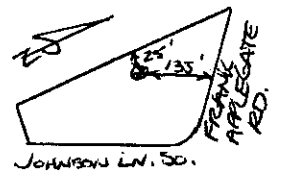
Roger J. Marino, P.E.
N.J. License No. 37511

SOIL LOG SB–2

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY

DATE: 7/6/93 | SCALE: N/A | JOB NO. BTN001



BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
124 HAINES ROAD, TOMS RIVER, NJ 08753
PHONE: (908) 349–9304 – FAX: (908) 349–2479

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. 600gal/day

___ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 5

___ Commercial/Institutional—Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading_____

2. Alterations or Repairs

a) Reason for Alteration or Repair (Check appropriate categories):

___ Expansion or Change in Use ___ Upgrade Existing Facilities

___ Correct Malfunctioning System ___ Other—Specify_____

b) Describe Nature of Alteration or Repairs:_____

3. System Components:

a) Grease Trap Capacity, gals_____

Show Calculation Used:_____

b) Septic Tank Capacities, gals: 1250 First (Single) Compartment___

___ Second Compartment___ ___ Third Compartment___

c) Effluent Distribution

Method: ___ Gravity Flow ___ Gravity Dosing

___ Pressure Dosing

Dosing Device: ___ Pump ___ Siphon

d) Dosing Tank Capacities, gals: Total Capacity___ Dose Volume___

Reserve Capacity_____

e) Laterals: Number 9 Total Length 486 Pipe Size 4" Spacing 2.5'

f) Connecting Pipe: Size 4" Length 45'

g) Manifold: Size_____ Length_____

h) Disposal Field: Type of Installation MOUNDED SOIL REPLACEMENT

Design Permeability (Percolation Rate) K4 (6-20 IN/HR)

Trenches: Width_____ Total Length_____ Bed: Area_____

i) Seepage Pits: Design Percolation Rate_____

Number of Pits_____ Total Percolating Area Provided_____

4. Attachments (Check items included):

___ General Plan of System Showing Location of All System Components

__2__ X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

____ Pump Performance Curve

____ Other—Specify_____

5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer G Marino Date 6/8/94

G Marino 6/8/94

5772

Roger J. Marino & Assoc.
AN ENGINEERING SERVICES CORPORATION

501 MAIN STREET
TOMS RIVER, NEW JERSEY 08753

TELEPHONE (908) 505-2095
FACSIMILE (908) 473-0530

Ocean County Health Department
CN 2191
Sunset Avenue
Toms River, New Jersey 08754
Attn: Fred Magee

June 8, 1994

Re: Septic and Well Permit
Resubmission
Lot 16.19, Block 83
Jackson Township, New Jersey

Dear Mr. Magee,

Attached please find four (4) copies of a plan entitled "Plot Plan/ Septic Design, Lot 16.19, Block 83, Jackson Township, Ocean County, New Jersey", consisting of three (3) sheets dated 8-6-93, and last revised 6/1/94; four (4) copies of the associated Health Department Applications; four (4) copies and one (1) original of an LUR-006A form; and a check in the amount of $50.00 to cover the cost of the resubmission fee.

As you are aware, the residential unit has already been constructed on the property, and the homeowner is very anxious to resolve the water table issue with the DEPE. Anything you can do to speed up the review process will be greatly appreciated.

Thank you for your cooperation. If you have any questions, or need additional information, please do not hesitate to contact our office.

Very truly yours,

Roger J. Marino

Roger J. Marino, P.E.

Form LUR-006A
revised 5/92

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
LAND USE REGULATION PROGRAM
SUBSURFACE DISPOSAL UNIT

ENGINEER'S REPORT FOR SUBSURFACE SEWAGE DISPOSAL SYSTEMS
(SUPPLEMENT TO THE STANDARD APPLICATION FORM CP # 1)

1. Application Signed By ROGER J. MARINO, P.E. Position ENGINEER

   Date of Application 6/2/94

2. Engineering Plans and Specifications:

   Name and Address of Engineering Firm ROGER J. MARINO & ASSOCIATES, INC.
   501 MAIN STREET, TOMS RIVER, NJ 08753

   Prepared by ROGER J. MARINO Licensed Engineer

   Entitled PLOT PLAN AND SEPTIC SYSTEM DESIGN
   LOT 16.19 BLOCK 83
   JACKSON TOWNSHIP, OCEAN COUNTY, NEW JERSEY

   Date of Plans 8/6/93 Date of Last Revision 6/1/94

3. Project Location:

   County OCEAN Municipality JACKSON TOWNSHIP
   Lot(s) 16.19 Block(s) 83

4. Class of Construction - Check all applicable categories:

   X New Construction
   ___ Alteration to an existing system
   ___ Expansion
   ___ Change in Use
   ___ Other - Describe _____

5. Type of Wastes:

   X Sanitary Sewage Only
   ___ Other - Specify _____

6. Nature of Facility to be Served:

Y Residential - Indicate Number of Dwelling Units ONE
___ Commercial/Institutional - Indicate Number of Commercial Units _____
___ Specify Type of Establishment _____
___ Other - Indicate Number of Commercial Units _____
___ Specify Type of Establishment _____

7. Design Flow, GPD 800

Method of Determination:
Y Method specified in N.J.A.C. 7:9A-7.4
(Specify number of method used 1)
___ Actual Water Use Data
___ Other
Specify Method Used _____

8. Indicate Reason Why Treatment Works Approval is Required:

___ The proposed system will serve five or more realty improvements or receive a design flow greater than 2000 GPD, therefore a New Jersey Pollutant Discharge Elimination System (NJPDES) permit will be required. Indicate NJPDES permit status below
___ Application Submitted - Date of Application _____
___ NJPDES Issued - Permit No. _____ Effective Date _____
Expiration Date _____

___ System will serve more than one property, dwelling, commercial unit or other realty improvement.

Indicate the Total Number of realty improvements to be served ___

Y Design or construction of one or more components of the system will not be in conformance with N.J.A.C. 7:9A; DEPTH TO WATER TABLE FROM ORIGINAL GRADE IS 12".

___ System utilizes unproven technology or is otherwise experimental in nature;

___ System is designed to provide wastewater treatment in order to meet effluent quality limitations or ground water quality standards as prescribed by applicable State or Federal regulations or statutes;

___ Sewage will not flow by gravity from the realty improvement served to the septic tank; or

___ System will serve multiple units in a campground.

9. For applications which will not be regulated by NJPDES as indicated in section 8 above, the following information must be provided:

a) For those aspects of design and construction which are covered by the Departments Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A), indicate below whether each aspect is in conformance with the Standards. Reply "yes" if the standard listed has been complied with, "no" if the standard below has not been complied with, and "N/A" if the standard listed does not apply to the proposed design.

If any reply is negative, attach a separate sheet or sheets with the question number, the reason for not conforming with the standard, and the information regarding the proposed designs ability to adequately treat and dispose of sewage.

	Yes	No	N/A
General Requirements:			
A. Subchapter 4: Site Evaluation and System Location			
1 General provisions for site evaluation	X	—	—
2. Location generally	X	—	—
3. Distances	X	—	—
4. Slope	X	—	—
5. Surface drainage	X	—	—
6. Surface flooding	X	—	—
7. Freshwater wetlands	—	—	X
8. Area reserved for sewage disposal	X	—	—
B. Subchapter 5: Determination of Soil Suitability			
1. General provisions for the determination of soil suitability	X	—	—
2. Requirements for soil profile pits and borings	X	—	—
3. Terminology required for soil logs	X	—	—
4. Criteria for determination of soil suitability classes	X	—	—
5. Rock substrata	X	—	X
6. Excessively coarse horizons and strata	X	—	—
7. Hydraulically restrictive horizons and substrata	X	—	—
8. Criteria for recognition of zones of saturation SEE ATTACHED	X	—	—
9. Hydraulic head test	—	—	X
10. Disturbed ground	—	—	X
C. Subchapter 6: Permeability Testing			
1. General provisions for permeability testing	X	—	—
2. Tube permeameter test	—	—	X
3. Soil permeability class rating	—	—	X
4. Percolation test	—	—	X
5. Pit bailing test	—	—	X
6. Piezometer test	—	—	X
7. Basin flooding test	—	—	X
D. Subchapter 7: General Design and Construction Requirements			
1. Design requirements	X	—	—
2. Construction	X	—	X
3. Types of waste	X	—	—

4. Volume of sanitary sewage	✓	—	—
5. Separate disposal of greywater and blackwater	✓	—	✓
6. Type of system	✓	—	—
E. Subchapter 8: Pretreatment Units			
1. Grease traps	✓	—	✓
2. Septic tanks	✓	—	—
F. Subchapter 9: Effluent Distribution Networks			
1. General requirements for effluent distribution	✓	—	—
2. Dosing tanks	✓	—	✓
3. Connecting pipes	✓	—	—
4. Distribution boxes	✓	—	—
5. Laterals; gravity distribution	✓	—	—
6. Pressure dosing networks	—	—	✓
7. Design proceedure for pressure dosing networks	—	—	✓
G. Subchapter 10: Disposal Fields			
1. General design requirements for disposal fields	✓	—	—
2. Disposal field sizing requirements	✓	—	—
3. Specific requirements for conventional disposal field installations	✓	—	—
4. Specific requirements for soil replacement disposal field installations	—	—	✓
5. Specific requirements for mounded disposal field installations	—	—	✓
6. Specific requirements for mounded soil replacement disposal field installations	✓	—	—
7. Interceptor drains	—	—	✓
H. Subchapter 11: Seepage Pits			
1. Site/soil requirements	—	—	✓
2. Design requirements	—	—	✓
3. Construction requirements	—	—	✓

b) If the proposed design will include wastewater treatment devices or other components not covered in the Department's Standards, indicate below what these components are, why they are being proposed, and what their function will be. Provide detailed plans and specifications for these components and include within the technical report for the project, performance data or other information relevant to the suitability of the component for the proposed use.

N/A

10. Engineer's Certification:

I hereby certify that all aspects of the design of this project comply with the requirements of the Department's Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A) with the exception of those aspects identified by a "no" response in section 9(a) or by the information which I have provided under item 9(b), above.

Roger J. Marino

Signature of Design Engineer

6/2/94

ROGER J. MARINO 6/2/94

Name and Date (print)

Professional Engineer's Embossed Seal

11. Certification by the Administrative Authority or Authorized Agent of the Administrative Authority:

I hereby certify that the engineering plans and specifications referred to in section 2, above have been reviewed by this agency and have been found to be in conformance with the requirements of local ordinances. I further certify that the design of the proposed system has been found to be in conformance with the requirements of N.J.A.C. 7:9A with the exception of those aspects identified in section 9, above. Based upon these determinations, this agency has determined that the design is approvable subject to the issuance of a Treatment Works Approval by the State Department of Environmental Protection and Energy.

Signature of Administrative Authority or Authorized Agent

Date

Name and Title (Print)

Board of Health, Health Department or other Approving Agency: _____

Lot 16.19 Block 83
Jackson Township, New Jersey
Treatment Works Approval Application
Form LUR-006A Addendum

Subchapter 5: Criteria for recognition of zones of saturation.

Soil pits were conducted by this office on July 6, 1993. The pits were witnessed by the Ocean County Health Department. On that date, groundwater was noted to be at 60", and mottling was noted at 27" and 28" depths, respectively. The Estimated Seasonal High Water Table was determined to be at the mottled elevation.

Subsequently, during early spring of 1994, the Ocean County Health Department performed an inspection of the site, and noted that the water table had risen. The Department then rescinded the previously granted approval of the septic permit. Our office then met with the Department on-site, and we installed perforated pipe vertically into the subgrade to determine the depth to the water table. After a twenty four hour period, a member of our office met on-site again with the Health Department, and the water table was determined to be at a depth of 12".

The residential unit has been constructed on the lot, and the well has been installed. The only outstanding item to be satisfied to permit the occupancy of the unit is the resolution of the septic system waiver from the Department of Environmental Protection and Energy, for the depth from original grade to the water table of 12". The DEPE has the jurisdiction to approve water table depths of less than 24".

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

~~005473~~
(REFER TO 005772)

REJECTED

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date 6/20/94
Signature of Inspecting Official: FRED MAGEE	Municipality: JACKSON	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	PLAN REVIEW, SEPTIC + WELL, (REVISION, TINA) BLK 83
	LOT 16,19
	REJECT
4.7,	BECAUSE S.H.W.T. IS LESS THAN 1.5 ft FROM EXISTING GRADE,
3.5c	(S.H.W.T = 12"), PROOF OF COMPLIANCE WITH FRESHWATER WETLANDS
—	REGULATIONS AS PER CODE IS REQUIRED (NOTE - USE OF 4.7c4 IS NO
—	LONGER ACCEPTABLE), ALONG WITH ANY WETLANDS LINES TO BE
—	INDICATED ON PLAN.
3.5c	INDICATE LOCATION OF ALL SOIL PITS AND BORINGS ON SITE & WITHIN
—	150 ft (TO INCLUDE BORINGS USED TO DETERMINE S.H.W.T OF 12")
—	SOIL LOGS ATTACHED TO SUBMISSION COMBINE WITNESSINGS OF JULY 93
—	WITH WITNESSINGS DONE IN SPRING OF 94)
3.5c	LUR 600A DOES NOT INDICATE CODE SUBCHAPTERS NOT IN
—	COMPLIANCE WITH REGULATIONS (7:9A)
10.6	THE 2 ft FILL PERIMETER AROUND FIELD MUST EXTEND TO TOP
—	OF STONE AS INDICATED IN FIG. 21 (NJAC 26.54) IN 7:9A

(Attach additional sheets if necessary)

H.D.67

Page of Pages

APPENDIX B

STANDARD FORMS FOR SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY OCEAN CTY, JACKSON TWP.

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

Form 1—General Information

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

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

   ___ Alteration/Expansion or Change in Use

   ___ Alteration/Malfunctioning System

   X Deviation from Standards ___ Repairs to Existing System

2. Location of Project:

   Municipality JACKSON TWP. Block No. 83 Lot No. 16.19

   Street Address JOHNSON LANE SOUTH Zip 07758

3. Name of Applicant (print): DOROTHY BATTON

4. Applicant's
   Present Address: 133 WILSON AVENUE
   FORT MONMOUTH, N.J. 07758

5. Applicant's Phone Number: (908)928-3476

6. Type Of Facility:

   X Residential

   ___ Commercial/Institutional

   Specify Type of Establishment: _____

7. Type of Wastes to be Discharged:

   X Sanitary Sewage

   ___ Industrial Wastes

   ___ Other—Specify Type

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

   ___ Pinelands Commission

___ U.S. Army Corps of Engineers

___ NJDEP—Bureau of Flood Plain Management

___ Other—Specify:

9. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant [signature] Date 7/20/94

FOR AGENCY USE ONLY

___ Application Denied—Reason for Denial/Citation of Rules Violated:___

___ Application Approved

__X__ Application Approved Subject to Approval by NJDEP (WITH STIPULATIONS)

Date of Action 8/15/94 Signature of Authorized Agent [signature]

Name and Title [illegible] FRANKLIN ENGINEER SANITARY INSPECTOR

COUNTY/MUNICIPALITY OCEAN CTY., JACKSON TWP.

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

Form 2a—General Site Evaluation Data Lot 16.19 Block 83

1. Name of Site Evaluator (print): ROGER J. MARINO

2. Business Address of Site Evaluator: MARINO & ASSOC., INC.
501 MAIN STREET
TOMS RIVER, N.J. 08753

3. Business Phone Number of Site Evaluator: (908) 505-2095

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

___ Flood Plains ___ Bedrock Outcrops ___ Wetlands

___ Excessively Stony ___ Disturbed Ground ___ Sink Holes

___ Sand Dunes ___ Steep Slopes

___ Other—Specify_____

5. Soil Logs—Enter on Form 2b—Use one sheet for each soil log.

6. Considerations Relating to Disturbed Ground:

a) Type of Disturbance (Check appropriate categories):

___ Filled Area ___ Excavated Area ___ Re-graded Area

___ Subsurface Drains ___ Other—Specify_____

b) Pre-existing Natural Ground Surface

Elevation Relative to Existing Ground Surface_____

Method of Identification_____

c) Suitability of Disturbed Ground

___ Unsuitable: Objects Subject to Disintegration or Change in Volume

___ Excessively Coarse

___ Proctor Test performed—% Standard Proctor Density =_____

7. Hydraulic Head Test:

a) Hydraulically Restrictive Horizon: Depth Top to Bottom_____

b) Piezometer A: Depth to Bottom___Depth of Water Level (24 hrs)___

c) Piezometer B: Depth to Bottom___Depth of Water Level (24 hrs)___

d) Witnessed by_____ Signature_____ Date_____

8. Attachments (Check items included):

- ✓ Site Plan
- ✓ Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map
- ✓ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
- ___ Other—Specify_____

9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator K J Marino Date 7/20/94

Signature of Professional Engineer K J Marino License # 37541

COUNTY/MUNICIPALITY OCEAN CTY. / JACKSON TWP.

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

Form 2b—Soil Log and Interpretation Lot 16.19 Block 83

1. Log Number SD1 Method (Check One): X Profile Pit ___ Boring

2. Soil Log

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present
	SEE ATTACHED

3. Ground Water Observations:

X Seepage—Indicate Depth 12" STATIC

___ Pit/Boring Flooded—Depth after ___ Hours

4. Soil Limiting Zones (Check Appropriate Categories):

___ Fractured Rock Substratum—Depth to Top

___ Massive Rock Substratum—Depth to Top

___ Excessively Coarse Horizon—Depth Top to Bottom

___ Excessively Coarse Substratum—Depth to Top

___ Hydraulically Restrictive Horizon—Depth Top to Bottom

___ Hydraulically Restrictive Substratum—Depth to Top

___ Perched Zone of Saturation—Depth Top to Bottom

X Regional Zone of Saturation—Depth to Top 12"

5. Soil Suitability Classification: III Hr, Wr

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator [signature] Date 7/28/94

Signature of Professional Engineer [signature] License # 3754

0"–5"	Topsoil / Root Mat.
5"–18"	10YR 6/1 Gray Loamy Sand, moist, subangular blocky, friable.
18"–27"	2.5Y 6/6 Olive Yellow Sandy Loam, moist, subangular blocky, friable.
27"–50"	2.5Y 6/4 Light Yellowish Brown fine to medium Sand, moist, subangular blocky, very friable, common, medium, distinct mottles of 7.5YR 6/6 beginning at 27".
50"–120"	10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated at 60", common, medium, distinct mottles of 7.5YR 6/6 and 7.5YR 5/8.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 27" –
– Water Encountered at 60" –

Date Performed: 7/6/93
Witnessed By: F. Magee, O.C.H.D.
Performed By: R. Marino, P.E.

Signed and Sealed,

Roger J. Marino, P.E.

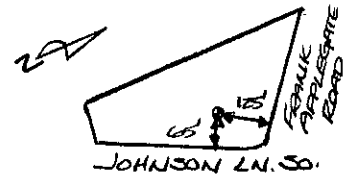
ELEV. 28.0

SOIL LOG SB–1

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY

DATE: 7/6/93	SCALE: N/A	JOB NO. BTN001



BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505–2095 – FAX: (908) 473–0530

0"–5" Topsoil / Root Mat.

5"–16" 5YR 5/1 Gray Sandy Loam, moist, subangular blocky, friable.

16"–42" 2.5Y 6/4 Light Yellowish Brown Loam, moist, subangular blocky, friable, common, medium, distinct mottles of 7.5YR 6/6 at 28".

42"–120" 10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated at 60", many, medium, distinct mottles of 7.5YR 6/6 throughout.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 28" –
– Water Encountered at 60" –

Date Performed: 7/3/93
Performed By: R. Marino, P.E.
Witnessed By: F. Magee, O.C.H.D.

Signed and Sealed,

Roger J. Marino

Roger J. Marino, P.E.

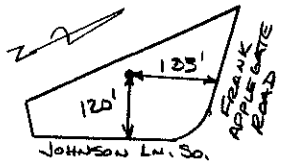
ELEV. 28.0

SOIL LOG SB–2

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY

DATE: 7/6/93	SCALE: N/A	JOB NO. BTN001



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18"–27"	2.5Y 6/6 Olive Yellow Sandy Loam, moist, subangular blocky, friable, saturated at 12".
27"–50"	2.5Y 6/4 Light Yellowish Brown fine to medium Sand, saturated, subangular blocky, very friable, common, medium, distinct mottles of 7.5YR 6/6 beginning at 27".
50"–120"	10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated at 60", common, medium, distinct mottles of 7.5YR 6/6 and 7.5YR 5/8.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 12" –
– Water Encountered at 12" –

Date Performed: 4/14/94
Witnessed By: F. Magee, O.C.H.D.
Performed By: R. Marino, P.E.

Signed and Sealed,

Roger J. Marino, P.E.

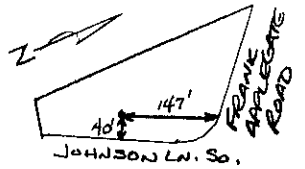
ELEV. 28.0

SOIL LOG SB–1A

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP | OCEAN COUNTY | NEW JERSEY

DATE: 4/14/94	SCALE: N/A	JOB NO. BTN001



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5"–16" 5YR 5/1 Gray Sandy Loam, moist, subangular blocky, friable, saturated at 12".

16"–42" 2.5Y 6/4 Light Yellowish Brown Loam, saturated, subangular blocky, friable, common, medium, distinct mottles of 7.5YR 6/6 at 28".

42"–120" 10YR 6/1 Gray fine to medium Sand, moist, subangular blocky, friable, saturated, many, medium, distinct mottles of 7.5YR 6/6 throughout.

– E.S.H.W.T. as per N.J.A.C. 7:9A is 12" –
– Water Encountered at 12" –

Date Performed: 4/14/94
Performed By: R. Marino, P.E.
Witnessed By: F. Magee, O.C.H.D.

Signed and Sealed,

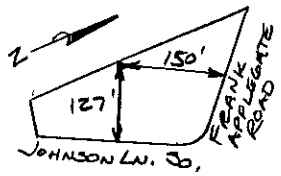
Roger J. Marino, P.E.

SOIL LOG SB–2A

LOT 16.19 BLOCK 83

JACKSON TOWNSHIP OCEAN COUNTY NEW JERSEY

DATE: 4/14/94	SCALE: N/A	JOB NO. BTN001



BORING LOCATION(S)

ROGER J. MARINO & ASSOCIATES, INC.
An Engineering Services Corporation
501 MAIN STREET, TOMS RIVER, NJ 08753
PHONE: (908) 505–2095 – FAX: (908) 473–0530

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal 800gal/day

   X Residential: No. of Dwelling Units 1 Total No. of Bedrooms 5

   ___ Commercial/Institutional—Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading ___

2. Alterations or Repairs

   a) Reason for Alteration or Repair (Check appropriate categories):

   ___ Expansion or Change in Use ___ Upgrade Existing Facilities

   ___ Correct Malfunctioning System ___ Other—Specify ___

   b) Describe Nature of Alteration or Repairs: ___

3. System Components:

   a) Grease Trap Capacity, gals ___

   Show Calculation Used: ___

   b) Septic Tank Capacities, gals: 1250 First (Single) Compartment ___

   ___ Second Compartment ___ ___ Third Compartment ___

   c) Effluent Distribution

   Method: X Gravity Flow ___ Gravity Dosing

   ___ Pressure Dosing

   Dosing Device: ___ Pump ___ Siphon

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

   Reserve Capacity ___

   e) Laterals: Number 7 Total Length 486 Pipe Size 4" Spacing 2.5'

   f) Connecting Pipe: Size 4" Length 45'

   g) Manifold: Size ___ Length ___

   h) Disposal Field: Type of Installation MOUNDED SOIL REPLACEMENT

   Design Permeability (Percolation (PERMEABILITY) Rate) K4 (6-20 in/hr)

   Trenches: Width ___ Total Length ___ Bed: Area ___

   i) Seepage Pits: Design Percolation Rate ___

   Number of Pits ___ Total Percolating Area Provided ___

4. Attachments (Check items included):

   X General Plan of System Showing Location of All System Components

- ✓ X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
- ___ Pump Performance Curve
- ___ Other—Specify_____

5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer K J Marino Date 7/28/94

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL
PROTECTION AND ENERGY
Land Use Regulation Program
CN 401
Trenton, NJ 08625
(609) 292-8262
fax-(609) 292-8115

CHRISTINE TODD WHITMAN
Governor

ROBERT C. SHINN, JR.
Commissioner

Mr. Roger Marino
Roger J. Marino and Associates, Inc.
501 Main Street
Toms River, NJ 08753

August 11, 1994

RE: Information on Exemption from Transition Area Requirements pursuant to the Permit Extension Act

Johnson Lane
Block 83, Lot 16.19
Jackson Township, Ocean County

Dear Mr. Marino,

I am writing in response to your inquiry regarding the applicability of the Freshwater Wetlands Protection Act to the referenced property.

Prior to March 2, 1994, certain properties were exempt from the requirements of the Freshwater Wetlands Protection Act (FWPA) because local site plan or subdivision approval had been obtained prior to the effective date of the FWPA, which was July 1, 1988. However, these exemptions became null and void as of March 2, 1994, when the State of New Jersey assumed Section 404 of the Clean Water Act from the Federal Government. However, by means of the Permit Extension Act, activities in the transition area of intermediate resource value wetlands remain exempt until December 31, 1994.

In order to obtain a Letter of Exemption pursuant to the Permit Extension Act, the information on the attached checklist must be submitted to the Program. Through this application process, the location and resource value of freshwater wetlands can be established, as well as documentation of exemption status. Although this office does not require you to obtain a Letter of Exemption, it is advisable, because any work done in freshwater wetlands without appropriate permits is a violation of the Freshwater Wetland Protection Act. Unless you have either a Letter of Exemption pursuant to the Permit Extension Act, or a Letter of Interpretation for this property, you will not know the resource value or a have a confirmed location of any on-site freshwater wetlands.

If you have any questions regarding this letter, please contact me at (609) 292-8262.

Sincerely,

Cathy Elliott-Shaw

Cathy Elliott-Shaw,
Project Manager

c: Bureau of Coastal and Land Use Enforcement,
Attention Kevin Brown
Ocean County Health Department, Attn. Joe Gallos
Mr. Timothy Middleton, Attorney

ATTACHMENT #1

Application for a Letter of extension of an exemption from the Freshwater Wetlands Protection Act

_____1. Cover letter including municipality, county, block and lot number(s) or ROW description.

_____2. Extension Processing Fee, as set forth in N.J.A.C. 7:7A-16.2(b). Your personal check, certified or cashier's check, attorney check or money order must be made payable to "Treasurer-State of New Jersey" and marked to identify the nature of submittal and name of applicant.

_____3. Complete delineation of wetlands including field delineation, folded plan, and wetlands field data sheets including soils and vegetation information. (No formal report required.)

_____4. A folded copy of the appropriate portion of a U.S. Geologic Survey Quandrangle Map for the parcel site with the boundaries of the parcel (defined by tax block and lot) or project (limits of disturbance for Right of Ways) clearly outlined, and a determination of the State Plane Coordinates for the center of the parcel. The accuracy of these coordinates should be within 50 feet of the actual point.

If you already have exemption, the above is all that's necessary.

ATTACHMENT #2

Application for a Letter of Exemption

_____1. Extension Processing Fee, as set forth in N.J.A.C. 7:7A-16.2(b). Your personal check, certified or cashier's check, attorney check or money order must be made payable to "Treasurer-State of New Jersey" and marked to identify the nature of submittal and name of applicant.

_____2. Name of property owner(s), municipality, county, lot and block number(s).

_____3. For a preliminary local approval exemption:

_____a. Copy of the resolution granting preliminary approval of the site plan or subdivision prior to July 1, 1988;

_____b. Folded copy of the preliminary approved site plan or subdivision.

_____4. For a site plan or subdivision application exemption:

_____a. A copy of all application materials submitted to the municipality;

_____b. Proof that the municipality received them prior to June 8, 1987;

_____c. Proof from the municipality that the application was under continuous consideration from the time of submittal (prior to June 8, 1987) to eventual preliminary approval or to the date application to the Department for a of exemption;

_____d. A folded copy of the approved preliminary site plan or subdivision plat and a copy of the resolution approving the site plan or subdivision.

_____e. If a preliminary site plan or subdivision approval has not yet been received, the applicant shall submit a folded copy of the preliminary site plan or subdivision plat as submitted to the municipality prior to June 8, 1987, see N.J.A.C. 7:7A-2.7(d)2.

Continued

_____6. For a Transition Area exemption:

_____a. Copy of the resolution granting preliminary approval of the site plan or subdivision prior to July 1, 1989;

_____b. Copy of the preliminary approved site plan or subdivision.

If you already have an LOI, the above is all that's necessary.

If you've never gotten an LOI or an exemption you need the information on both lists but only one fee - the LOI fee at N.J.A.C. 7:7A-16.2(b).

Roger J. Marino & Assoc.
AN ENGINEERING SERVICES CORPORATION

501 MAIN STREET
TOMS RIVER, NEW JERSEY 08753

TELEPHONE (908) 505-2095
FACSIMILE (908) 473-0530

August 16, 1994

Ocean County Health Department
CN 2191
Sunset Avenue
Toms River, New Jersey 08754
Attn: Fred Magee

Re: Septic and Well Permit
Lot 16.19, Block 83
Jackson Township, New Jersey

Dear Mr. Magee,

As discussed with you on the phone yesterday, I have spoken with Kathy Elliot Shaw of the DEP Bureau of Freshwater Wetlands in regard to requesting that the wetlands verification be performed by her office at the same time that the septic system application is being performed by Mr. Brian Sage's department. Ms. Elliot Shaw stated that she conferred with Mr. Sage, and that they are both agreeable to the request. The relief from this requirement will save the applicant, Mrs. Batton, at least two months of review by the State.

In this regard, we are asking the Health Department to release the plans and applications so that we may continue with the approval process by submitting the application to the State.

Additionally, as per your request, we will ask the reviewers at the Bureau of Freshwater Wetlands to contact your office prior to conducting their site inspection.

We thank you for your cooperation.

Very truly yours,

Roger J. Marino

Roger J. Marino, P.E.

OCEAN COUNTY HEALTH DEPARTMENT
SOIL DATA WITNESSING REPORT

DATE _____

Jackson / MUNICIPALITY | 83 / BLOCK | 16.19 / LOT

TIME: _____ TRAVEL | _____ ON-SITE | _____ OFF-SITE

_____ ENGINEERING FIRM

Roger Hartman INDIVIDUAL CONDUCTING TEST

	Y	N	#
SOIL PIT(S)	☒	☐	☐
BORING(S)	☐	☐	☐
PERC(S)	☐	☐	☐
SOIL SAMPLES	☐	☐	☐

If yes, Type & Depth _____

Other Test(s) _____

Inspector on site E. Marks

PIT I.D.	A Y	A N	B Y	B N
MOTTLING	☐	☐	☐	☐
DEPTH(S)				
WATER SEEPAGE	☒	☐	☒	☐
DEPTH(S)	15"		12"	
RESTRICTIVE LAYER(S)	☐	☐	☐	☐
DEPTH(S)				
EXCESSIVELY COARSE	☐	☐	☐	☐
DEPTH(S)				

Weather Sunny Cloudy

Prior Weather Conditions Sunny Cloudy

INSPECTOR'S NOTES

TEST (OD. TUBES) AT DEPT. REQUEST DUE TO OBSERVED SHWT IN AREA.

9/20 5772
7/28 5433

Roger J. Marino & Assoc.
AN ENGINEERING SERVICES CORPORATION

501 MAIN STREET
TOMS RIVER, NEW JERSEY 08753

TELEPHONE (908) 505-2095
FACSIMILE (908) 473-0530

Ocean County Health Department
CN 2191
Sunset Avenue
Toms River, New Jersey 08754
Attn: Fred Magee

July 29, 1994

Re: Septic and Well Permit
Resubmission
Lot 16.19, Block 83
Jackson Township, New Jersey

Dear Mr. Magee,

Attached please find four (4) copies of a plan entitled "Plot Plan/ Septic Design, Lot 16.19, Block 83, Jackson Township, Ocean County, New Jersey", consisting of three (3) sheets dated 8-6-93, and last revised 7/27/94; four (4) copies of the associated Health Department Applications; four (4) copies and one (1) original of an LUR-006A form; and a check in the amount of $50.00 to cover the cost of the resubmission fee.

As you are aware, the residential unit has already been constructed on the property, and the homeowner is very anxious to resolve the water table issue with the DEPE. Anything you can do to speed up the review process will be greatly appreciated.

Thank you for your cooperation. If you have any questions, or need additional information, please do not hesitate to contact our office.

Very truly yours,

Roger J. Marino

Roger J. Marino, P.E.

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date 8/15/94
Signature of Inspecting Official FRED MAGEE	Municipality	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	Septic-Well Review (REVISION, 7/27/94) # 005772
	PENDING TWA APPROVAL BLK 83 LOT 16,19
	MUNICIPALITY JACKSON
	Approved with Stipulation:
	Engineer must certify by signature and seal using appendix B
	Parts A and B, that system has been located, constructed and
	installed as per approved plan. An inspection by this department
	is required prior to backfilling the system.
	A satisfactory Ocean County Health Department Ordinance 87-1 water
	analysis and well head and tank inspection is required for approval.
	This department shall be notified 24 hours prior to well
	installation for witnessing purposes.
	Other: AFTER APPROVAL BY TWA, PLAN MUST BE RE-SUBMITTED TO THIS DEPT.
	FOR APPROVAL PRIOR TO CONSTRUCTION OF SEPTIC SYSTEM.
	AS PER ENGINEERS STATEMENT, THIS DEPT SHALL BE NOTIFIED OF IN-FIELD
	VERIFICATION OF WETLANDS LINE PRIOR TO SUCH VERIFICATION.
	Reviewers Signature:

(Attach additional sheets if necessary)

H.D.67

Form LUR-006A
revised 5/92

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
LAND USE REGULATION PROGRAM
SUBSURFACE DISPOSAL UNIT

ENGINEER'S REPORT FOR SUBSURFACE SEWAGE DISPOSAL SYSTEMS
(SUPPLEMENT TO THE STANDARD APPLICATION FORM CP # 1)

1. Application Signed By ROGER J. MARINO, P.E. Position ENGINEER

Date of Application 6/2/94

2. Engineering Plans and Specifications:

Name and Address of Engineering Firm ROGER J. MARINO & ASSOCIATES, INC.
501 MAIN STREET, TOMS RIVER, NJ 08753

Prepared by ROGER J. MARINO Licensed Engineer

Entitled PLOT PLAN AND SEPTIC SYSTEM DESIGN
LOT 16, 19 BLOCK 83
JACKSON TOWNSHIP, OCEAN COUNTY, NEW JERSEY

Date of Plans 8/6/93 Date of Last Revision 7/27/94

3. Project Location:

County OCEAN Municipality JACKSON TOWNSHIP
Lot(s) 16, 19 Block(s) 83

4. Class of Construction - Check all applicable categories:

X New Construction
___ Alteration to an existing system
___ Expansion
___ Change in Use
___ Other - Describe

5. Type of Wastes:

X Sanitary Sewage Only
___ Other - Specify

6. Nature of Facility to be Served:

__✓__ Residential - Indicate Number of Dwelling Units ONE
____ Commercial/Institutional - Indicate Number of Commercial Units _____
Specify Type of Establishment _____
____ Other - Indicate Number of Commercial Units _____
Specify Type of Establishment _____

7. Design Flow, GPD 800

Method of Determination:
__✓__ Method specified in N.J.A.C. 7:9A-7.4
(Specify number of method used 1)
____ Actual Water Use Data
____ Other
Specify Method Used _____

8. Indicate Reason Why Treatment Works Approval is Required:

____ The proposed system will serve five or more realty improvements or receive a design flow greater than 2000 GPD, therefore a New Jersey Pollutant Discharge Elimination System (NJPDES) permit will be required. Indicate NJPDES permit status below
____ Application Submitted - Date of Application _____
____ NJPDES Issued - Permit No. _____ Effective Date _____
Expiration Date _____

____ System will serve more than one property, dwelling, commercial unit or other realty improvement.

Indicate the Total Number of realty improvements to be served ____

__✓__ Design or construction of one or more components of the system will not be in conformance with N.J.A.C. 7:9A; DEPTH TO WATER TABLE FROM ORIGINAL GRADE IS 12".

____ System utilizes unproven technology or is otherwise experimental in nature;

____ System is designed to provide wastewater treatment in order to meet effluent quality limitations or ground water quality standards as prescribed by applicable State or Federal regulations or statutes;

____ Sewage will not flow by gravity from the realty improvement served to the septic tank; or

____ System will serve multiple units in a campground.

9. For applications which will not be regulated by NJPDES as indicated in section 8 above, the following information must be provided:

a) For those aspects of design and construction which are covered by the Departments Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A), indicate below whether each aspect is in conformance with the Standards. Reply "yes" if the standard listed has been complied with, "no" if the standard below has not been complied with, and "N/A" if the standard listed does not apply to the proposed design.

If any reply is negative, attach a separate sheet or sheets with the question number, the reason for not conforming with the standard, and the information regarding the proposed designs ability to adequately treat and dispose of sewage.

	Yes	No	N/A
General Requirements:			
A. Subchapter 4: Site Evaluation and System Location			
1 General provisions for site evaluation	—	X	—
2. Location generally	—	X	—
3. Distances	X	—	—
4. Slope	X	—	—
5. Surface drainage	X	—	—
6. Surface flooding	X	—	—
7. Freshwater wetlands	—	X	—
8. Area reserved for sewage disposal	X	—	—
B. Subchapter 5: Determination of Soil Suitability			
1. General provisions for the determination of soil suitability	X	—	—
2. Requirements for soil profile pits and borings	X	—	—
3. Terminology required for soil logs	X	—	—
4. Criteria for determination of soil suitability classes	X	—	—
5. Rock substrata	—	—	X
6. Excessively coarse horizons and strata	X	—	—
7. Hydraulically restrictive horizons and substrata	X	—	—
8. Criteria for recognition of zones of saturation SEE ATTACHED	—	X	—
9. Hydraulic head test	—	—	X
10. Disturbed ground	—	—	X
C. Subchapter 6: Permeability Testing			
1. General provisions for permeability testing	X	—	—
2. Tube permeameter test	—	—	X
3. Soil permeability class rating	—	—	X
4. Percolation test	—	—	X
5. Pit bailing test	—	—	X
6. Piezometer test	—	—	X
7. Basin flooding test	—	—	X
D. Subchapter 7: General Design and Construction Requirements			
1. Design requirements	X	—	—
2. Construction	X	—	X
3. Types of waste	X	—	—

4. Volume of sanitary sewage	X		
5. Separate disposal of greywater and blackwater	X		X
6. Type of system	X		
E. Subchapter 8: Pretreatment Units			
1. Grease traps			X
2. Septic tanks	X		
F. Subchapter 9: Effluent Distribution Networks			
1. General requirements for effluent distribution	X		
2. Dosing tanks			X
3. Connecting pipes	X		
4. Distribution boxes	X		
5. Laterals; gravity distribution	X		
6. Pressure dosing networks			X
7. Design procedure for pressure dosing networks			X
G. Subchapter 10: Disposal Fields			
1. General design requirements for disposal fields		X	
2. Disposal field sizing requirements	X		
3. Specific requirements for conventional disposal field installations	X		
4. Specific requirements for soil replacement disposal field installations			X
5. Specific requirements for mounded disposal field installations			X
6. Specific requirements for mounded soil replacement disposal field installations	X		
7. Interceptor drains			X
H. Subchapter 11: Seepage Pits			
1. Site/soil requirements			X
2. Design requirements			X
3. Construction requirements			X

b) If the proposed design will include wastewater treatment devices or other components not covered in the Department's Standards, indicate below what these components are, why they are being proposed, and what their function will be. Provide detailed plans and specifications for these components and include within the technical report for the project, performance data or other information relevant to the suitability of the component for the proposed use.

N/A

10. Engineer's Certification:

I hereby certify that all aspects of the design of this project comply with the requirements of the Department's Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A) with the exception of those aspects identified by a "no" response in section 9(a) or by the information which I have provided under item 9(b), above.

Signature of Design Engineer

ROGER J. MARINO, PE
7/29/94
Name and Date (print)

Professional Engineer's Embossed Seal

11. Certification by the Administrative Authority or Authorized Agent of the Administrative Authority:

I hereby certify that the engineering plans and specifications referred to in section 2, above have been reviewed by this agency and have been found to be in conformance with the requirements of local ordinances. I further certify that the design of the proposed system has been found to be in conformance with the requirements of N.J.A.C. 7:9A with the exception of those aspects identified in section 9, above. Based upon these determinations, this agency has determined that the design is approvable subject to the issuance of a Treatment Works Approval by the State Department of Environmental Protection and Energy. (APPROVED WITH STIPULATIONS)

Signature of Administrative Authority or Authorized Agent

8/15/94
Date

FREDERICK KNIGHT SANITARY INSPECTOR
Name and Title (Print)

Board of Health, Health Department or other Approving Agency: OCEAN COUNTY HEALTH DEPT., ENVIRONMENTAL

Lot 16.19 Block 83
Jackson Township, New Jersey
Treatment Works Approval Application
Form LUR-006A Addendum

Soil pits were conducted by this office on July 6, 1993. The pits were witnessed by the Ocean County Health Department. On that date, groundwater was noted to be at 60", and mottling was noted at 27" and 28" depths, respectively. The Estimated Seasonal High Water Table was determined to be at the mottled elevation.

Subsequently, during early spring of 1994, the Ocean County Health Department performed an inspection of the site, and noted that the water table had risen. The Department then rescinded the previously granted approval of the septic permit. Our office then met with the Department on-site, and we installed perforated pipe vertically into the subgrade to determine the depth to the water table. After a twenty four hour period, a member of our office met on-site again with the Health Department, and the water table was determined to be at a depth of 12".

As a result of the revised Estimated Seasonal High Water Elevation, our office contracted the services of an Environmental Scientist to determine the location of the freshwater wetlnds on the site. A wetlands line was established, and is now shown on the Plan.

The residential unit has been constructed on the lot, and the well has been installed. The only outstanding item to be satisfied to permit the occupancy of the unit is the resolution of the septic system waiver from the Department of Environmental Protection and Energy, for the depth from original grade to the water table of 12". The DEPE has the jurisdiction to approve water table depths of less than 24".

The septic design is not in conformance with the following sections of NJAC 7:9A:

4.1 - The minimum required separation distance between freshwater wetlands and a proposed disposal bed as outlined in section 4.3, is 50'. The Applicant is proposing a minimum distance of 18'.

4.2(9)b - Due to the proposed elevation of the system, the side slopes of 3:1, and the fact that the Zone of Treatment will extend the full four feet depth required, the system should not have a deleterious effect upon the nearby wetland area.

4.3 – Same as statement in 4.1 above.

4.7(b)2 – The on-site investigation revealed that freshwater wetlands are not present in the area of the proposed disposal bed.

5.8(a)1 and (b)1 – As previously stated, the E.S.H.W.T. was determined to be at 27" and 28" depths, based upon the presence of mottling. At that time (July 3. 1993), the static water table was noted to be at 60". Subsequently, the Ocean County Health Department inspected the site in the Spring of 1994, and at that time, noted that water was present in the disposal bed excavation. Our office was contacted, and we inspected the site with the Health Department and installed a vertical perforated pipe for a period of twenty four hours, to determine the depth of the water table. After twenty four hours, we met again with a member of the Department, and determined that the water table was 12" below the original grade.

Table 10.1 – States that if the Zone of Saturation is less than 24", the site is unsuitable for a septic system. The Applicant is applying for a waiver of this requirement by the Department, for a depth of 12".
depth

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date 8/15/94
Signature of Inspecting Official FRED MAGEE	Municipality	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	Septic-Well Review (REVISION, 7/27/94) # 005772
	PENDING TWA APPROVAL BLK 83 LOT 16.19
	MUNICIPALITY JACKSON
	Approved with Stipulation:
	Engineer must certify by signature and seal using appendix B Parts A and B, that system has been located, constructed and installed as per approved plan. An inspection by this department is required prior to backfilling the system.
	A satisfactory Ocean County Health Department Ordinance 87-1 water analysis and well head and tank inspection is required for approval.
	This department shall be notified 24 hours prior to well installation for witnessing purposes.
	Other: AFTER APPROVAL BY TWA, PLAN MUST BE RE-SUBMITTED TO THIS DEPT. FOR APPROVAL PRIOR TO CONSTRUCTION OF SEPTIC SYSTEM, AS PER ENGINEERS STATEMENT, THIS DEPT SHALL BE NOTIFIED OF IN-FIELD VERIFICATION OF WETLANDS LINE PRIOR TO SUCH VERIFICATION.
	Reviewers Signature:

(Attach additional sheets if necessary)

H.D.67

BLK 83, LOT 16, 19

SHOWING FLOODING OF EXCAVATION FOR SEPTIC, LOCATED TO REAR OF BLDG. NOTE - ORIGINAL GRADE TO BACK OF A/C. BY SURVEY STAKE.)
F. MARCHESE, SANITARY INSPECTOR,
3/31/94 PHOTO BY D. GALLOS,
SUPERVISOR, O.C.H.D. ENVIRONMENTAL
DEPT (WITNESSED BY F. MARCHESE
SANITARY INSPECTOR)

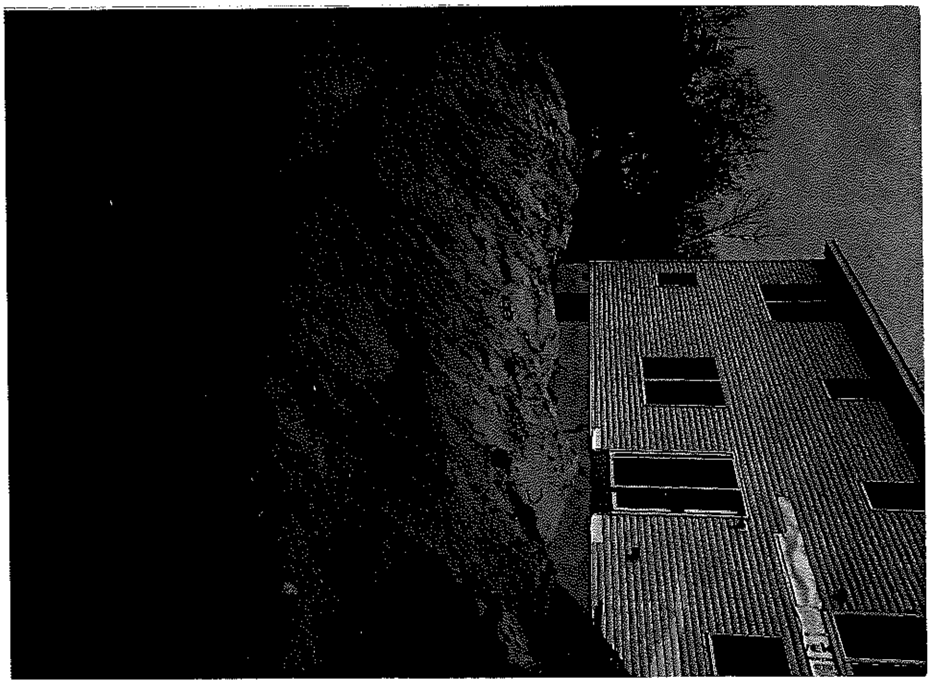
RE — COMPLAINT NO: C94-00531
USACSON TWP,
WILKINSON LA. & FRANK APPLEGATE

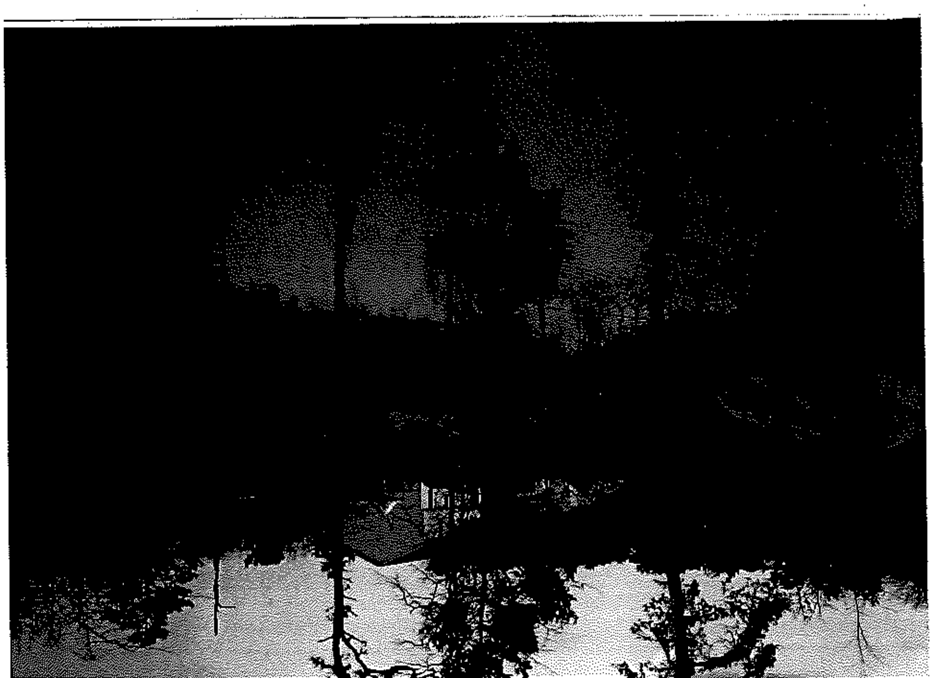
BLK 83 LOT ~~16, 19~~ 16, 19

SHOWING FLOODING OF EXCAVATION FOR WELL, LOCATED TO FRONT OF BLDG. (FRANK APPLEGATE RD TO REAR OF A/C.)

3/31/94 PHOTO BY D. GALLOS,
SUPERVISOR, O.C.H.D., ENVIRONMENTAL
DEPT (WITNESSED BY F. MARCHESE,
SANITARY INSPECTOR)

RE — COMPLAINT NO C94-00531
USACSON TWP,
WILKINSON LA. & FRANK APPLEGATE





BLK 83, LOT 16.19

SHOWING FLOODING OF EXCAVATION FOR SEPTIC, LOCATED TO REAR OF BLDG (IN PIC.)

PHOTO BY J. GALLOS, O.C.H.D. ENVIRONMENTAL DEPT. (WITNESSED BY F. MAGEE, SANITARY INSPECTOR)

RE - COMPLAINT NO. (94-0053)

JACKSON TWP.

JOHNSON CO. & FRANK MALLEDATE

BLK 83, LOT 16.19

SHOWING FLOODING OF EXCAVATION FOR SEPTIC TO REAR OF BLDG. NOTE - ORIGINAL GRADE TO REAR OF PIC., BY SURVEY STAKE.

PHOTO BY J. GALLOS, SUPERVISOR, O.C.H.D., ENVIRONMENTAL DEPT. (WITNESSED BY F. MAGEE, SANITARY INSPECTOR)

RE — COMPLAINT NO. (94-0053)

JACKSON TWP.

JOHNSON CO. & FRANK MALLEDATE

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

2 of 2

DETAILED DATA SHEET

205772

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date 11/4/94
Signature of Inspecting Official: FRED MAGER	Municipality: JACKSON	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area) RE 83, 16.19
CONT	
—	THIS DEPARTMENT CAN NOT GIVE PERMIT APPROVAL UNTIL LETTER
—	FROM WETLANDS REC'VD & PROVISION (HOW) IF WE HEAR FROM
	TINA / WETLANDS SHE WILL BE CONTACTED (ASAP)
	[signature]
11/7/94	PHONE MESSAGE FROM CATHY ELLIOT SHAW REQUESTING FAX
	OF TINA PERMIT, FAXED COPY, CATHY NOT AT DEPT.
11/7/94	CONF, ENG, RE "HYPOTHETICAL" SYSTEM MODIFICATIONS (I.E. WOULD HAVE TO GO TO TINA AGAIN)
11/14/94	CALL FOR INSP., INFORMED INSTALLER SYSTEM DOES NOT HAVE APPROVAL
	AS OF THIS DATE

(Attach additional sheets if necessary)

H.D.67 Page of Pages

5772
OUT 9/20/94

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
Environmental Regulation
Land Use Regulation Program
CN 401
Trenton, NJ 08625-0401
Fax # (609) 292-8115

CHRISTINE TODD WHITMAN
Governor

ROBERT C. SHINN, JR.
Commissioner

SEP 0 6 1994

Ms. Dorothy Batton
10 South Fork Road
Jackson, New Jersey 08527

Re: Treatment Works Approval (TWA) Application Acknowledgement
Applicant Name: Dorothy Batton
County: Ocean; Municipality: Jackson Township
Block(s): 83; Lot(s): 16.19

Dear Ms. Batton:

The Land Use Regulation Program is in receipt of your treatment works approval application for activities not covered under the State's Standards for Individual Subsurface Sewage Disposal Systems, N.J.A.C. 7:9A-1.1 et seq. The above referenced permit application was received by the Program on August 18, 1994, and has been deemed administratively complete. The Program has 90 days from the receipt date, or until November 16, 1994, to render a decision on the above referenced application pursuant to N.J.A.C. 7:1C-1.8(a).

A project review fee of $150.^{00}$ (check #139) has been received, and deposited in accordance with N.J.A.C. 7:1C-1.5(a)5. The above referenced application has been forwarded to the Program's Application Support Unit to be assigned a project number.

It should be noted, that a treatment works approval for the above referenced location cannot be approved until such time as the outstanding wetlands issues have been resolved.

This application acknowledgement is **NOT** a permit or approval. If you have any questions regarding your application, please contact me at the above address or by telephone at (609) 984-1909.

Sincerely,

B K Sage

Brian K. Sage
Senior Environmental Specialist
Subsurface Disposal Unit

BKS/(a:batton.doc)
c: Ocean County Health Department
Roger J. Marino, P.E.
file

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET 1 OF 2

Establishment Trading Name	Establishment License No.	Date 11/4/94
Signature of inspecting Official FINNIGAN	Municipality JACKSON	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	RE — 83, 16.19 (005772) BIDEN PROP., JACKSON LA,
	PHONE CONF WITH MRS BIDEN RE STIPULATION ON TINA FOR "FORMAL APPROVAL" OF TRANSITION AREA OF WETLANDS, OR PERMIT IS NULL & VOID. SHE STATED ONLY THING ENG. HAS TOLD HER IS REQUIREMENT FOR ANOTHER $100 FEE, EXPLAINED THIS FEE IS NOT OURS, SUGGESTED MAYBE D.E.P. WETLANDS? TOLD HER I WOULD CONTACT CATHY-LIGHT SHAW AT WETLANDS RE THIS AND THEN RE-CONTACT HER,
	SPOKE TO CATHY WHO WAS SUPPOSED THAT STIPULATION HAS BEEN ATTACHED TO TINA, AND THAT UNLESS IT MAY BE APPROVABLE, SHE CAN'T SAY "FORMALLY" UNTIL PAPERWORK SUBMITTED TO HER.
	CONTACTED MRS BIDEN, INFORMED HER OF ABOVE, TOLD HER I WOULD TRY & CONTACT TINA TO SEE IF SOMETHING COULD BE DONE TO GIVE SOME "FLEXABILITY" TO PERMIT RE THIS WETLANDS REQUIREMENT,
	AFTER TALKING TO 4 PEOPLE AT TINA, (LAND USE PEOPLE) FINALLY WOUND UP WITH CATHY AGAIN, SHE SAID SHE WOULD DISCUSS WITH MR DAUN (IN MEETING) ABOUT POSSIBILITY OF "FAXING" US SOMETHING TO ALLOW US TO APPROVE PERMIT,
	INFORMED MRS BIDEN OF ABOVE, SHE STATED THEY HAVE SOMEONE SCHEDULED TO DO WORK ON MON, INFORMED HER THAT

(Attach additional sheets if necessary)

Page of Pages

H.D.67

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date 12/6/94
Signature of Inspecting Official FRED WAGNER	Municipality	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	Septic-Well Review # 005772
	TREATMENT WORKS PERMIT NO. 1511-94-0018.1 BLK 83 LOT 16.19 MUNICIPALITY (JACKSON)
	Approved with Stipulation:
	Engineer must certify by signature and seal using appendix B Parts A and B, that system has been located, constructed and installed as per approved plan. An inspection by this department is required prior to backfilling the system.
	A satisfactory Ocean County Health Department Ordinance 87-1 water analysis and well head and tank inspection is required for approval.
	This department shall be notified 24 hours prior to well installation for witnessing purposes.
	Other: APPLICANT MUST COMPLY WITH CONDITIONS INDICATED IN TREATMENT WORKS PERMIT NO. 1511-94-0018.1 AND EXEMPTION FROM WETLANDS REGULATIONS (CORP FILE NO. 1511-94-0017.2) ALONG WITH STIPULATIONS ABOVE.
	Reviewers Signature: F. M. Hayes

(Attach additional sheets if necessary)

H.D.67

Page of Pages

ADMINISTRATIVE HEARING REQUEST CHECKLIST AND TRACKING FORM FOR PERMITS

I. Permit Being Appealed:

_____
Title and Type of Permit

_____ _____
Issuance Date of Permit Permit Number

II. Person Requesting Hearing:

_____ _____
Name/Company Name of Attorney

_____ _____

_____ _____
Address Address of Attorney

III. Please Include the Following Information as Part of Your Request:

A. The date the permittee received the final permit;
B. A copy of permit, list of all permit conditions and issues contested;
C. The legal and factual questions at issue;
D. A statement as to whether or not the permittee raised each legal and factual issues during the public comment period on the permit;
E. Suggested revised or alternative permit conditions;
F. An estimate of the time required for the hearing;
G. A request, if necessary, for a barrier-free hearing location for physically disabled persons;
H. A clear indication of any willingness to negotiate a settlement with the Department prior to the Department's processing of your hearing request to the Office of Administrative Law; and
I. This form, completed, signed and dated with all the information listed above, including attachments to:

1. Office of Legal Affairs
ATTENTION: Adjudicatory Hearing Requests
Department of Environmental Protection & Energy
401 E. State St.
CN 402, Trenton, NJ 08625-0402

2. Department of Environmental Protection & Energy
Land Use Regulation Program
ATTENTION: Ernest Hahn
CN 401
Trenton, NJ 08625-0402

3. All co-permittees (w/attachments)

IV. Signature_____ Date: _____

5772

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection

Environmental Regulation
Land Use Regulation Program
CN 401
Trenton, NJ 08625-0401

Robert C. Shinn, Jr.
Commissioner

OCT 27 1994

Ms. Dorothy Batton
10 South Fork Road
Jackson, New Jersey 08527

RE: Application Number: 1511-94-0018.1
Applicant: Dorothy Batton
Treatment Works Approval (TWA)
Ocean County; Jackson Township
Block 83; Lot 16.19

Dear Ms. Batton:

The Department of Environmental Protection and Energy, Land Use Regulation Program has decided to approve your Treatment Works Approval (TWA) application pursuant to N.J.S.A. 58:10A (Water Pollution Control Act) and Sections 7:14A-12.1 and 7:9A-3.9 of the New Jersey Administrative Code.

This permit allows the board of health or health department having jurisdiction to approve, at the above referenced location, an individual subsurface sewage disposal system which does not strictly conform to the Department's Standards. No construction is to take place until a permit to construct is issued by that agency.

Within thirty days of completion of the project, two executed copies of the enclosed Form WQM-005, Certification for Approval by Local Agency shall be submitted to the appropriate board of health, health department or other approving agency for their approval prior to operation. One executed copy of the completed form with local agency approval shall be forwarded to:

New Jersey Department of Environmental Protection And Energy
Land Use Regulation Program
Subsurface Disposal Unit
CN-401
501 E. State Street
Trenton, N.J. 08625-0401

Failure to submit the certification prior to operation of the project may be grounds for revocation of the permit.

Please review the enclosed copy of the signed permit, note any conditions, and complete the permit acceptance form and promptly return it to the Program at the above address.

Any interested person who considers himself or herself aggrieved by this permit decision may request a hearing by addressing a written request for such a hearing to the following address: Office of Legal Affairs, Department of Environmental Protection and Energy, CN 402, Trenton, New Jersey 08625-0402.

I am sharing a copy of the Permit with the appropriate local and/or federal agencies to promote inter-governmental cooperation in managing natural resources.

If you have questions on this decision or permit, please contact Brian K. Sage of the Program's Subsurface Disposal Unit in writing at the above address, or by telephone (609) 984-1909.

Sincerely,

Ernest P. Hahn, Administrator
Land Use Regulation Program

EPH/bks(a:15114181.doc)
Enclosures
(x) Permit
(x) WQM-005 Certification Form
(x) Permit Acceptance Form
(x) Administrative Hearing Request Checklist
c: Ocean County Health Department
Roger J. Marino, P.E.

Let's protect our earth

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
(See Issuing Division below)

P E R M I T*

The New Jersey Dept. of Environmental Protection & Energy grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to the further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No.	Application No.
1511-94-0018.1	1511-94-0018.1

Issuance Date	Effective Date	Expiration Date
OCT 27 1994	OCT 27 1994	OCT 27 1999

Name and Address of Applicant	Name and Address of Owner	Name and Address of Operator
Dorothy Batton 10 South Fork Road Jackson, NJ 08527	Same as applicant	Same as applicant

Location of Activity/Facility *(Street Address)*	Issuing Division	Statute(s)
Ocean County Jackson Township Block 83; Lot 16.19 Lot _____ Block _____	Land Use Regulation Program	NJSA 58:11-23 et seq. NJSA 58:10A-1 et seq.

Type of Permit	Maximum Approved Capacity, if applicable
Treatment Works Approval	800 GPD 1 Realty Improvement

This permit grants permission to: construct an individual subsurface sewage disposal system, at the above referenced location, which does not strictly conform to sections 4.1, 4.2, 4.3, 5.8 and 10.1 of the State's Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A-1 et seq.) as indicated in section 9 of the Engineer's Report for Subsurface Sewage Disposal Systems, (Form LUR-006A), signed by Roger J. Marino, P.E., dated 7/29/94, and endorsed by Frederick Magee, Sanitary Inspector, Ocean County Department of Health, 8/15/94. This approval waives the requirement for strict conformance with the State's Standards and authorizes a mounded soil replacement disposal field installation where the estimated depth to seasonal high water table is less than 2 feet below the existing ground surface. The design plans and specifications approved under this permit consist of three sheets, signed and sealed by Roger J. Marino, P.E., dated 8/6/93, last revised 7/27/94, entitled: "Plot Plan and Septic System Design, Lot 16.19, Block 83, Jackson Township, Ocean County, New Jersey." All other aspects of the individual subsurface sewage disposal system design and construction not specifically authorized in this permit must conform with the Department's Standards and be approved by the administrative authority before construction may begin.

Prepared by: Brian K. Sage
Brian K. Sage

Revised Date	Approved by the Department of Environmental Protection and Energy
	Name (Print or Type) _____ Title _____
	Signature Signature on Page 3 Date _____

* *The word permit means "approval, certification, registration, etc."*

(General Conditions are on the Reverse Side)

ADMINISTRATIVE CONDITIONS

1. No construction of the sewage disposal system or the proposed realty improvement(s) shall begin until the administrative authority has provided written notification to the applicant that all aspects of the design and construction of the individual subsurface sewage disposal system, which are not authorized under this Treatment Works Approval, are in strict conformance with N.J.A.C. 7:9A-1.1 et seq.

2. The system proposed at the above referenced location may be approved provided that the system is constructed in accordance with the engineering plans and specifications referenced above (except with modifications which may be required by the administrative authority, as provided in Administrative Condition #3 below, to comply with the provisions of N.J.A.C. 7:9A-1.1 et seq.) and provided that all Administrative and/or Special Conditions of this permit are met.

3. No modifications shall be made to the plans and specifications covered by this permit except for those modifications that are necessary to comply with the Administrative and/or Special Conditions of this permit. Modifications to aspects of the design or construction of the individual subsurface sewage disposal system not covered by this permit may be approved by the administrative authority. Any unauthorized revisions shall render this approval null and void.

4. Prior to operation of the system, a professional engineer licensed to practice in New Jersey shall inspect the system and certify, by signature and seal, that all components have been constructed in accordance with the engineering plans and specifications covered by this permit and revised only as required to comply with the Administrative and/or Special Conditions of this permit. This certification shall be made using the Certification of Approval by Local Agency (Form WQM-005). Within thirty days of completion of the project, two copies of the completed form shall be submitted to the administrative authority for approval prior to operation. One copy of the completed form approved by the administrative authority shall be submitted to the Subsurface Disposal Unit of the Land Use Regulation Program.

5. Any changes to the plans and/or specifications approved herein, except as allowed in Administrative Condition #3, shall require a Treatment Works Approval modification.

6. The permittee is obligated to obtain all other applicable federal, state, county and municipal permits.

7. This permit is not valid until the permit acceptance form has been signed by the applicant, accepting and agreeing to adhere to all permit conditions, and returned to the Land Use Regulation Program at CN-401, Trenton, New Jersey 08625.

PHYSICAL CONDITIONS

1. This permit is conditioned upon the applicant receiving a formal exemption of the transition area requirements of the Freshwater Wetlands Protection Act Rules, N.J.A.C. 7:7A. If the subject site is not exempt from the transition area requirements of the Freshwater Wetlands Protection Act Rules then this permit shall be null an void.

10/27/94
Date

Ernest P Hahn
Ernest P. Hahn, Administrator
Land Use Regulation Program

_____CAFRA
_____WETLANDS
_____WATERFRONT DEV.
_____STREAM ENCROACHMENT
__X__TREATMENT WORKS

PROJECT NUMBER **1511-94-0018.1**

ACCEPTANCE OF REVOCABLE PERMIT

DATE: 10-31-94

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AND ENERGY
LAND USE REGULATION PROGRAM
SUBSURFACE DISPOSAL UNIT
CN-401
TRENTON, N.J. 08625-0401

Gentlemen:

The undersigned hereby accepts the revocable permit issued by the Department of Environmental Protection and Energy, Land Use Regulation Program, dated October 27, 1994, subject to the terms and conditions thereof including, but not limited to, the right of the State to revoke same with cause and also subject to all provisions of the law, rules and regulations of any government agency applicable thereto.

NAME Dorothy D Button

TITLE owner

Attest:

_____
(This shall be properly signed, witnessed and sealed)

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection

Environmental Regulation
Land Use Regulation Program
CN 401
Trenton, NJ 08625-0401

Robert C. Shinn, Jr.
Commissioner

OCT 27 1994

Ms. Dorothy Batton
10 South Fork Road
Jackson, New Jersey 08527

RE: Application Number: 1511-94-0018.1
Applicant: Dorothy Batton
Treatment Works Approval (TWA)
Ocean County; Jackson Township
Block 83; Lot 16.19

Dear Ms. Batton:

The Department of Environmental Protection and Energy, Land Use Regulation Program has decided to approve your Treatment Works Approval (TWA) application pursuant to N.J.S.A. 58:10A (Water Pollution Control Act) and Sections 7:14A-12.1 and 7:9A-3.9 of the New Jersey Administrative Code.

This permit allows the board of health or health department having jurisdiction to approve, at the above referenced location, an individual subsurface sewage disposal system which does not strictly conform to the Department's Standards. No construction is to take place until a permit to construct is issued by that agency.

Within thirty days of completion of the project, two executed copies of the enclosed Form WQM-005, Certification for Approval by Local Agency shall be submitted to the appropriate board of health, health department or other approving agency for their approval prior to operation. One executed copy of the completed form with local agency approval shall be forwarded to:

New Jersey Department of Environmental Protection And Energy
Land Use Regulation Program
Subsurface Disposal Unit
CN-401
501 E. State Street
Trenton, N.J. 08625-0401

Failure to submit the certification prior to operation of the project may be grounds for revocation of the permit.

Please review the enclosed copy of the signed permit, note any conditions, and complete the permit acceptance form and promptly return it to the Program at the above address.

Any interested person who considers himself or herself aggrieved by this permit decision may request a hearing by addressing a written request for such a hearing to the following address: Office of Legal Affairs, Department of Environmental Protection and Energy, CN 402, Trenton, New Jersey 08625-0402.

I am sharing a copy of the Permit with the appropriate local and/or federal agencies to promote inter-governmental cooperation in managing natural resources.

If you have questions on this decision or permit, please contact Brian K. Sage of the Program's Subsurface Disposal Unit in writing at the above address, or by telephone (609) 984-1909.

Sincerely,

Ernest P. Hahn, Administrator
Land Use Regulation Program

EPH/bks(a:15114181.doc)
Enclosures
(x) Permit
(x) WQM-005 Certification Form
(x) Permit Acceptance Form
(x) Administrative Hearing Request Checklist
c: Ocean County Health Department
Roger J. Marino, P.E.

let's protect our earth

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
(See Issuing Division below)

PERMIT*

The New Jersey Dept. of Environmental Protection & Energy grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to the further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No.	Application No.
1511-94-0018.1	1511-94-0018.1

Issuance Date	Effective Date	Expiration Date
OCT 27 1994	OCT 27 1994	OCT 27 1999

Name and Address of Applicant	Name and Address of Owner	Name and Address of Operator
Dorothy Batton 10 South Fork Road Jackson, NJ 08527	Same as applicant	Same as applicant

Location of Activity/Facility *(Street Address)*	Issuing Division	Statute(s)
Ocean County Jackson Township Block 83; Lot 16.19 Lot _____ Block _____	Land Use Regulation Program	NJSA 58:11-23 et seq. NJSA 58:10A-1 et seq.

Type of Permit	Maximum Approved Capacity, if applicable
Treatment Works Approval	800 GPD 1 Realty Improvement

This permit grants permission to: construct an individual subsurface sewage disposal system, at the above referenced location, which does not strictly conform to sections 4.1, 4.2, 4.3, 5.8 and 10.1 of the State's Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A-1 et seq.) as indicated in section 9 of the Engineer's Report for Subsurface Sewage Disposal Systems, (Form LUR-006A), signed by Roger J. Marino, P.E., dated 7/29/94, and endorsed by Frederick Magee, Sanitary Inspector, Ocean County Department of Health, 8/15/94. This approval waives the requirement for strict conformance with the State's Standards and authorizes a mounded soil replacement disposal field installation where the estimated depth to seasonal high water table is less than 2 feet below the existing ground surface. The design plans and specifications approved under this permit consist of three sheets, signed and sealed by Roger J. Marino, P.E., dated 8/6/93, last revised 7/27/94, entitled: "Plot Plan and Septic System Design, Lot 16.19, Block 83, Jackson Township, Ocean County, New Jersey." All other aspects of the individual subsurface sewage disposal system design and construction not specifically authorized in this permit must conform with the Department's Standards and be approved by the administrative authority before construction may begin.

Prepared by: B. K. Sage
Brian K. Sage

Revised Date	Approved by the Department of Environmental Protection and Energy
	Name (Print or Type) _____ Title _____
	Signature Signature on Page 3 Date _____

* *The word permit means "approval, certification, registration, etc."*

(General Conditions are on the Reverse Side)

This permit is subject to the following general conditions:

1. This permit is revocable, or subject to modification or change at any time, pursuant to the applicable regulations, when in the judgement of the Department of Environmental Protection and Energy of the State of New Jersey such revocation, modification or change shall be necessary.

2. The issuance of this permit shall not be deemed to affect in any way action by the Department of Environmental Protection and Energy of the State of New Jersey on any future application.

3. The works, facilities, and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and the said conditions.

4. No change in plans or specifications shall be made except with the prior written permission of the Department of Environmental Protection and Energy of the State of New Jersey.

5. The granting of this permit shall not be construed to in any way affect the title or ownership of property, and shall not make the Department of Environmental Protection and Energy or the State a party in any suit or question of ownership.

6. This permit does not waive the obtaining of Federal or other State or local government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.

7. A copy of this permit shall be kept at the work site, and shall be exhibited upon request of any person.

8. In cases of conflict, the conditions of this permit shall supersede the plans and/or engineering data.

ADMINISTRATIVE CONDITIONS

1. No construction of the sewage disposal system or the proposed realty improvement(s) shall begin until the administrative authority has provided written notification to the applicant that all aspects of the design and construction of the individual subsurface sewage disposal system, which are not authorized under this Treatment Works Approval, are in strict conformance with N.J.A.C. 7:9A-1.1 et seq.

2. The system proposed at the above referenced location may be approved provided that the system is constructed in accordance with the engineering plans and specifications referenced above (except with modifications which may be required by the administrative authority, as provided in Administrative Condition #3 below, to comply with the provisions of N.J.A.C. 7:9A-1.1 et seq.) and provided that all Administrative and/or Special Conditions of this permit are met.

3. No modifications shall be made to the plans and specifications covered by this permit except for those modifications that are necessary to comply with the Administrative and/or Special Conditions of this permit. Modifications to aspects of the design or construction of the individual subsurface sewage disposal system not covered by this permit may be approved by the administrative authority. Any unauthorized revisions shall render this approval null and void.

4. Prior to operation of the system, a professional engineer licensed to practice in New Jersey shall inspect the system and certify, by signature and seal, that all components have been constructed in accordance with the engineering plans and specifications covered by this permit and revised only as required to comply with the Administrative and/or Special Conditions of this permit. This certification shall be made using the Certification of Approval by Local Agency (Form WQM-005). Within thirty days of completion of the project, two copies of the completed form shall be submitted to the administrative authority for approval prior to operation. One copy of the completed form approved by the administrative authority shall be submitted to the Subsurface Disposal Unit of the Land Use Regulation Program.

5. Any changes to the plans and/or specifications approved herein, except as allowed in Administrative Condition #3, shall require a Treatment Works Approval modification.

6. The permittee is obligated to obtain all other applicable federal, state, county and municipal permits.

7. This permit is not valid until the permit acceptance form has been signed by the applicant, accepting and agreeing to adhere to all permit conditions, and returned to the Land Use Regulation Program at CN-401, Trenton, New Jersey 08625.

PHYSICAL CONDITIONS

1. This permit is conditioned upon the applicant receiving a formal exemption of the transition area requirements of the Freshwater Wetlands Protection Act Rules, N.J.A.C. 7:7A. If the subject site is not exempt from the transition area requirements of the Freshwater Wetlands Protection Act Rules then this permit shall be null an void.

10/27/94
Date

Ernest P. Hahn
Ernest P. Hahn, Administrator
Land Use Regulation Program

5772

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection

[illegible]

Land Use Regulation Program
CN 401
Trenton, NJ 08625-0401

[illegible]

Mr. Bryon Dubois
[illegible]ger Marino Associates
[illegible] Main Street
Toms River, NJ [illegible]

RE: Application for Exemption from Transition Area Requirements of the Freshwater Wetlands Protection Act

[illegible] File No. 1511-94-0017.[illegible]
Applicant: Dorothy [illegible]
Block 83, Lot 16.19
Jackson Township, Ocean County
Watershed: Toms River, Drainage Basin: Atlantic
Nearest Waterway: Trib. of Toms River

Dear Mr. Dubois:

Please be advised that, pursuant to the Permit Extension Act (N.J.S.A. 40:55D-66.7 et seq.), and the implementing rules of the New Jersey Freshwater Wetlands Protection Act, specifically N.J.A.C. 7:7A-2.7(f), the construction of a single family home on Block 83, Lot 16.19 as shown on sheet 2 of 9 sheets of plans entitled "Preliminary and Final Design Plan, "Johnson Acres," Section 2C, Tax Map Lot 16.01 Block 83, Situated in Jackson Township, Ocean County, NJ," prepared by Robert Vuro Associates, Inc., dated May 30, 1986 and last revised June 7, 1988, is exempt from only the transition area provisions of the Freshwater Wetlands Protection Act. Additionally, it should be noted that any clearing and/or grading shown on the plan cited above that is located within freshwater wetlands is not exempt and [illegible] activities require a permit from this office.

This exemption is based on the fact that the Permit Extension Act provides an extension until December 31, 1996 of exemptions from the transition area requirements of the Freshwater Wetlands Protection Act for buffers adjacent to intermediate resource value wetlands. This project received final subdivision approval from the municipal government on August 26, 1987, which was prior to July 1, 1988, the effective date of the Freshwater Wetlands Protection Act. The wetlands at the referenced property were determined by the Program to be intermediate resource value in the Letter of Interpretation issued October 24, 1994 (File #1511-94-0017.[illegible]).

[illegible] exemption is subject to the [illegible]:

[illegible]he exemption is based on information available to the Department, including information submitted by the applicant. If the information on which this exemption letter is based is found to be inaccurate, the Department will void the exemption and require a permit, pursuant to the Freshwater Wetlands Protection Act, for these activities.

[illegible]his exemption does not eliminate the need for any permits, approvals, or certifications required by any other Federal, State, county, or municipal review agency with jurisdiction over this project. This exemption applies only to the Transition Area requirements of the Freshwater Wetlands Protection Act (N.J.S.A. 13:9B-1 et seq.) and the rules adopted pursuant to that Act, (N.J.A.C. 7:7A-1 et seq.) and does not eliminate the need for a Freshwater Wetlands permit for any regulated activities in freshwater wetlands [illegible].

[illegible]ursuant to N.J.A.C. 7:7A-2.7(e): This exemption shall [illegible] considered null and void if significant changes are [illegible] to the aforementioned plans. A significant change [illegible] be deemed to have been made if, under the Municipal Land Use Law (N.J.S.A. 40:55D-1 et seq.), [illegible] change would void the preliminary approval and would require the submittal or approval of a new or amended application to the local review agency. This exemption will be effective for as long as the extension provided by the Permit Extension Act remains valid, provided the [illegible] subdivision approval remains valid.

[illegible]lease contact Jenny Elliott Shaw of our staff at [illegible] should you have any questions regarding this exemption. [illegible] indicate the Department's file number in all communications.

[illegible]

[illegible]

[illegible] Manager
[illegible]

[illegible]ackson Township Clerk
Jackson Township Planning Board
[illegible]

STANDARD FORMS FOR
CERTIFICATE OF COMPLIANCE

5772

County/Municipality of JACKSON TWP

INSTRUCTIONS: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed

professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if the administrative authority performs the certification.

Part A—General Information

1. Permitted Activities (Check applicable categories):

   Permit Number 005433

   X New Construction

   ___ Alteration/No Expansion or Change of Use

   ___ Alteration/Expansion or Change in Use

   ___ Alteration/Malfunctioning System

   ___ Deviation from Standards

   ___ Repairs to Existing System

2. Location of Project:

   Municipality JACKSON TWP Lot 16.19 Block 83

   Street Address NORTH CORNER OF JOHNSON LANE & FRANK APPLEGATE RD

3. Name and Present Address of Applicant: DOROTHY BATTON

   Applicant's Phone Number (908) 928-3476

Part B—Professional Engineers Certification

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Roger J Marino
(Signature)

SEAL

ROGER J. MARINO
Name (Type or Print), License # 37514

Date: 12/9/94

Let's protect our earth

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
(See Issuing Division below)

PERMIT*

The New Jersey Dept. of Environmental Protection & Energy grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to the further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No.	Application No.
1511-94-0018.1	1511-94-0018.1

Issuance Date	Effective Date	Expiration Date
OCT 27 1994	OCT 27 1994	OCT 27 1999

Name and Address of Applicant	Name and Address of Owner	Name and Address of Operator
Dorothy Batton 10 South Fork Road Jackson, NJ 08527	Same as applicant	Same as applicant

Location of Activity/Facility *(Street Address)*	Issuing Division	Statute(s)
Ocean County Jackson Township Block 83; Lot 16.19 Lot _____ Block _____	Land Use Regulation Program	NJSA 58:11-23 et seq. NJSA 58:10A-1 et seq.

Type of Permit	Maximum Approved Capacity, if applicable
Treatment Works Approval	800 GPD 1 Realty Improvement

This permit grants permission to: construct an individual subsurface sewage disposal system, at the above referenced location, which does not strictly conform to sections 4.1, 4.2, 4.3, 5.8 and 10.1 of the State's Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A-1 et seq.) as indicated in section 9 of the Engineer's Report for Subsurface Sewage Disposal Systems, (Form LUR-006A), signed by Roger J. Marino, P.E., dated 7/29/94, and endorsed by Frederick Magee, Sanitary Inspector, Ocean County Department of Health, 8/15/94. This approval waives the requirement for strict conformance with the State's Standards and authorizes a mounded soil replacement disposal field installation where the estimated depth to seasonal high water table is less than 2 feet below the existing ground surface. The design plans and specifications approved under this permit consist of three sheets, signed and sealed by Roger J. Marino, P.E., dated 8/6/93, last revised 7/27/94, entitled: "Plot Plan and Septic System Design, Lot 16.19, Block 83, Jackson Township, Ocean County, New Jersey." All other aspects of the individual subsurface sewage disposal system design and construction not specifically authorized in this permit must conform with the Department's Standards and be approved by the administrative authority before construction may begin.

Prepared by: _____
Brian K. Sage

Revised Date	Approved by the Department of Environmental Protection and Energy
	Name (Print or Type) _____ Title _____
	Signature Signature on Page 3 Date _____

* *The word permit means "approval, certification, registration, etc."*

(General Conditions are on the Reverse Side)

This permit is subject to the following general conditions:

1. This permit is revocable, or subject to modification or change at any time, pursuant to the applicable regulations, when in the judgement of the Department of Environmental Protection and Energy of the State of New Jersey such revocation, modification or change shall be necessary.

2. The issuance of this permit shall not be deemed to affect in any way action by the Department of Environmental Protection and Energy of the State of New Jersey on any future application.

3. The works, facilities, and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and the said conditions.

4. No change in plans or specifications shall be made except with the prior written permission of the Department of Environmental Protection and Energy of the State of New Jersey.

5. The granting of this permit shall not be construed to in any way affect the title or ownership of property, and shall not make the Department of Environmental Protection and Energy or the State a party in any suit or question of ownership.

6. This permit does not waive the obtaining of Federal or other State or local government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.

7. A copy of this permit shall be kept at the work site, and shall be exhibited upon request of any person.

8. In cases of conflict, the conditions of this permit shall supersede the plans and/or engineering data.

ADMINISTRATIVE CONDITIONS

1. No construction of the sewage disposal system or the proposed realty improvement(s) shall begin until the administrative authority has provided written notification to the applicant that all aspects of the design and construction of the individual subsurface sewage disposal system, which are not authorized under this Treatment Works Approval, are in strict conformance with N.J.A.C. 7:9A-1.1 et seq.

2. The system proposed at the above referenced location may be approved provided that the system is constructed in accordance with the engineering plans and specifications referenced above (except with modifications which may be required by the administrative authority, as provided in Administrative Condition #3 below, to comply with the provisions of N.J.A.C. 7:9A-1.1 et seq.) and provided that all Administrative and/or Special Conditions of this permit are met.

3. No modifications shall be made to the plans and specifications covered by this permit except for those modifications that are necessary to comply with the Administrative and/or Special Conditions of this permit. Modifications to aspects of the design or construction of the individual subsurface sewage disposal system not covered by this permit may be approved by the administrative authority. Any unauthorized revisions shall render this approval null and void.

4. Prior to operation of the system, a professional engineer licensed to practice in New Jersey shall inspect the system and certify, by signature and seal, that all components have been constructed in accordance with the engineering plans and specifications covered by this permit and revised only as required to comply with the Administrative and/or Special Conditions of this permit. This certification shall be made using the Certification of Approval by Local Agency (Form WQM-005). Within thirty days of completion of the project, two copies of the completed form shall be submitted to the administrative authority for approval prior to operation. One copy of the completed form approved by the administrative authority shall be submitted to the Subsurface Disposal Unit of the Land Use Regulation Program.

5. Any changes to the plans and/or specifications approved herein, except as allowed in Administrative Condition #3, shall require a Treatment Works Approval modification.

6. The permittee is obligated to obtain all other applicable federal, state, county and municipal permits.

7. This permit is not valid until the permit acceptance form has been signed by the applicant, accepting and agreeing to adhere to all permit conditions, and returned to the Land Use Regulation Program at CN-401, Trenton, New Jersey 08625.

PHYSICAL CONDITIONS

1. This permit is conditioned upon the applicant receiving a formal exemption of the transition area requirements of the Freshwater Wetlands Protection Act Rules, N.J.A.C. 7:7A. If the subject site is not exempt from the transition area requirements of the Freshwater Wetlands Protection Act Rules then this permit shall be null an void.

10/27/94
Date

Ernest P. Hahn
Ernest P. Hahn, Administrator
Land Use Regulation Program

STANDARD FORMS FOR

CERTIFICATE OF COMPLIANCE

County/Municipality of JACKSON TWP

INSTRUCTIONS: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed

professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if the administrative authority performs the certification.

Part A—General Information

1. Permitted Activities (Check applicable categories):

   Permit Number 005433

   X New Construction

   ____ Alteration/No Expansion or Change of Use

   ____ Alteration/Expansion or Change in Use

   ____ Alteration/Malfunctioning System

   ____ Deviation from Standards

   ____Repairs to Existing System

2. Location of Project:

   Municipality JACKSON TWP Lot 16.19 Block 83

   Street Address NORTH CORNER OF JOHNSON LANE & FRANK APPLEGATE RD.

3. Name and Present Address of Applicant: DOROTHY BATTON

   Applicant's Phone Number (908) 928-3476

Part B—Professional Engineers Certification

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Roger J. Marino

(Signature)

SEAL

ROGER J. MARINO

Name (Type or Print), License # 37511

Date: 12/9/94

Let's protect our earth

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
(See Issuing Division below)

PERMIT*

The New Jersey Dept. of Environmental Protection & Energy grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to the further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No.	Application No.
1511-94-0018.1	1511-94-0018.1

Issuance Date	Effective Date	Expiration Date
OCT 27 1994	OCT 27 1994	OCT 27 1999

Name and Address of Applicant	Name and Address of Owner	Name and Address of Operator
Dorothy Batton 10 South Fork Road Jackson, NJ 08527	Same as applicant	Same as applicant

Location of Activity/Facility *(Street Address)*	Issuing Division	Statute(s)
Ocean County Jackson Township Block 83; Lot 16.19 Lot _____ Block _____	Land Use Regulation Program	NJSA 58:11-23 et seq. NJSA 58:10A-1 et seq.

Type of Permit	Maximum Approved Capacity, if applicable
Treatment Works Approval	800 GPD 1 Realty Improvement

This permit grants permission to: construct an individual subsurface sewage disposal system, at the above referenced location, which does not strictly conform to sections 4.1, 4.2, 4.3, 5.8 and 10.1 of the State's Standards for Individual Subsurface Sewage Disposal Systems (N.J.A.C. 7:9A-1 et seq.) as indicated in section 9 of the Engineer's Report for Subsurface Sewage Disposal Systems, (Form LUR-006A), signed by Roger J. Marino, P.E., dated 7/29/94, and endorsed by Frederick Magee, Sanitary Inspector, Ocean County Department of Health, 8/15/94. This approval waives the requirement for strict conformance with the State's Standards and authorizes a mounded soil replacement disposal field installation where the estimated depth to seasonal high water table is less than 2 feet below the existing ground surface. The design plans and specifications approved under this permit consist of three sheets, signed and sealed by Roger J. Marino, P.E., dated 8/6/93, last revised 7/27/94, entitled: "Plot Plan and Septic System Design, Lot 16.19, Block 83, Jackson Township, Ocean County, New Jersey." All other aspects of the individual subsurface sewage disposal system design and construction not specifically authorized in this permit must conform with the Department's Standards and be approved by the administrative authority before construction may begin.

Prepared by: _____
Brian K. Sage

Revised Date	Approved by the Department of Environmental Protection and Energy
	Name (Print or Type) _____ Title _____
	Signature Signature on Page 3 Date _____

* *The word permit means "approval, certification, registration, etc."*

(General Conditions are on the Reverse Side)

This permit is subject to the following general conditions:

1. This permit is revocable, or subject to modification or change at any time, pursuant to the applicable regulations, when in the judgement of the Department of Environmental Protection and Energy of the State of New Jersey such revocation, modification or change shall be necessary.

2. The issuance of this permit shall not be deemed to affect in any way action by the Department of Environmental Protection and Energy of the State of New Jersey on any future application.

3. The works, facilities, and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and the said conditions.

4. No change in plans or specifications shall be made except with the prior written permission of the Department of Environmental Protection and Energy of the State of New Jersey.

5. The granting of this permit shall not be construed to in any way affect the title or ownership of property, and shall not make the Department of Environmental Protection and Energy or the State a party in any suit or question of ownership.

6. This permit does not waive the obtaining of Federal or other State or local government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.

7. A copy of this permit shall be kept at the work site, and shall be exhibited upon request of any person.

8. In cases of conflict, the conditions of this permit shall supersede the plans and/or engineering data.

ADMINISTRATIVE CONDITIONS

1. No construction of the sewage disposal system or the proposed realty improvement(s) shall begin until the administrative authority has provided written notification to the applicant that all aspects of the design and construction of the individual subsurface sewage disposal system, which are not authorized under this Treatment Works Approval, are in strict conformance with N.J.A.C. 7:9A-1.1 et seq.

2. The system proposed at the above referenced location may be approved provided that the system is constructed in accordance with the engineering plans and specifications referenced above (except with modifications which may be required by the administrative authority, as provided in Administrative Condition #3 below, to comply with the provisions of N.J.A.C. 7:9A-1.1 et seq.) and provided that all Administrative and/or Special Conditions of this permit are met.

3. No modifications shall be made to the plans and specifications covered by this permit except for those modifications that are necessary to comply with the Administrative and/or Special Conditions of this permit. Modifications to aspects of the design or construction of the individual subsurface sewage disposal system not covered by this permit may be approved by the administrative authority. Any unauthorized revisions shall render this approval null and void.

4. Prior to operation of the system, a professional engineer licensed to practice in New Jersey shall inspect the system and certify, by signature and seal, that all components have been constructed in accordance with the engineering plans and specifications covered by this permit and revised only as required to comply with the Administrative and/or Special Conditions of this permit. This certification shall be made using the Certification of Approval by Local Agency (Form WQM-005). Within thirty days of completion of the project, two copies of the completed form shall be submitted to the administrative authority for approval prior to operation. One copy of the completed form approved by the administrative authority shall be submitted to the Subsurface Disposal Unit of the Land Use Regulation Program.

5. Any changes to the plans and/or specifications approved herein, except as allowed in Administrative Condition #3, shall require a Treatment Works Approval modification.

6. The permittee is obligated to obtain all other applicable federal, state, county and municipal permits.

7. This permit is not valid until the permit acceptance form has been signed by the applicant, accepting and agreeing to adhere to all permit conditions, and returned to the Land Use Regulation Program at CN-401, Trenton, New Jersey 08625.

PHYSICAL CONDITIONS

1. This permit is conditioned upon the applicant receiving a formal exemption of the transition area requirements of the Freshwater Wetlands Protection Act Rules, N.J.A.C. 7:7A. If the subject site is not exempt from the transition area requirements of the Freshwater Wetlands Protection Act Rules then this permit shall be null an void.

10/27/94
Date

Ernest P. Hahn
Ernest P. Hahn, Administrator
Land Use Regulation Program

WQM-005
1/89

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

CERTIFICATION FOR APPROVAL BY LOCAL AGENCY

OWNER _____

MUNICIPALITY _____

COUNTY _____

PROJECT NO. _____

DATE OF PERMIT _____

FOR LOCAL AGENCY APPROVAL ONLY

☐ Sewerage/MUA and/or

☐ Municipality and/or

☐ Sewer Company

Approved by _____

Title or Position _____

Date _____

Remarks _____

I hereby certify that the sewerage project identified above has been inspected, and tested under my supervision. Construction was witnessed as required in the specifications.

The project was constructed in substantial conformance with approved plans and specifications. Any exceptions to the approved plans and specifications are attached hereto with the approval of the owner.

_____
Signature of Certifying Engineer

Professional Engineers
Embossed Seal

_____
Typed Name of Certifying Engineer

_____
Date

cc: Bureau of Construction & Connection
N.J. Dept. of Environmental Protection
CN 029
Trenton, N.J. 08625-0029

LETTER OF TRANSMITTAL

ROGER J. MARINO & ASSOCIATES, INC.
AN ENGINEERING SERVICES CORPORATION
501 MAIN STREET
TOMS RIVER, NEW JERSEY 08753
PH: (908) 505-2095 FAX: (908) 473-0530

Hand Delivered

TO: Fred McGee
OC Heath Department
Sunset Drive
Toms River NJ

DATE 12/23/94	JOB NO.
ATTENTION Fred Magee	
RE: Lot 16.19 Block 83	
Jackson, NJ	
Dorothy Batton	

WE ARE SENDING YOU Attached ☐ Under separate cover via __________ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☒ cert of approval

COPIES	DATE	NO.	DESCRIPTION
2			originally signed WQM-005 forms

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit ____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit ____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return ____ corrected prints
☐ For review and comment ☐ __________
☐ FOR BIDS DUE __________ 19____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS __________

COPY TO __________

SIGNED: [signature]

If enclosures are not as noted, kindly notify us at once.

WQM-005
1/89

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

CERTIFICATION FOR APPROVAL BY LOCAL AGENCY

OWNER Dorothy Batton

MUNICIPALITY Jackson Twp

COUNTY Ocean County

PROJECT NO. 1511-94-0018.1

DATE OF PERMIT 10/27/94

FOR LOCAL AGENCY APPROVAL ONLY

- ☐ Sewerage/MUA and/or
- ☐ Municipality and/or
- ☐ Sewer Company

Approved by [illegible]

Title or Position Sanitary Inspector

Date 12/29/94

Remarks Ocean County Health Dept.

I hereby certify that the sewerage project identified above has been inspected, and tested under my supervision. Construction was witnessed as required in the specifications.

The project was constructed in substantial conformance with approved plans and specifications. Any exceptions to the approved plans and specifications are attached hereto with the approval of the owner.

Roger J. Marino P.E.
Signature of Certifying Engineer

Professional Engineers
Embossed Seal

Roger J. Marino, P.E.
Typed Name of Certifying Engineer

12/22/94
Date

cc: Bureau of Construction & Connection
N.J. Dept. of Environmental Protection
CN 029
Trenton, N.J. 08625-0029

WQM-005
1/89

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

CERTIFICATION FOR APPROVAL BY LOCAL AGENCY

OWNER Dorothy Batton

MUNICIPALITY Jackson Twp

COUNTY Ocean County

PROJECT NO. 1511-94-0018.1

DATE OF PERMIT 10/27/94

FOR LOCAL AGENCY APPROVAL ONLY

☐ Sewerage/MUA and/or

☐ Municipality and/or

☐ Sewer Company

Approved by [illegible]

Title or Position [illegible]

Date 12/29/94

Remarks Ocean County Health Dept.

I hereby certify that the sewerage project identified above has been inspected, and tested under my supervision. Construction was witnessed as required in the specifications.

The project was constructed in substantial conformance with approved plans and specifications. Any exceptions to the approved plans and specifications are attached hereto with the approval of the owner.

Roger J. Marino, P.E.
Signature of Certifying Engineer

Professional Engineers
Embossed Seal

Roger J. Marino, P.E.
Typed Name of Certifying Engineer

12/22/94
Date

cc: Bureau of Construction & Connection
N.J. Dept. of Environmental Protection
CN 029
Trenton, N.J. 08625-0029

RECEIVED

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

OCEAN COUNTY HEALTH DEPARTMENT (201) 341-9700

1. Block 83 Lot 16.19
2. Name of Applicant(print): DOROTHY BATTONY
3. Applicant's Address: 10 South Park Rd Lakewood NJ 08527
4. Applicant's Phone Number: (908) 928-3476
5. Certificate of Compliance: Date of Issuance: PENDING 1/19/95
   If no Certificate was issued, indicate approximate age of system: TOWAC 1511-94-0018.1
6. Type of Facility:
   - [x] Residential - Indicate Number of Occupants
   - [ ] Commercial/Industrial - Specify Type of Establishment:
7. Type of Wastes Discharged:
   - [x] Sanitary Sewage Only
   - [ ] Industrial Wastes
   - [ ] Other - Specify: Maximum Daily Flow, gal: 800
8. Volume of Wastes: Average Flow, gal/day:
   - [ ] Based on Water Meter Data
   - [ ] Assumed, Based on Data Related to Water Usage - Show Data Below:
     - Number of Users (Patrons, Guests, Visitors, etc.) per Day:
     - Number of Employees:
     - Total Employee Hours per Day:
     - Number of fixtures: ; Specify Type:
     - Size of Building, ft²:
     - Other - Specify:
9. Indicate System Components, Provide What Information is Available
   - [ ] Grease Trap: Capacity, Gals:
   - [x] Septic Tank: Capacity, Gals: 1250 Number of Compartments: 2
   - [ ] Dosing Tank: Capacity, Gals: Dosing Device: [ ] Pump [ ] Siphon
   - [x] Disposal Bed: Area, ft²: 1302
   - [ ] Disposal Trenches: Width, ft: Number: Total length, ft:
   - [ ] Seepage Pits: Number: Diameter, ft: Depth, ft:
   - [ ] Intercepter Drain
   - [ ] Other - Specify:
10. I hereby certify that the information furnished on this form is true and accurate. I am aware that falsification of data is a viol of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Septic System Inspector Date

FOR AGENCY USE ONLY

( ) Application denied – State Reason for Denied
(x) Application approved – License Number 00 5772
Date of Action 12/29/94 Signature of Authorized Agent
Name & Title FRED MAGEE SANITARY INSPECTOR