OCEAN COUNTY HEALTH DEPARTMENT

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

12/23/15
Date

No. 48561

BOARD OF HEALTH OF JACKSON

CERTIFICATE OF COMPLIANCE

Issued to Theresa Lewis
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Approved - As per engineers certification

INDIVIDUAL WATER SYSTEM Approved

Installed at Block No. 12201 AKA 83

Lot No. 1 AKA 16+19 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 48561 dated 12/7/15

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 Approved

H.D. 79

STANDARD FORMS FOR
CERTIFICATE OF COMPLIANCE

County/Municipality of: OCEAN / JACKSON

Part A--- General Information

1. Permitted Activities (check applicable categories):
   Permit Number_____
   ____New Construction
   __X__Alteration/No Expansion or Change of Use
   _____ Alteration/Expansion or Change in Use
   _____ Deviation from Standards
   _____ repairs to Existing System

2. Location of Project: **158 FRANK APPLEGATE RD**
   Municipality _ **JACKSON TOWNSHIP** Block No. **12201** Lot **1**
   Block No. **83** Lot **16, 19**
   Street Address **158 FRANK APPLEGATE** Zip **08527**
3. Name of Applicant (print) **THERESA LEWIS**
4 Applicant's Present Address: **158 FRANK APPLEGATE RD**
   JACKSON, NJ 08527
5. Applicant's Phone Number: **732-606-0067**

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 This certification is valid for 2 years for strict code compliant use and yearly maintenance of the septic system

LESLIE G. RAMDEEN Date **12-18-15**
License # 40285

SEAL

J. Protonentis, REHS
Environmental Health Coordinator

Environmental & Consumer Health

Email: JProtonentis@ochd.org

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(732) 341-9700 ext. 7464
Fax: (732) 286-1495

Public Health
Prevent. Promote. Protect.

12/3/2015

Septic Alteration Plan Review

Block – 12201 AKA 83, Lot – 1 AKA 16&19

Jackson Township

Rejected

7:9A - 5.1 - Soil data required with application.

7:9A - 3.5(c)Please include a copy of TWA # 04-3487-4SG with your application. This Guidance document indicates the requirements of a reduced sized chamber system.
The site plan must delineate a disposal area sized at 100% of that which is required by Table 10.2(b) 10.2(b) or Table 10.2(c), for example.

Reviewed by:

Rick Brown
Principal, Supervising REHS
Ocean County Board of Health
P.O. Box 2191,175 Sunset Ave.
Toms river N.J. 08754
732-341-9700 X7475
rbrown@ochd.org

Ocean County Health Department

Environmental Health Services
175 Sunset Ave.
P.O. Box 2191
Toms River, NJ 08754
(732) 341-9700 ext. 7416
www.ochd.org

Public Health
Prevent. Promote. Protect

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

SEPTIC ALTERATION

048561

JACKSON
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 1220 / 83

Lot(s) 5 / 16, 19

___ (A) To construct both a septic & water supply system

___ (B) To construct a water supply system

___ (C) To replace or alter a water supply system

___ (D) To construct or alter a septic system

✓ (E) To replace or repair a septic system

Type of Water System

✓ (A) Potable Non-Public (EX. WELL)

___ (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 _____ PHONE NO. C|0 732-606-0067

ADDRESS 158 FRANK APPLEGATE RD CITY Jackson STATE NJ ZIP 08725

DIRECTIONS TO LOCATION _____

WELL APPLICATION

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

TYPE AND METHODS OF SEALING JOINTS: Type _____ Method _____

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

GROUTING MATERIAL _____ Depth & Method of grouting: Depth _____

Method _____

STORAGE TANK CAPACITY EX. WELL 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 5B/E

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

PERCOLATION TEST PERFORMED BY OTHERS Date 11/20/15 Phone 732-606-0067

WEATHER CONDITIONS AT TIME OF TEST _____

ENGINEER'S SIGNATURE AND SEAL _____ NJPE# 40285

NOTE: All engineering date 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. 170

APPENDIX B
STANDARD FORMS FOR
SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY_ **OCEAN/JACKSON**
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
   __X__Alteration/Expansion or Change in Use
   ____Alteration/Malfunctioning System
   ____ Deviation from Standards ____Repairs to Existing System

2. Location of Project: **158 FRANK APPLEGATE RD**
   Municipality _ **JACKSON TOWNSHIP** Block No. **12201** Lot **1**
   Block No. **83** Lot **16&19**
   Street Address **158 FRANK APPLEGATE** Zip **08527**
3. Name of Applicant (print) **THERESA LEWIS**
4 Applicant's Present Address: **158 FRANK APPLEGATE RD**
   JACKSON, NJ 08527
5. Applicant's Phone Number: **C/O 732-606-0067**
6. Type of Facility:

   _X__Residential
   ____Commercial/Institutional
7. Type of Wastes to be discharged:
   __X__Sanitary Sewage
8. Other Approvals/Certification/Waivers/Exemptions (Attach to Applications):
   _N/A_ Pinelands Commission
   _N/A__U.S. Army Corps of Engineers
   _N/A__ NJDEP---Bureau of Flood Plain Management
   ____Other----Specify:
9. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ Date___**11-28-15**_____

FOR AGENCY USE ONLY

____Application Denied----Reason for Denial/Citation of Rules Violated: _____
____Application Approved
____Application Approved Subject to Approval by NJDEP
Date of Action _____ Signature of Authorized Agent _____

Name and Title_____

COUNTY/MUNICIPALITY **OCEAN/JACKSON**
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a-General Site Evaluation Data Lot **1** Block **12201**
Lot **16, 19** Block **83**

1. Name of Site Evaluation (print) **ACCUTECH ENGINEERING LLc**
2. Address of Site evaluator: **795 LINDEN ROAD, TOMS RIVER, NJ 08753**
3. Business Phone Number of Site evaluator **732-606-0067**
4. Special Site limitations Identified (Check appropriate Categories):
_____ Flood plan _____ Bedrock outcrops _____Wetlands
_____ Other-Specify

5. Soil Logs-Enter on form 2b-Use one sheet for each soil log.

6. Considerations relating to Disturbed Ground:
a) Type so Disturbance (check appropriate categories):
_____ Filled Area _____ Excavated Area _____ Re-graded Area
_____ Subsurface Drains _____ Other-Specify_____
b) Pre-Exstiting 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

8. Attachments (check items included);
___X___ Site plan
___X___ Key Map p Showing Location of Site on U.S.G.S Quadrangle or Other Accurate Map
___X___ Key Map Showing Location of Site on U.S.D.A Soil Survey Map
_____ Other-
Specify_____

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

Signature of Soil Evaluator_____ Date **11-28-15**

Signature of Professional Engineer_____ License# **40285**

COUNTY/MUNICIPALITY_ **OCEAN/JACKSON**
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b---Soil Log and Interpretation Lot **1** Block **12201**
Lot **16, 19** Block **83**

1. Log Number _____ Method (check one):___X__Profile Pit _____Boring

2. Soil Logs

DONE ON PRIOR APPLICATION
SOIL LOGS

3. Ground Water Observations;
_____Seepage--Indicate Depth
_____ 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_____
_Regional Zone of Saturation--Depth to Top

5. Soil Suitability Classification:

6. I hereby certify that the information furnished on Form2b 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 Evalutor_____ Date__**11-28-15**_____

Signature of Professional Engineer_____ Licence #40285

Form 4. **General Design Data**

1. Volume of Sanitary Sewage, gal. **800 GPD**
__X__ Residential: No. of Dwelling Units____1__ Total No. of Bedrooms__5_____
USE QUICK STANDARD INFILTRATORS

3. System Components:

b) Septic Tank Capacities, gals: **1250GALS EXISTING**
_____ one Compartment _____ Third Compartment_____

c) Effluent Distribution
Method: ___X_____ Gravity Flow _____ Gravity Dosing
_____ Pressure Dosing

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

e) Laterals: Number _____ Total Length _____ Pipe Size ____ Spacing__

f) Connecting Pipe: Size **4"** Length **16 LF**

g) Manifold: Size Length

h) Disposal Field: Type of Installation : **REPLACEMENT DISPOSAL BED**
Design Permeability (Percolation Rate)__**K4**
Trenches: Width_____ Total Length_____
Bed Area: **18'x50'=900SF**

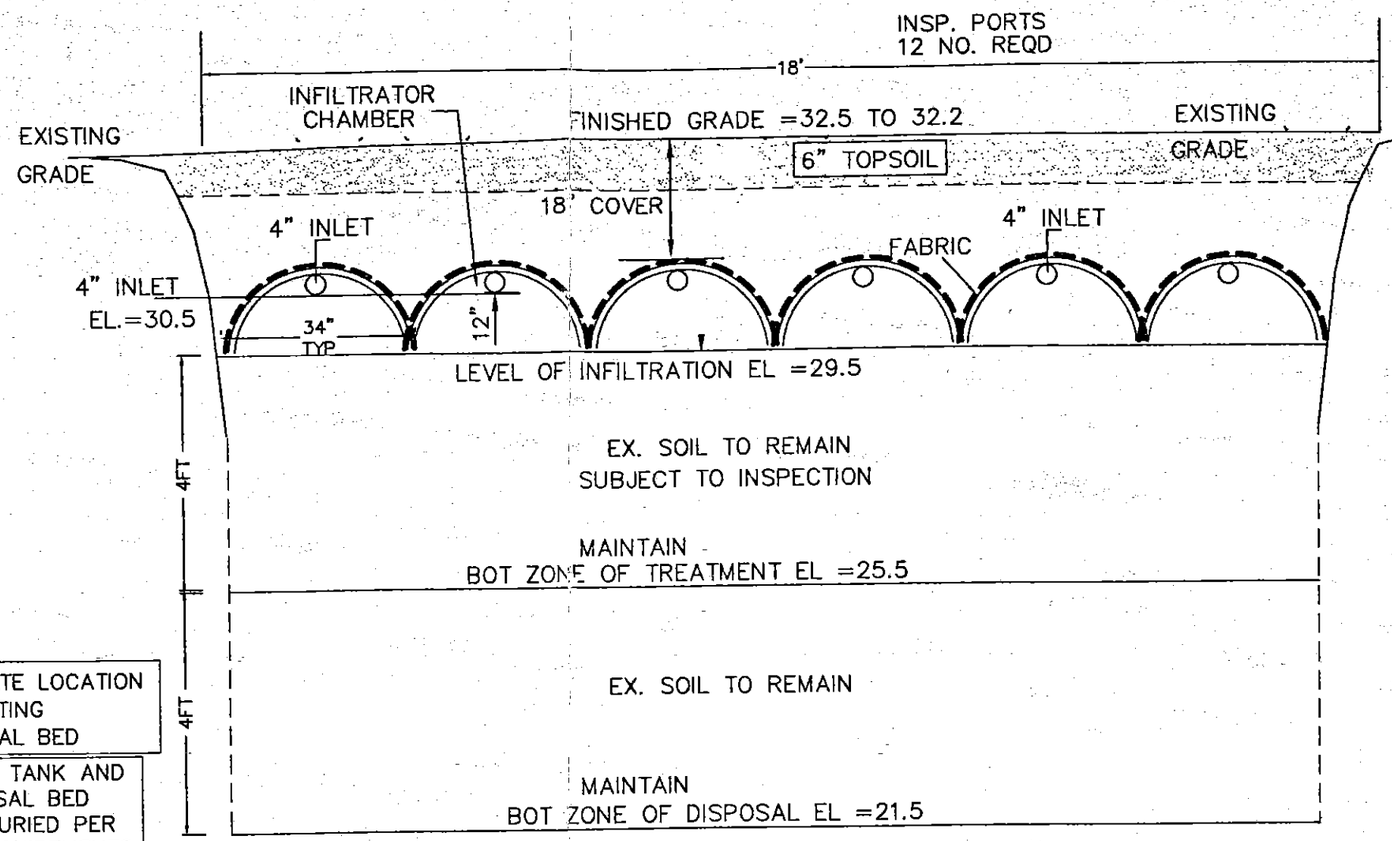
I) Seepage Pits: Design Percolation Rate___**K4**___
Number of Pits_____ Total Percolating Area Provided_____

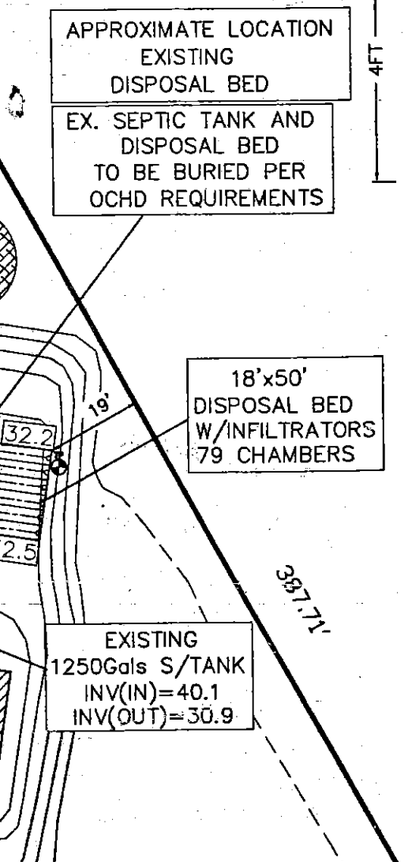
4. Attachments (check items included)

___**X**___ General plan of System Showing Location of All System Components
___**X**___ X-Sections of Each System Components Including Grease Trap Septic Tank, Dosing Tank, Disposal Field, seepage Pits and Interceptor Drains
___ Pump Performance Curve

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 described in N.J.A.C. 7:14-8.

Professional Engineer_____ Date___**11-28-15**_____

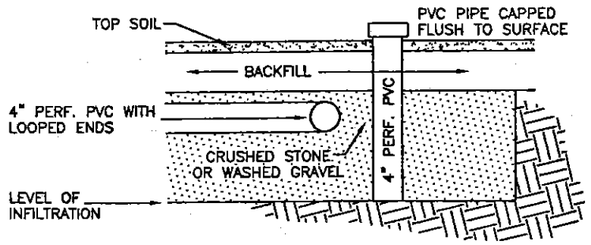




REPLACEMENT DISPOSAL BED
TYP. PLAN VIEW AT END OF BED

GENERAL NOTES:

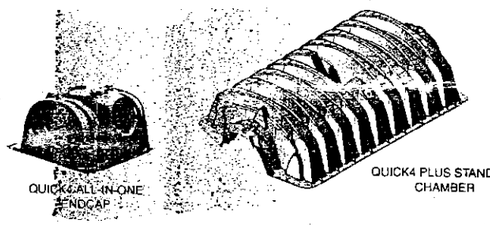
1. DESIGN BASED ON A PERMEABILITY OF 6–20 IN/HR
   FOR A 5 BEDROOM DWELLING:
   SEWAGE VOLUME=800GPD
   DISPOSAL BED REQUIRED=(725.3+170)=895.3SF
   DISPOSAL BED PROVIDED=(18'x50')=900SF
   EX SEPTIC TANK (TO REMAIN)=1250GALLONS
2. SELECT FILL AND COMPACTION SHALL BE CERTIFIED BY A PROFESSIONAL ENGINEER.
3. THIS DESIGN HAS NOT TAKEN INTO CONSIDERATION THE USE A GARBAGE DISPOSAL.
4. NO WATER CONDITIONER SYSTEMS SHALL BACKWASH INTO SEPTIC SYSTEM.
5. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING UNDERGROUND UTILITY MARKOUTS PRIOR TO CONSTRUCTION. THE LOCATIONS DEPICTED ON THESE PLAN SHEETS SHOULD NOT BE SCALED AND USED IN LIEU OF UTILITY COMPANY FIELD MARKOUTS.
6. ANY AREAS DAMAGED OR NOT INTENTIONALLY DISTURBED ON OR AROUND YHE SUBJECT LOT AS A RESULT OF THIS CONSTRUCTION SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO RESTORE THOSE AREAS BACK TO ORIGINAL CONDITION.
7. BED AREA AND SLOPES TO BE STABILIZED WITH TOPSOIL, SEED, AND HAY MULCH.
8. NO RUBBER TIRE MACHINERY SHALL BE OPERATED WITHIN THE EXCAVATED BED AREA.
9. CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR MATERIALS AND METHODS OF CONSTRUCTION AS SPECIFIED IN NJAC 7:9A.
10. THE USE OF A GARBAGE DISPOSAL IS PROHIBITED.
11. ALL SEWER PIPES SHALL BE 4" SCH 40 PVC



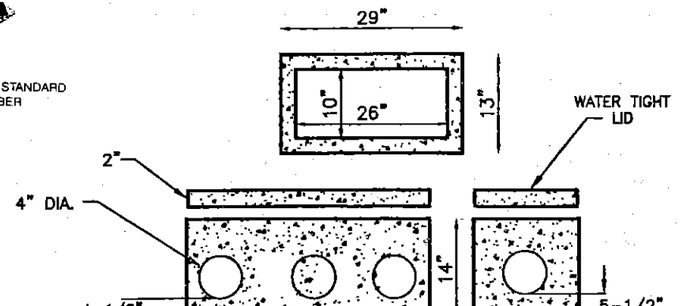
INSPECTION PORT DETAIL
N.T.S.

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
Effective Length	48"
Invert Elevation	0.6", 3.3", 7.3", 9.0"



Infiltrator Chamber Quick4 Plus Standard (34"W x 48"L x 12"H) Quick4 Plus Standard LP (34"W x 48"L x 8"H) Quick4 Standard (34"W x 48"L x 12"H)				
Number of Bedrooms				
				Each



JOHNSON LANE SOUTH

N 82° 41' 39" W
67.65'

N 07° 18' 21" E

387.71'

S 34° 23' 30" W
233.67'

BLOCK 83
LOT 16&19

28
29
30
31

PROP. BURY SITE
FOR DISCARDED
MATERIALS

D/BOX
INV(IN)=30.6
INV(OUT)=30.5

NEW 16LF
4" INV
SCH40 PVC

EX. 12LF
4" INV
SCH40 PVC

APPROXIMATE LOCATION
EXISTING
DISPOSAL BED

EX. SEPTIC TANK AND
DISPOSAL BED
TO BE BURIED PER
OCHD REQUIREMENTS

18'x50'
DISPOSAL BED
W/INFILTRATORS
79 CHAMBERS

32.2
32.2
32.5
32.5
19'
26'
33

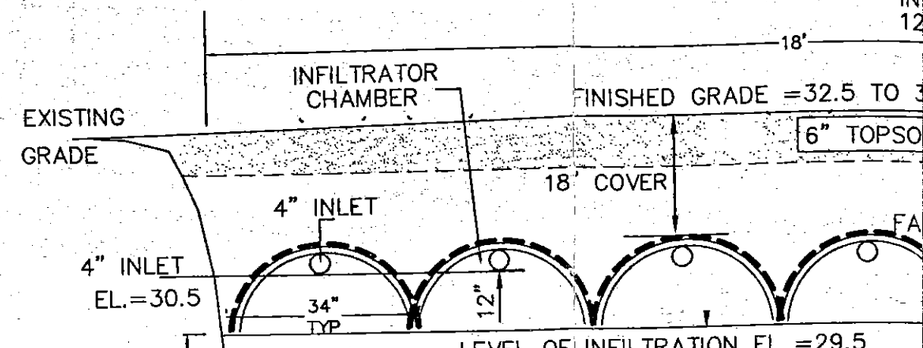
EXISTING
1250Gals S/TANK
INV(IN)=40.1
INV(OUT)=30.9

EXIST
DRIVEWAY

GAR

EXIST
2 STORY
5 B/R
DWELLING

32



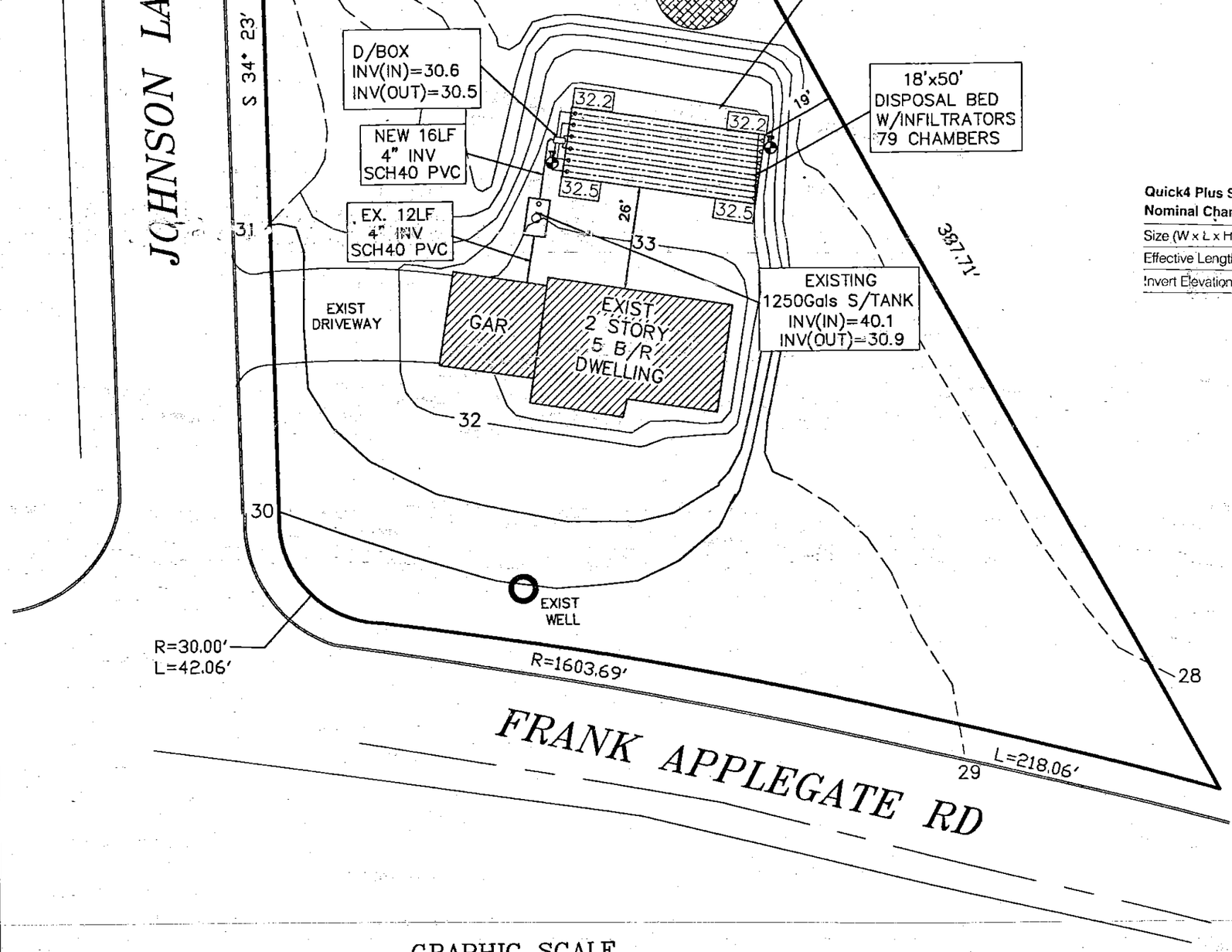
REPLACEMENT
DISPOSAL BED
TYP. PLAN VIEW AT END

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
Effective Length	48"
Invert Elevation	0.6", 3.3", 7.3", 9.0"

Infiltrator Ch Quick4 Plus Standard (34 Quick4 Plus Standard LP (Quick4 Standard (34"	
Number of Be	

DISPOSAL BED
TYP. PLAN VIEW AT END OF BED



GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)
1 inch = 30 ft.

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
Effective Length	48"
Invert Elevation	0.6", 3.3", 7.3", 9.0"

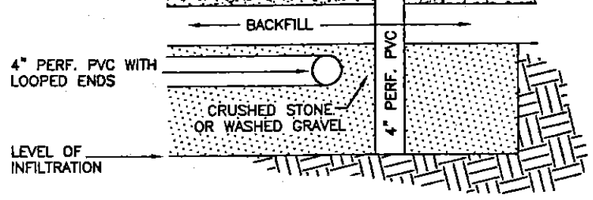
Infiltrator Chamber Quick4 Plus Standard (34"W x 48"L x 12"H) Quick4 Plus Standard LP (34"W x 48"L x 8"H) Quick4 Standard (34"W x 48"L x 12"H)							
Number of Bedrooms							
2		3		4		Each Additional	
350 GPD		500 GPD		650 GPD		150 GPD	
Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers
408.0	36	566.7	50	725.3	64	170.0	15
498.7	44	714.0	63	929.3	82	215.3	19
408.0	36	532.7	47	691.3	61	158.7	14
442.0	39	634.7	256	816.0	72	192.7	17
408.0	36	442.0	39	566.7	50	136.0	12
408.0	36	408.0	36	521.3	46	124.7	11

COA#: 24GA2808

DATE: 11-28

DISPOSAL BED

TYP. PLAN VIEW AT END OF BED



INSPECTION PORT DETAIL

N.T.S.

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
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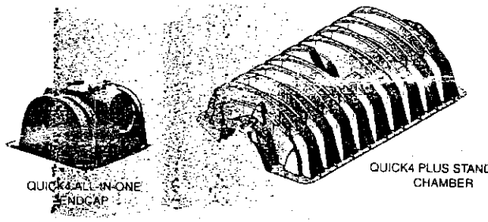

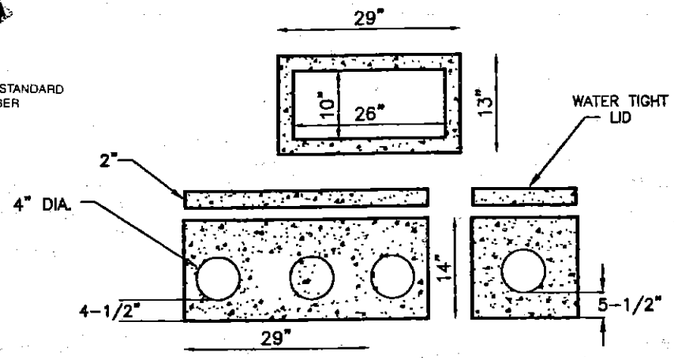

* NOTE: ALL DIMENSIONS ARE APPROXIMATED

DISTRIBUTION BOX DETAIL
(PRECAST CONCRETE)-6 WAY
NOT TO SCALE

Infiltrator Chamber Quick4 Plus Standard (34"W x 48"L x 12"H) Quick4 Plus Standard LP (34"W x 48"L x 8"H) Quick4 Standard (34"W x 48"L x 12"H)							
Number of Bedrooms							
2		3		4		Each Additional	
350 GPD		500 GPD		650 GPD		150 GPD	
Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers
408.0	36	566.7	50	725.3	64	170.0	15
498.7	44	714.0	63	929.3	82	215.3	19
408.0	36	532.7	47	691.3	61	158.7	14
442.0	39	634.7	56	816.0	72	192.7	17
408.0	36	442.0	39	566.7	50	136.0	12
408.0	36	408.0	36	521.3	46	124.7	11

28

06'

Accutech Engineering LLC
795 Linden Road, Toms River, NJ 08753
Phone 732-606-0067
Fax 732-606-0069

COA#: 24GA28081000

LESLIE RAMDEEN, P.E. NJ LIC. 40285

SEPTIC ALTERATION PLAN

LOT 16&19 BLOCK 83
LOT 1 BLOCK 12201
JACKSON TOWNSHIP
OCEAN COUNTY, NEW JERSEY

DATE: 11-28-15 SCALE: 1"=30' JOB#: 112815MP-JKSN

1 of 1

J.Protonentis, REHS
Environmental Health Coordinator

Environmental & Consumer Health

Email: JProtonentis@ochd.org

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(732) 341-9700 ext. 7464
Fax: (732) 286-1495

Public Health
Prevent. Promote. Protect.

12/3/2015

Septic Alteration Plan Review

Block – 12201 AKA 83, Lot – 1 AKA 16&19

Jackson Township

Rejected

7:9A - 5.1 - Soil data required with application.

7:9A - 3.5(c)Please include a copy of TWA # 04-3487-4SG with your application. This Guidance document indicates the requirements of a reduced sized chamber system.
The site plan must delineate a disposal area sized at 100% of that which is required by Table 10.2(b) 10.2(b) or Table 10.2(c), for example.

Reviewed by:

Rick Brown
Principal, Supervising REHS
Ocean County Board of Health
P.O. Box 2191,175 Sunset Ave.
Toms river N.J. 08754
732-341-9700 X7475
rbrown@ochd.org

Ocean County Health Department

Environmental Health Services
175 Sunset Ave.
P.O. Box 2191
Toms River, NJ 08754
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www.ochd.org

Public Health
Prevent. Promote. Protect.

Approved
12/7/15

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

SEPTIC ALTERATION

048561

JACKSON
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 1220 / 83

Lot 1 / 16.19

____ (A) To construct both a septic & water supply system

____ (B) To construct a water supply system

____ (C) To replace or alter a water supply system

____ (D) To construct or alter a septic system

✓ (E) To replace or repair a septic system

Type of Water System

✓ (A) Potable Non-Public EX. WELL

____ (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 _____ PHONE NO. C/O 732-606-0067

ADDRESS 158 FRANK APPLEGATE RD CITY JACKSON STATE NJ ZIP 08725

DIRECTIONS TO LOCATION _____

WELL APPLICATION

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

TYPE AND METHODS OF SEALING JOINTS: Type _____ Method _____

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

GROUTING MATERIAL _____ Depth & Method of grouting: Depth _____

Method _____

STORAGE TANK CAPACITY EX. WELL 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 5B/E

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

PERCOLATION TEST PERFORMED BY OTHERS Date 11/20/15 Phone 732-606-006

WEATHER CONDITIONS AT TIME OF TEST _____

ENGINEER'S SIGNATURE AND SEAL _____ NJPE# 40285

NOTE: All engineering date 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.

The National Environmental Health Association

(Incorporated 1937)

Issues This

Certificate of Registration

As Testimony That

Leslie Ramdeen

Has satisfactorily fulfilled the requirements set forth by the
National Credentialing Board
and is therefore, by these presents, entitled to recognition
as a:

Certified Installer Of Onsite Wastewater Treatment System - Advance Level

028850

Credential ID Number

by the National Environmental Health Association
In Witness Whereof, we have subscribed our names and affixed our
Seal of the Association this day of November 19, 2015
Initial certification issued November 1, 2015
Current Certification Period November 1, 2015 - October 31, 2017

Dr. David Dyjack Dr.PH, CIH
Executive Director & CEO, NEHA

Bob Custard
President, NEHA

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
P.O. Box 029, TRENTON, NJ 08625-0029

PERMIT TO CONSTRUCT AND OPERATE* TREATMENT WORKS

**Local Agency approval required prior to operation*

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations.

PERMIT NO.	ISSUANCE DATE	EXPIRATION DATE	DESIGN FLOW
04-3487-4SG	September 1, 2004	See below	N/A

NAME AND ADDRESS OF APPLICANT
New Jersey Department of Environmental Protection
Bureau of Nonpoint Pollution Control
P.O. Box 029
Trenton, New Jersey 08625-0029

LOCATION OF ACTIVITY
Counties: All
Municipalities: All

General Requirements:

This approval allows for a reduction in the area required for disposal systems associated with residential individual subsurface sewage disposal systems that use a chamber product in lieu of the gravel filter material, gravity distribution pipe, and drainage fabric in a system designed pursuant to N.J.A.C. 7:9A-1 et seq. Local administrative authorities may allow reductions in disposal area sizing up to the level specified in this approval. All other aspects of the onsite wastewater treatment and disposal system design, construction and operation not specifically covered by this approval must conform to N.J.A.C. 7:9A-1 et seq.

Product Specifications:

Chamber products covered by this TWA are listed in the table below. Additional chamber products covered by this TWA may be listed in the Department's guidance as approved for reduced sizing and use in lieu of gravel filter material, gravity distribution pipe, and drainage fabric. These chamber products may be used for a trench or bed configuration according to these guidelines and as described in N.J.A.C. 7:9A-10.

COMPANY	PRODUCTS	TYPE
ADS	BioDiffuser	Chamber
Cultec	Contactor, Recharger	Chamber
Infiltrator	Infiltrator	Chamber
Hancor	EnviroChamber	Chamber

APPROVED by the Department of Environmental Protection

Barry Chalofsky, P.P., Chief
Bureau of Nonpoint Pollution Control

8/13/04
Date

This permit is also subject to special provisos and general conditions stipulated on the attached page(s) which are agreed to by the permittee upon acceptance of the permit.

Expiration Date:

1. This approval, and any local approval issued in conformance with this approval, to construct and operate shall cease upon the written revocation of this approval by the New Jersey Department of Environmental Protection.

2. Any local administrative authority approval issued under this general TWA shall include an expiration date not to exceed 3 years from the date of issuance of that construction approval.

Prohibitions:

1. The use of this approval shall not be combined with any other general or individual treatment works approval issued by the Department.

2. A reduced sized chamber system disposal area may not be located in those areas within the Pinelands boundaries of jurisdiction subject to N.J.A.C. 7:50 until the Pinelands Commission has provided written specific approval for the location of the reduced sized chamber system disposal area within their area of jurisdiction.

3. A reduced sized chamber system may not be located within 100-feet of any private drinking water supply well, regardless of the depth of the solid casing or depth of the well.

4. The system design shall not be based on the permeability of fill material.

Site Requirements:

1. The location of the onsite wastewater treatment system must conform to all provisions of N.J.A.C. 7:9A-1 et seq.

2. The site plan must delineate a disposal area sized at 100% of that which is required by Table 10.2(b) or Table 10.2(c) in which all requirements of N.J.A.C. 7:9A-1 et seq. are satisfied. The reduced sized chamber system may be placed in that area or in another location.

3. No construction of the onsite wastewater treatment and disposal system or the proposed realty improvement shall begin until the administrative authority has provided written notification to the applicant that all aspects of the design and construction of the onsite wastewater treatment and disposal system which are not authorized under this treatment works approval are otherwise in strict conformance with N.J.A.C. 7:9A-1 et seq.

4. The issuance of this approval does not exempt the applicant or his agents from the responsibility to comply with all other applicable Federal, State, County and Municipal rules and regulations.

System Design Requirements:

The septic system designer shall certify that all aspects of the system designed under this approval are in strict conformance with the following provisions:

1. The system is designed in conformance with the manufacturer's specifications.

2. If the reduced sized chamber system disposal area is to be located within the 100% sized reserve area required in Site Requirement #2, above, setback requirements shall be applied to the 100% area reserved for the disposal area. If the reduced sized chamber system disposal area is to be

located outside that 100% sized reserve area, setback requirements shall be applied to both the 100% area reserved for the disposal area and the reduced sized chamber system disposal area.

3. Provide a copy of the written approval that the proposed reduced sized chamber system is acceptable to the Pinelands Commission for projects within the boundaries of jurisdiction subject to N.J.A.C. 7:50. In accordance with N.J.A.C. 7:9A-3.8 any proposal for a reduced sized chamber system must receive specific written approval from the Pinelands Commission prior to the issuance of any local approval which includes the use of this general TWA.

4. A reduced sized chamber system disposal area must meet a 100-foot setback distance to all existing private drinking water supply well, regardless of the depth of the solid casing or depth of the well.

5. Permeability testing to determine the sizes for the disposal areas required (100% and reduced sized areas) must be completed in native soils. Testing conducted on fill material shall not be used. For native soil systems, permeability testing must be conducted in the most hydraulically restrictive zone within the zone of treatment. For fill replacement systems, permeability testing must be conducted within the most restrictive soil unit within the zone of disposal. If the permeability of the zone of disposal for a fill replacement system is greater than 20 inches per hour, in a soil replacement system, the design engineer shall use a design value of 6 inches per hour for the purposes of sizing the disposal field.

6. When pressure dosed distribution is incorporated into the system design, distribution pipe meeting the specifications required by N.J.A.C. 7:9A-1 et. seq. shall be installed according to manufacturer's instructions.

7. When fill material is required within the zone of treatment, the fill immediately below the chambers shall be compacted by passing across the entire infiltrative surface with a plate compactor, bulldozer tracks, or backhoe tires.

8. No reduced sized chamber system shall be sized at less than 400 square feet.

9. Any proposed system that will include the use of a garbage grinder or sewage ejector pump, the liquid capacity of the septic tank shall be a minimum of 200% of the design flow of the facility or 1500 gallons or meet the requirements of N.J.A.C. 7:9A-8.2(c), whichever value is greatest.

10. The area required for 100% disposal area sizing, upon which any reduction in disposal area is based, shall be increased by 50% for any proposed system that will include the use of a garbage grinder or sewage ejector pump.

11. Any proposed system including a design for a reduced size chamber disposal area under this approval must reference this specific approval on all submitted design plans and applications.

12. It is the responsibility of the septic system designer to ensure that any system they design has adequate levels of safety and protectiveness built into the system. Providing larger areas of disposal than what is required by code or by this approval provide higher levels of safety and protectiveness. Use of these approved products without reducing the size of the area of disposal or reducing those levels of safety and protectiveness may be approved under general TWA 00-3847-4SG. Any septic system designer that determines adequate levels of safety and protectiveness can be maintained using these products, disposal area reduction allowances may be approved up to the identified levels, below, and must clearly identify the exact size reduction incorporated on all signed and sealed plans submitted for approval.

Bed Design: The following represents the reductions that may be applied to chamber systems in bed designs. To calculate the reduction the design engineer must determine the 100% area required for a bed design in N.J.A.C. 7:9A-10.2(c). The reduction shall then be applied to the total bottom area of chamber product.

		Percentage Reduction Allowed	
Native soil permeability (in/hr)	Native soil percolation rate (min/inch)	Maximum Reduction – Gravity[1]	Maximum Reduction – Pressure Dosed[2]
6-20	3-15	31%	35%
2-6	16-30	32%	40%

Trench Design: The following represents the reductions that may be applied to chamber systems in trench designs. To calculate the reduction the design engineer must determine the 100% area required for a trench system in N.J.A.C. 7:9A-10.2(b). The reduction shall then be applied to the total length of chamber product. Any chamber product used must have a width no less than three (3) inches smaller than the trench design width required by N.J.A.C. 7:9A-Table 10.2(b).

		Percentage Reduction Allowed	
Native soil permeability (in/hr)	Native soil percolation rate (min/inch)	Maximum Reduction – Gravity[1]	Maximum Reduction – Pressure Dosed[2]
6-20	3-15	25%	29%
2-6	16-30	27%	32%
0.6-2	31-45	14%	19%

[1]- "Maximum Reduction – Gravity" means the maximum reduction that may be allowed by a local administrative authority in gravity or gravity dosed systems.
[2]- "Maximum Reduction – Pressure Dosed" means the maximum reduction that may be allowed by a local administrative authority to a system that incorporates pressure dosing.

All other aspects of the design of the onsite wastewater treatment and disposal system must conform to the provisions of N.J.A.C. 7:9A-1 et seq.

System Construction Requirements:
Onsite wastewater treatment and disposal systems constructed using a reduced sized chamber system disposal area shall comply with all construction aspects of N.J.A.C. 7:9A-1 et seq. and the following requirements:

1. Only individuals trained and certified by the manufacturer shall install reduced sized chamber disposal systems. Individuals installing these systems must provide documentation to verify this training and certification upon request by any local administrative authority or the Department.

2. No gravel may be used in the installation of any reduced sized chamber system disposal area installed under this approval.

3. Inspection ports must be installed with watertight caps at or above grade at a minimum of one inspection port at each end of every row of chamber products to allow for adequate inspection of the disposal area.

The construction of the offsite wastewater disposal system must conform to all other provisions of N.J.A.C. 7:9A-1 et seq.

Record Keeping:
The administrative authority issuing an approval to construct a reduced sized chamber system disposal area must keep a spreadsheet log of all approvals issued under this treatment works approval. A spreadsheet file will be provided by the Department and must be submitted electronically upon request or on an annual basis due by January 31st of each calendar year. No submittal is required if no systems were constructed under this approval during the applicable year. Each system installed using this approval must be listed and include, at a minimum, municipal block and lot information, street address, date of installation, type of disposal area, the number of bedrooms at the facility and the size of the disposal area in square feet, the type of chamber system used, the percent reduction allowed and identification of the system designer and installer.

System Owner Requirements:

1. The operation and maintenance of the individual subsurface sewage treatment and disposal system must conform to all provisions of N.J.A.C. 7:9A-1 et. seq.

2. The facility served by the reduced sized disposal area shall be open to inspection and sampling by the Department and the local administrative authority at all reasonable times.

3. In accordance with applicable law, the Department and the local administrative authority may require the owner of the reduced sized disposal area to cease use of the reduced sized disposal area and/or to take any other actions as it deems necessary to protect public health, safety, welfare or the environment.

4. The reduced sized chamber system disposal area is approved for use in conjunction with the treatment and disposal of sanitary sewage only. Any wastes that are non-sanitary sewage generated or used at the facility served by the reduced sized disposal area shall not be introduced into the on-site sewage disposal system and shall be lawfully disposed of.

5. Garbage grinders and ejector pumps may not be used in conjunction with systems utilizing a reduced sized chamber system disposal area unless the system was specifically approved for use with a garbage grinder or ejector pump.

System Abandonment Requirements:
The system abandonment requirements of the individual subsurface sewage treatment and disposal system must conform to all provisions of N.J.A.C. 7:9A-1 et seq.

Conditions Applicable to Manufacturers:
Any Manufacturer whose technology is installed under this approval must:

1. **Submit to the Department a report, by January 31st of each year, signed by a corporate officer, general partner or Company owner that contains information on the chamber system for the previous calendar year. The report shall state known failures, malfunctions, and corrective actions taken for the reduced area chamber disposal systems installed in the State, and the date and address of each event.**

2. **Submit to the Department any requested information within 21 days of the date of receipt of that request.**

3. Prior to the sale of any reduced sized chamber disposal systems, provide the purchaser with a copy of this approval. In any contract for distribution or sale of the reduced area chamber disposal systems, the manufacturer must require the distributor or seller to provide the purchaser of the system with a copy of this approval, prior to any sale of the reduced sized chamber disposal system.

4. Prepare an installation manual for the procedures for designing and installing their reduced area chamber disposal systems. The manufacturer shall institute and maintain a training program in the proper design and installation of its system in accordance with the manual and provide a training course at least annually for prospective designers and installers. The manufacturer shall certify that installers have passed the training program. The manufacturer shall provide the Department with all training materials, the expected qualifications for installers and maintain a list of certified installers. All updated information shall be forwarded to the Department within 30 days of the update. The Department shall be notified of any training event at least 30 days prior to the event.

5. Institute and maintain a training program in the proper design and installation of its system in accordance with the manual and provide a training course at least annually for administrative authorities that have the authority to approve reduced area chamber disposal systems. Training for administrative authorities shall be provided without charge and contain all training materials used for certification of installers. A minimum of 30 days advanced notice must be provided to all administrative authorities to attend the training. No administrative authority or it's authorized agent shall issue an approval for a system using this approval unless the manufacturer has adequately satisfied the administrative authority's requirements for approving the system.

6. The manufacturer, its distributors or representatives shall not sell the technology to any installer unless they are certified by the manufacturer to install these systems.

Rights of the Department:
The Department may suspend, modify or revoke this approval for cause, including, but not limited to, non-compliance with the terms of this approval, non-payment of an annual compliance assurance fee, for obtaining the approval by misrepresentation or failure to disclose fully all relevant facts or any change in or discovery of conditions that would constitute grounds for discontinuance of the approval, or as necessary for the protection of public health, safety, welfare or the environment, and as authorized by applicable law. The Department reserves its rights to take any enforcement action authorized by law with respect to this approval, the reduced sized chamber system disposal area, the owner, or operator of the system and the manufacturer.

Basis for Approval:
This approval was granted based on a Memorandum of Understanding (MOU) on environmental technology approval with the State of Massachusetts. The State of Massachusetts has issued general use approvals allowing reduced disposal area sizes for chamber system technology. This approval provides for generally equivalent sized disposal areas for realty improvements with equivalent number of bedrooms in New Jersey as allowed for in Massachusetts. Precise equivalents were not possible due to variations in each State's regulatory framework.

APPENDIX B
STANDARD FORMS FOR
SUBMISSION OF SOILS/ENGINEERING DATA

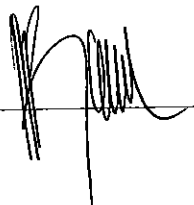
COUNTY/MUNICIPALITY_ **OCEAN/JACKSON**
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1---General Information

1. Type of Permit Needed (Check applicable categories):
   _ __New Construction ___Alteration/No Expansion or Change of Use
   __X__Alteration/Expansion or Change in Use
   ____Alteration/Malfunctioning System
   ____ Deviation from Standards ____Repairs to Existing System

2. Location of Project: **158 FRANK APPLEGATE RD**
   Municipality _ **JACKSON TOWNSHIP** Block No. **12201** Lot **1**
   Block No. **83** Lot **16&19**
   Street Address **158 FRANK APPLEGATE** Zip **08527**
3. Name of Applicant (print) **THERESA LEWIS**
4 Applicant's Present Address: **158 FRANK APPLEGATE RD**
   JACKSON, NJ 08527
5. Applicant's Phone Number: **C/O 732-606-0067**
6. Type of Facility:

   _X__Residential
   ____Commercial/Institutional
7. Type of Wastes to be discharged:
   __X__Sanitary Sewage
8. Other Approvals/Certification/Waivers/Exemptions (Attach to Applications):
   _N/A_ Pinelands Commission
   _N/A__U.S. Army Corps of Engineers
   _N/A__ NJDEP---Bureau of Flood Plain Management
   ____Other----Specify:
9. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant  Date__**11-28-15**_____

FOR AGENCY USE ONLY

____Application Denied----Reason for Denial/Citation of Rules Violated: _____
____Application Approved
____Application Approved Subject to Approval by NJDEP
Date of Action _____ Signature of Authorized Agent _____

Name and Title_____

COUNTY/MUNICIPALITY **OCEAN/JACKSON**
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a-General Site Evaluation Data Lot **1** Block **12201**
Lot **16, 19** Block **83**

1. Name of Site Evaluation (print) **ACCUTECH ENGINEERING LLc**
2. Address of Site evaluator: **795 LINDEN ROAD, TOMS RIVER, NJ 08753**
3. Business Phone Number of Site evaluator **732-606-0067**
4. Special Site limitations Identified (Check appropriate Categories):
_____ Flood plan _____ Bedrock outcrops _____ Wetlands
_____ Other-Specify

5. Soil Logs-Enter on form 2b-Use one sheet for each soil log.

6. Considerations relating to Disturbed Ground:
a) Type so Disturbance (check appropriate categories):
_____ Filled Area _____ Excavated Area _____ Re-graded Area
_____ Subsurface Drains _____ Other-Specify_____
b) Pre-Exstiting 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

8. Attachments (check items included);
__X__ Site plan
__X__ Key Map p Showing Location of Site on U.S.G.S Quadrangle or Other Accurate Map
__X__ Key Map Showing Location of Site on U.S.D.A Soil Survey Map
_____ Other-
Specify_____

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

Signature of Soil Evaluator_____ Date__**11-28-15**_____

Signature of Professional Engineer_____ License# **40285**

COUNTY/MUNICIPALITY_ **OCEAN/JACKSON**
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b---Soil Log and Interpretation Lot **1** Block **12201**
Lot **16, 19** Block **83**

1. Log Number _____ Method (check one):__X__Profile Pit_____Boring

2. Soil Logs

DONE ON PRIOR APPLICATION
SOIL LOGS

3. Ground Water Observations;
_____Seepage--Indicate Depth
_____ 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_____
_Regional Zone of Saturation--Depth to Top

5. Soil Suitability Classification:

6. I hereby certify that the information furnished on Form2b 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 Evalutor_____Date__**11-28-15**_____

Signature of Professional Engineer_____ Licence #40285

Form 4. **General Design Data**

1. Volume of Sanitary Sewage, gal. **800 GPD**
__X__ Residential: No. of Dwelling Units___**1**__ Total No. of Bedrooms__**5**_____
USE QUICK STANDARD INFILTRATORS

3. System Components:

b) Septic Tank Capacities, gals: **1250GALS EXISTING**
_____ one Compartment _____ Third Compartment_____

c) Effluent Distribution
Method: ___X_____ Gravity Flow _____ Gravity Dosing
_____ _____ Pressure Dosing

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

e) Laterals: Number _____ Total Length _____ Pipe Size ____ Spacing__

f) Connecting Pipe: Size **4"** Length **16 LF**

g) Manifold: Size Length

h) Disposal Field: Type of Installation : **REPLACEMENT DISPOSAL BED**
Design Permeability (Percolation Rate)__**K4**
Trenches: Width_____ Total Length_____
Bed Area: **18'x50'=900SF**

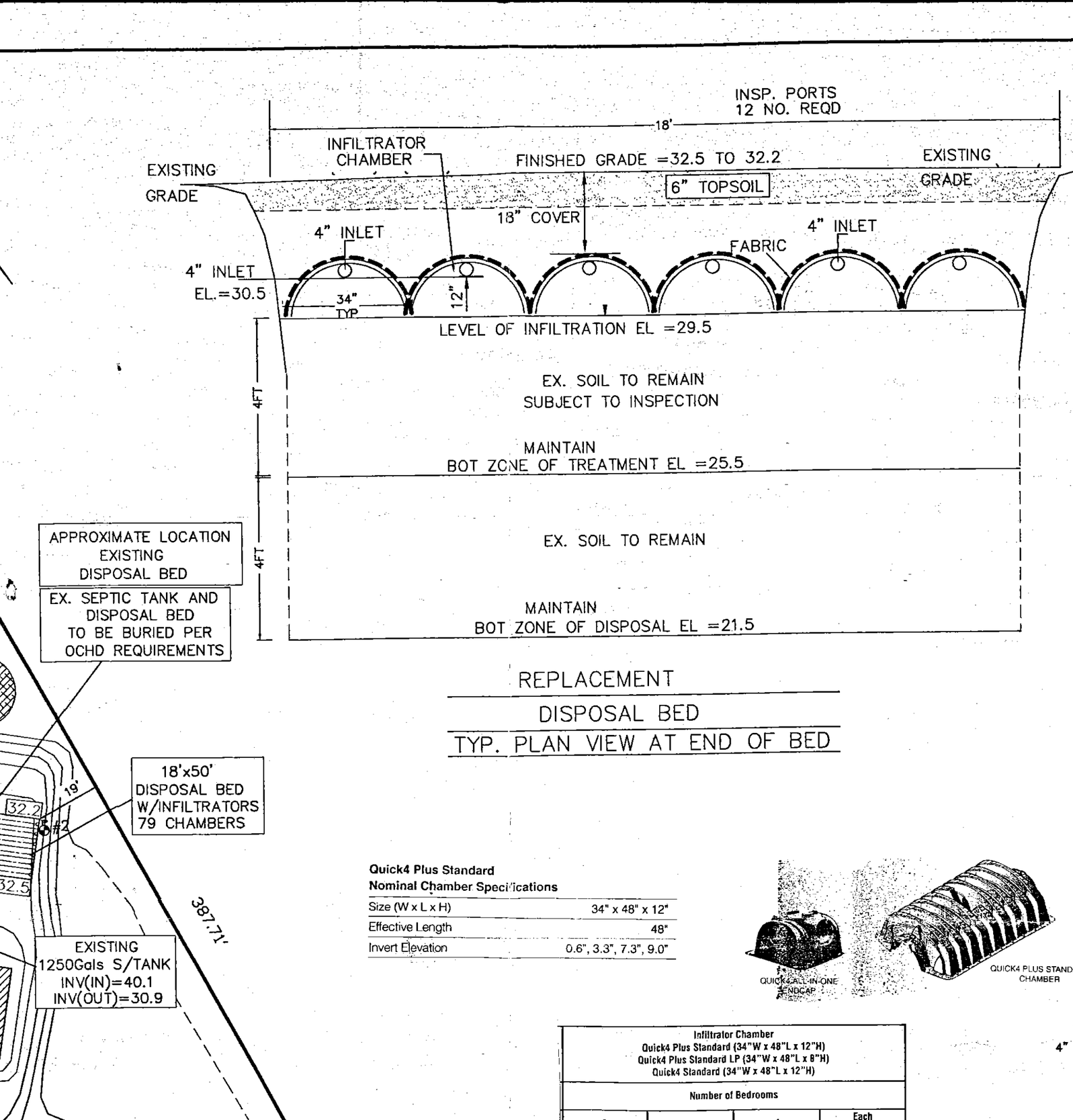
I) Seepage Pits: Design Percolation Rate___**K4**___
Number of Pits_____ Total Percolating Area Provided_____

4. Attachments (check items included)

___**X**___ General plan of System Showing Location of All System Components
___**X**___ X-Sections of Each System Components Including Grease Trap Septic Tank, Dosing Tank, Disposal Field, seepage Pits and Interceptor Drains
___ Pump Performance Curve

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 described in N.J.A.C. 7:14-8.

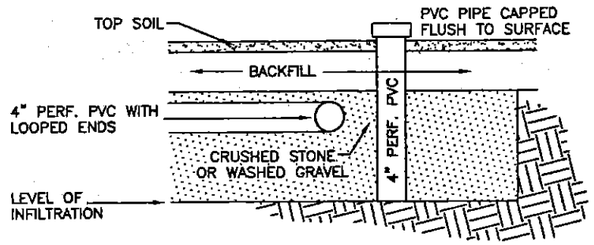
Professional Engineer_____ Date___**11-28-15**_____



REPLACEMENT DISPOSAL BED TYP. PLAN VIEW AT END OF BED

GENERAL NOTES:

1. DESIGN BASED ON A PERMEABILITY OF 6–20 IN/HR
   FOR A 5 BEDROOM DWELLING:
   SEWAGE VOLUME=800GPD
   DISPOSAL BED REQUIRED=(725.3+170)=895.3SF
   DISPOSAL BED PROVIDED=(18'x50')=900SF
   EX SEPTIC TANK (TO REMAIN)=1250GALLONS
2. SELECT FILL AND COMPACTION SHALL BE CERTIFIED BY A PROFESSIONAL ENGINEER.
3. THIS DESIGN HAS NOT TAKEN INTO CONSIDERATION THE USE A GARBAGE DISPOSAL.
4. NO WATER CONDITIONER SYSTEMS SHALL BACKWASH INTO SEPTIC SYSTEM.
5. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING UNDERGROUND UTILITY MARKOUTS PRIOR TO CONSTRUCTION. THE LOCATIONS DEPICTED ON THESE PLAN SHEETS SHOULD NOT BE SCALED AND USED IN LIEU OF UTILITY COMPANY FIELD MARKOUTS.
6. ANY AREAS DAMAGED OR NOT INTENTIONALLY DISTURBED ON OR AROUND YHE SUBJECT LOT AS A RESULT OF THIS CONSTRUCTION SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO RESTORE THOSE AREAS BACK TO ORIGINAL CONDITION.
7. BED AREA AND SLOPES TO BE STABILIZED WITH TOPSOIL, SEED, AND HAY MULCH.
8. NO RUBBER TIRE MACHINERY SHALL BE OPERATED WITHIN THE EXCAVATED BED AREA.
9. CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR MATERIALS AND METHODS OF CONSTRUCTION AS SPECIFIED IN NJAC 7:9A.
10. THE USE OF A GARBAGE DISPOSAL IS PROHIBITED.
11. ALL SEWER PIPES SHALL BE 4" SCH 40 PVC

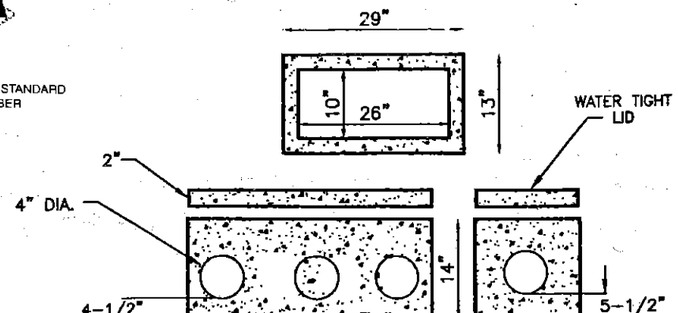


INSPECTION PORT DETAIL
N.T.S.

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
Effective Length	48"
Invert Elevation	0.6", 3.3", 7.3", 9.0"

Infiltrator Chamber Quick4 Plus Standard (34"W x 48"L x 12"H) Quick4 Plus Standard LP (34"W x 48"L x 8"H) Quick4 Standard (34"W x 48"L x 12"H)			
Number of Bedrooms			
			Each



JOHNSON LANE SOUTH

N

N 82° 41' 39" W
67.65'

N 07°18' 21" E
387.71'

S 34° 23' 30" W
233.67'

28
29
30
31

BLOCK 83
LOT 16&19

18'x26'(388SF)
COMPLEMENT
AREA FOR 1288SF

PROP. BURY SITE
FOR DISCARDED
MATERIALS

EX. SEPTIC TANK AND
DISPOSAL BED
TO BE BURIED PER
OCHD REQUIREMENTS

D/BOX
INV(IN)=30.6
INV(OUT)=30.5

NEW 16LF
4" INV
SCH40 PVC

EX. 12LF
4" INV
SCH40 PVC

18'x50'
DISPOSAL BED
W/INFILTRATORS
79 CHAMBERS

32.2
32.2
32.5
32.5
19'
26'
#1
#2

EXIST
DRIVEWAY

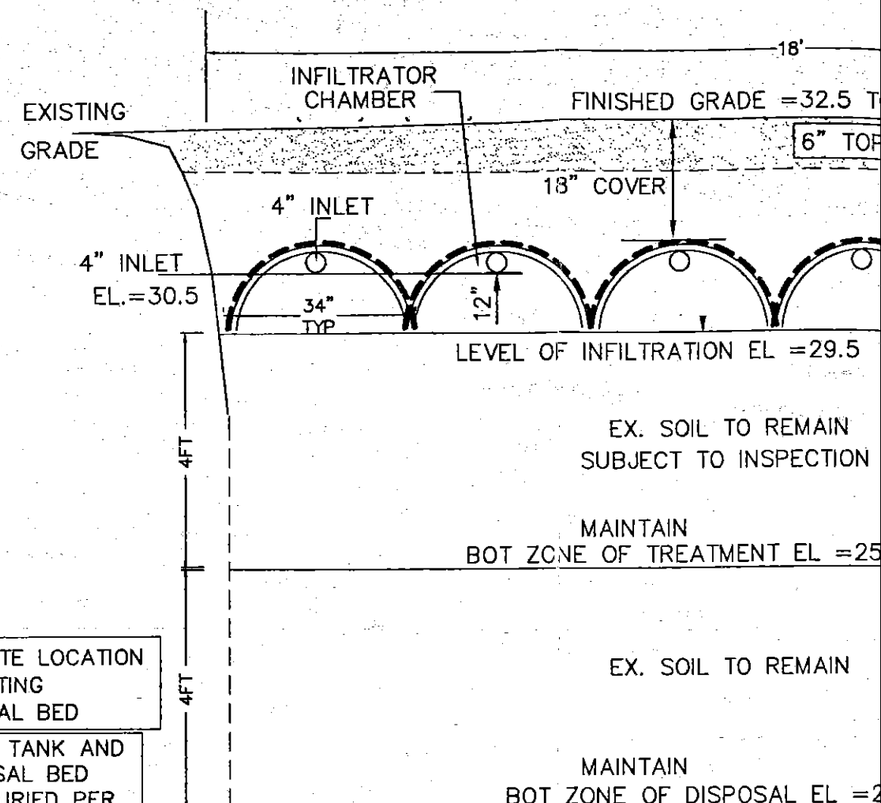
GAR

EXIST
2 STORY
5 B/R
DWELLING

EXISTING
1250Gals S/TANK
INV(IN)=40.1
INV(OUT)=30.9

32
33

APPROXIMATE LOCATION
EXISTING
DISPOSAL BED



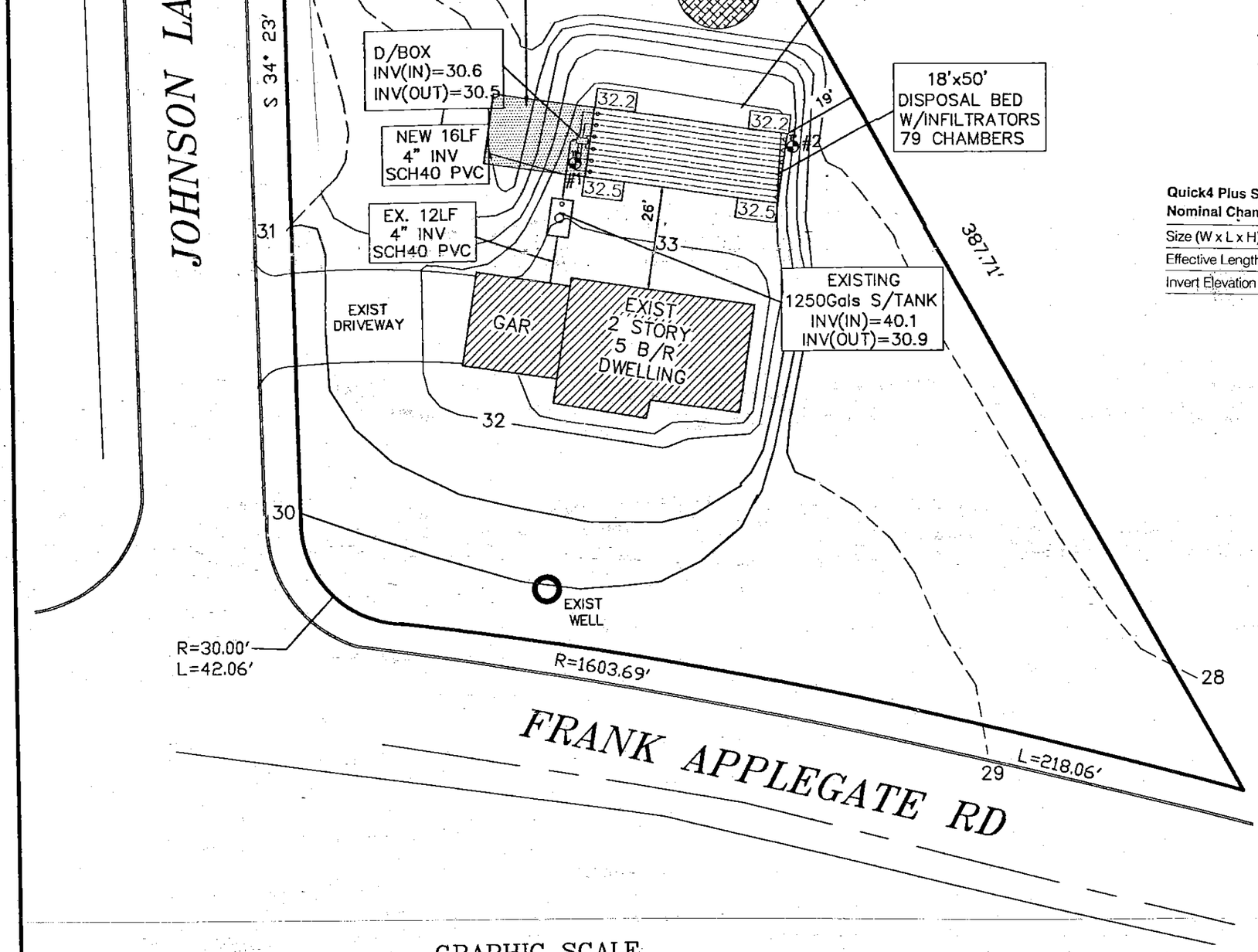
REPLACEMENT
DISPOSAL BED
TYP. PLAN VIEW AT END

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
Effective Length	48"
Invert Elevation	0.6", 3.3", 7.3", 9.0"

Infiltrato
Quick4 Plus Standard
Quick4 Plus Standard
Quick4 Standard (
Number

DISPOSAL BED
TYP. PLAN VIEW AT END OF BED



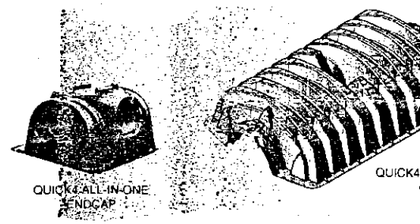
GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)
1 inch = 30 ft.

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
Effective Length	48"
Invert Elevation	0.6", 3.3", 7.3", 9.0"



Infiltrator Chamber Quick4 Plus Standard (34"W x 48"L x 12"H) Quick4 Plus Standard LP (34"W x 48"L x 8"H) Quick4 Standard (34"W x 48"L x 12"H)							
Number of Bedrooms							
2		3		4		Each Additional	
350 GPD		500 GPD		650 GPD		150 GPD	
Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers
408.0	36	566.7	50	725.3	64	170.0	15
498.7	44	714.0	63	929.3	82	215.3	19
408.0	36	532.7	47	691.3	61	158.7	14
442.0	39	634.7	56	816.0	72	192.7	17
408.0	36	442.0	39	566.7	50	136.0	12
408.0	36	408.0	36	521.3	46	124.7	11

PIT 1 EL=31.0

0 – 12" 10YR4/1 V.DARK GRAY. MED/FINE SANDY LOAM, TOPSOIL
12" – 36" 10YR5/6 YELL BRN, MED/FINE SANDY, LOAM, LOOSE, SG
36" – 55" 10YR6/4 LGHT YELL. BROWN, LOOSE, SANDY LOAM
50" – 120" 10YR5/2 GRAY BROWN,SINGLE GRAIN, LOOSE, LOAMY SAND
100" – 120" 10YR6/3 PALE BROWN, AND 10YR5/6 YELL. BROWN
LOOSE, MED/CRSE,SG, LOAMY SAND
ESTIMATED SEASONAL HIGH: >105" (MOTTLES EL=22.3)
NO WATER ENCOUNTERED
11-20-15

PIT 2 EL=31.0

0 – 10" 10YR4/1 V.DARK GRAY. MED/FINE SANDY LOAM, TOPSOIL
10" – 36" 10YR5/6 YELL BRN, MED/FINE SANDY, LOAM, LOOSE, SG
36" – 53" 10YR6/4 LGHT YELL. BROWN, LOOSE, SANDY LOAM
53" – 120" 10YR5/2 GRAY BROWN,SINGLE GRAIN, LOOSE, LOAMY SAND
100" – 120" 10YR6/3 PALE BROWN, AND 10YR5/6 YELL. BROWN
LOOSE, MED/CRSE,SG, LOAMY SAND
ESTIMATED SEASONAL HIGH: >105" (MOTTLES EL=22.3)
NO WATER ENCOUNTERED
11-20-15

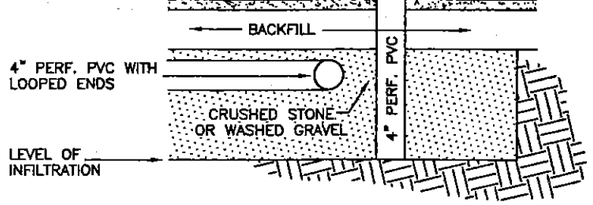
REV--1(12-4

COA#: 24GA280

DATE: 11-2

DISPOSAL BED

TYP. PLAN VIEW AT END OF BED

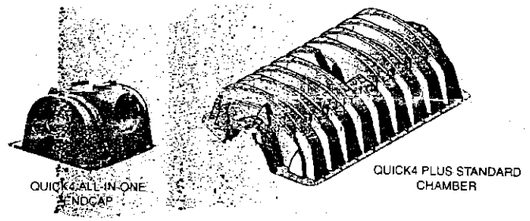


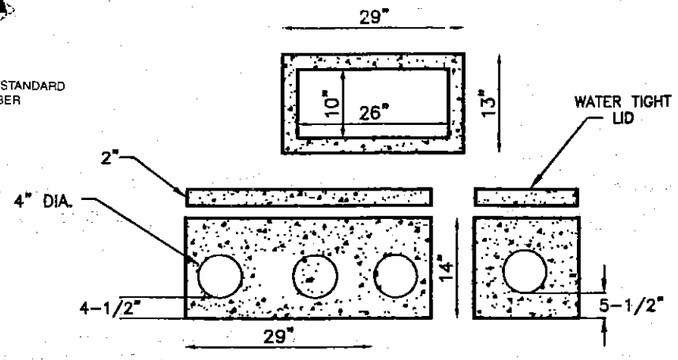
INSPECTION PORT DETAIL

N.T.S.

Quick4 Plus Standard
Nominal Chamber Specifications

Size (W x L x H)	34" x 48" x 12"
Effective Length	48"
Invert Elevation	0.6", 3.3", 7.3", 9.0"





* NOTE: ALL DIMENSIONS ARE APPROXIMATED

DISTRIBUTION BOX DETAIL
(PRECAST CONCRETE)-6 WAY
NOT TO SCALE

Infiltrator Chamber Quick4 Plus Standard (34"W x 48"L x 12"H) Quick4 Plus Standard LP (34"W x 48"L x 8"H) Quick4 Standard (34"W x 48"L x 12"H)							
Number of Bedrooms							
2		3		4		Each Additional	
350 GPD		500 GPD		650 GPD		150 GPD	
Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers	Area (ft²)	# of chambers
408.0	36	566.7	50	725.3	64	170.0	15
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442.0	39	634.7	56	816.0	72	192.7	17
408.0	36	442.0	39	566.7	50	136.0	12
408.0	36	408.0	36	521.3	46	124.7	11

28

8.06'

PIT 1 EL=31.0

0 - 12" 10YR4/1 V.DARK GRAY. MED/FINE SANDY LOAM, TOPSOIL
12" - 36" 10YR5/6 YELL BRN, MED/FINE SANDY, LOAM, LOOSE, SG
36" - 55" 10YR6/4 LGHT YELL. BROWN, LOOSE, SANDY LOAM
50" - 120" 10YR5/2 GRAY BROWN,SINGLE GRAIN, LOOSE, LOAMY SAND
100" - 120" 10YR6/3 PALE BROWN, AND 10YR5/6 YELL. BROWN LOOSE, MED/CRSE,SG, LOAMY SAND
ESTIMATED SEASONAL HIGH: >105" (MOTTLES EL=22.3)
NO WATER ENCOUNTERED

11-20-15

PIT 2 EL=31.0

0 - 10" 10YR4/1 V.DARK GRAY. MED/FINE SANDY LOAM, TOPSOIL
10" - 36" 10YR5/6 YELL BRN, MED/FINE SANDY, LOAM, LOOSE, SG
36" - 53" 10YR6/4 LGHT YELL. BROWN, LOOSE, SANDY LOAM
53" - 120" 10YR5/2 GRAY BROWN,SINGLE GRAIN, LOOSE, LOAMY SAND
100" - 120" 10YR6/3 PALE BROWN, AND 10YR5/6 YELL. BROWN LOOSE, MED/CRSE,SG, LOAMY SAND
ESTIMATED SEASONAL HIGH: >105" (MOTTLES EL=22.3)
NO WATER ENCOUNTERED

11-20-15

REV-1(12-4-15) REVISED PER OCHD REVIEW LR

Accutech Engineering LLC
795 Linden Road, Toms River, NJ 08753
Phone 732-606-0067
Fax 732-606-0069
COA#: 24GA28081000
LESLIE RAMDEEN, P.E. NJ LIC. 40285

SEPTIC ALTERATION PLAN
LOT 16&19 BLOCK 83
LOT 1 BLOCK 12201
JACKSON TOWNSHIP
OCEAN COUNTY, NEW JERSEY

DATE: 11-28-15 SCALE: 1"=30' JOB#: 112815MP-JKSN

1 of 1

48561 ~~05772~~

ONSITE SYSTEM INSPECTION FORM

Inspection Overview

- Preliminary system information
- Inspection of treatment tanks
- Absorption system inspection
- Disposal/conveyance system assessment
- Identification of any alternative technology approved components
  - Requires additional inspection

INTERNAL USE ONLY:

CLIENT INFO

Client Name: Craig Donati

Different from owner? (●) yes ( ) no

Client Address:

Contact Method:

home tel. 732-833-7411

work tel. Attorney's Email

e-mail AKNJlawyer@aol.com

ONSITE SYSTEM LOCATION

Inspector Name: Michael Corrigan

Date: 11/4/15

ISSDS Address (including municipality):

158 Frankapple Gate Rd

Jackson, NJ 08527

Ocean

N-12201 L-1

New Jersey Coordinate: **Block:** 83 **Lot:** 16.19

Was GPS used? ( ) yes ( ) no

Preliminary Information:

Weather: Sunny

Last precipitation: 1 week

Age of system: Approx 20yrs

Type of dwelling?

(●) Residential Number of Bedrooms: 5

( ) Non residential Describe: Bi-Level

How many systems are being inspected? 1

List any commercial activities or high impact hobbies:

NONE

Describe prior problems and/or repair history including soil fracturing or use of chemical additives. Include dates and explain why the remedial measures have been applied to the system (if available):

NONE

Date file review requested with administrative authority:

10/30/15

	Yes	No
Is there a site plan or septic map available?	( )	(●)
Is the dwelling currently being occupied?	(●)	( )
If so, how many occupants? 3		
If no, date last occupied?		
If there is a washing machine, is it connected to a Separate gray water disposal system?	(●)	( )
Is the dwelling free of additional gray water systems?	(●)	( )
Is the dwelling free of garbage disposal systems?	(●)	( )
Is the dwelling free of sump pump discharges to the System?	(●)	( )
Is the dwelling free of any historical sewage back ups Into the structure?	(●)	( )
Does all sewage enter the septic system and no type of sewage bypass exists?	(●)	( )
Septic Tank Pumping: Is the septic tank pumped regularly?	(●)	( )
Frequency: 5yrs		
Date of last pumping: 4		
Was file review completed prior to inspection?	( )	(●)
If no, explain why below		

Waiting on County

Comments:

Treatment Tank:

Type of system being inspected?

(●) Septic tank ( ) Cesspool ( )

Other_____

( ) Gray water (●) Multi-compartment: # 2

Name the material of the system?

(●) Concrete ( ) Block

( ) Steel ( ) Other_____

Approximate Treatment Tank Volume:_____gal.

Evaluate the conditions of tank below:

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

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

Depth to top of tank: 1 inches

Depth to top of tank access: 0 inches

Comments: _____

Absorption Area:

Name the type of the absorption system?

(●) disposal bed ( ) disposal trench

( ) seepage pit ( ) mounded

( ) cesspool ( ) other_____

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

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

If yes, how many? 5

Were the inspection ports checked? (●) yes* ( ) no ( ) N/A *All levels observed must be included in report

Was a separate probe dug in the absorption area to confirm the observations in the inspection ports? (●) yes ( ) no ( ) N/A

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

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

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

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

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

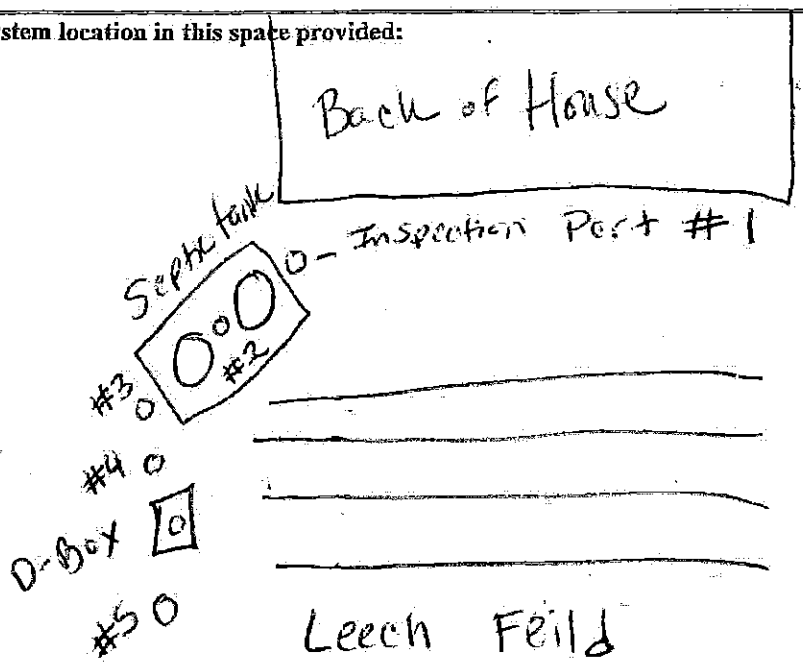
If exposed, is the distribution box in satisfactory condition? ( ) yes ( ) no (●) N/A

If not exposed, explain why not: Camera was used to inspect distribution box.

Is the area directly over any part of the absorption system free of any evidence of, large objects (cars, pools, etc.)? ( ) yes ( ) no

Comments: Inspection part #5 holding water.

Sketch the approximate system location in this space provided:



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

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

Comments: The pipe going to the distribution box was filled with water. The distribution box was filled with water. The leechfeild is at its life expectancy and we recommend that it be replaced. The Septic tank should be pumped and inspected at the time of repair.

Health Department Reporting:

Note if any of the following conditions were observed during the inspection:

() **1. Ponding or breakout of sewage or effluent onto the surface of the ground**
() **2. Seepage of sewage or effluent into portions of buildings below ground**
() **3. Backup of sewage into the building served which is not caused by a physical blockage of the internal plumbing**
() **4. Any manner of leakage observed from or into septic tanks, connecting pipes, distribution boxes and other components that are not designed to emit sewage or effluent.**

Pursuant to N.J.A.C. 7:9A-3.4 notification of any observation that is consistent with a condition noted above should be reported to the local administrative authority within 24 hours of the observation. Regardless of observations made, a copy of this report should be provided to the local administrative authority within 10 days of the issuance of this report.

If encountered, describe all observed noncompliant conditions encountered during this inspection:

_____

_____

_____

_____

_____

Customer authorization:
I authorize "The Company" to enter the above listed property for the purpose of performing a sub-surface sewage disposal system inspection. I authorize "The Company" to expose parts of the system if required, to determine location and condition. I understand that "The Company" relies on information supplied by the owner(s) of the listed property or their agent and the local administrative authority in the evaluation of the sub-surface disposal system. I authorize "The Company" to provide this form to all parties as required.

Customer signature: _____ Printed name: _____

Inspector's signature: _____ Printed name: Michael Corrigan

Disclaimer:
Based on today's observations and the information provided by the owner(s) or their agent, "The Company" submits this sub-surface sewage disposal system inspection form. The inspection is based on the current condition of the onsite sewage disposal system. "The Company" makes no representation that the system was designed, installed or meets N.J.A.C. 7:9A-1.1 et seq.. "The Company" has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of numerous factors (usage, soil type, installation, maintenance, etc.) which affect the proper operation of a sub-surface disposal system, as well as the inability of "The Company" to supervise or monitor the use and maintenance of the system, this form shall not be construed as a warranty by "The Company" that the system will function properly for any prospective buyer. "The Company" disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.

This form was developed as a cooperative effort of:
Pennsylvania/New Jersey Sewage Management Association;
Rutgers Cooperative Extension New Jersey Agricultural Experiment Station; and
The New Jersey Department of Environmental Protection Septic System Inspection Protocol Subcommittee