

OCEAN COUNTY HEALTH DEPARTMENT

12-15-98

Date

P.O. BOX 2191

TOMS RIVER, N.J. 08754-2191

(732) 341-9700

No. 015184

BOARD OF HEALTH OF

JACKSON

CERTIFICATE OF COMPLIANCE

Issued to

Hollywood @ Jackson
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM

12/14/98

INDIVIDUAL WATER SYSTEM

12/2/98

Installed at Block No.

85

Lot No.

36, 21

is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No.

015184

dated

9/17/98

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

J. J. Galloway
Ken Warrick

15184

Part A—General Information

1. Permitted Activities (Check applicable categories):

Permit Number _____

☒ 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 36.21 Block 85

Street Address NANCY COURT

3. Name and Present Address of Applicant:

Applicant's Phone Number _____

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.

Ralph J. Orlando
(Signature)
RALPH J. ORLANDO, P.E.
N.J. Lic. No. 20952

SEAL

Name (Type or Print), License #

Date: 12-10-98

OCEAN COUNTY HEALTH DEPARTMENT

P.O. BOX 2191

TOMS RIVER, N.J. 08754-2191

(732) 341-9700

No. 015184

12/14/98
Date

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to

Hollywoods at Jackson
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM

12/14/98

INDIVIDUAL WATER SYSTEM

12/2/98

Installed at Block No.

85

Lot No.

36.21

is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No.

015184

dated

7/28/97

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.

WELL RECORD

Well Permit Number

Atlas Sheet Coordinates

OWNER ALVA'S STEAKHOUSE/RESTAURANT
Address PO BOX 7131
City PRINCETON State NJ Zip Code
WELL LOCATION ADDRESS NANCY COURT Owner's Well No.
County OCERAN Municipality JACKSON TWP. Lot No. 36.21 Block No. 10
WELL USE DOMESTIC DATE WELL STARTED 9/21/97
DATE WELL COMPLETED 7/29/98

WELL CONSTRUCTIONTotal Depth Drilled 90 ft.Finished Well Depth 90 ft.Borehole Diameter:
Top 2.5 in.
Bottom 2.5 in.Well Casing Begins:
1.0 ft. above grade or
 ft. below grade

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>1.0</u>	<u>90</u>	<u>4</u>	<u>PVC</u>	<u>2000/40</u>
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	<u>95</u>	<u>20</u>	<u>4</u>	<u>PVC</u>	<u>2000/40</u>
Blank Casings (No. Used)					
Tail Piece	<u>25</u>	<u>90</u>	<u>4</u>	<u>PVC</u>	<u>2000/40</u>
Gravel Pack	<u>65</u>	<u>90</u>	<u>2.5</u>	<u>BLIND</u>	<u>1000/45</u>
Grout	<u>2.5</u>	<u>45</u>	<u>2.5</u>	<u>Neat Cement Bentonite</u>	<u>350</u> lbs

RECORD OF TEST

Test Date 9/29/98
Static Water Level 4 ft. below land surface
Water Level Measured Using MEASURED TUBE
Pumping Water Level 60 ft. below land surface
Well Was Pumped Using DIE LIFT
Well Yield 70 gpm
If Pump Tested: Discharge Rate gpm
Duration of Test hours

Grouting Method PRESSURE GROUTING
Drilling Method TRIP & RIG

PERMANENT PUMPING EQUIPMENT

Installed by T. J. T. WOOD Reg. No. 001100
Pump Type SUBMERSIBLE
Depth of Pump below land surface 40 ft.
Capacity 12 gpm Horsepower 1/2

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company PICKWICK WELL DRILLING
Well Driller (Print) DAVID PERMUT
Driller's Signature [Signature]
Registration No. 0011041 Date 11/6/98

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

<u>0-25</u>	<u>CLAY</u>
<u>25-50</u>	<u>CLAY</u>
<u>50-60</u>	<u>CLAY</u>
<u>60-90</u>	<u>CLAY</u>
<u>90-95</u>	<u>CLAY</u>
<u>95-100</u>	<u>CLAY</u>
<u>100-110</u>	<u>CLAY</u>
<u>110-120</u>	<u>CLAY</u>
<u>120-130</u>	<u>CLAY</u>
<u>130-140</u>	<u>CLAY</u>
<u>140-150</u>	<u>CLAY</u>
<u>150-160</u>	<u>CLAY</u>
<u>160-170</u>	<u>CLAY</u>
<u>170-180</u>	<u>CLAY</u>
<u>180-190</u>	<u>CLAY</u>
<u>190-200</u>	<u>CLAY</u>
<u>200-210</u>	<u>CLAY</u>
<u>210-220</u>	<u>CLAY</u>
<u>220-230</u>	<u>CLAY</u>
<u>230-240</u>	<u>CLAY</u>
<u>240-250</u>	<u>CLAY</u>
<u>250-260</u>	<u>CLAY</u>
<u>260-270</u>	<u>CLAY</u>
<u>270-280</u>	<u>CLAY</u>
<u>280-290</u>	<u>CLAY</u>
<u>290-300</u>	<u>CLAY</u>
<u>300-310</u>	<u>CLAY</u>
<u>310-320</u>	<u>CLAY</u>
<u>320-330</u>	<u>CLAY</u>
<u>330-340</u>	<u>CLAY</u>
<u>340-350</u>	<u>CLAY</u>
<u>350-360</u>	<u>CLAY</u>
<u>360-370</u>	<u>CLAY</u>
<u>370-380</u>	<u>CLAY</u>
<u>380-390</u>	<u>CLAY</u>
<u>390-400</u>	<u>CLAY</u>
<u>400-410</u>	<u>CLAY</u>
<u>410-420</u>	<u>CLAY</u>
<u>420-430</u>	<u>CLAY</u>
<u>430-440</u>	<u>CLAY</u>
<u>440-450</u>	<u>CLAY</u>
<u>450-460</u>	<u>CLAY</u>
<u>460-470</u>	<u>CLAY</u>
<u>470-480</u>	<u>CLAY</u>
<u>480-490</u>	<u>CLAY</u>
<u>490-500</u>	<u>CLAY</u>
<u>500-510</u>	<u>CLAY</u>
<u>510-520</u>	<u>CLAY</u>
<u>520-530</u>	<u>CLAY</u>
<u>530-540</u>	<u>CLAY</u>
<u>540-550</u>	<u>CLAY</u>
<u>550-560</u>	<u>CLAY</u>
<u>560-570</u>	<u>CLAY</u>
<u>570-580</u>	<u>CLAY</u>
<u>580-590</u>	<u>CLAY</u>
<u>590-600</u>	<u>CLAY</u>
<u>600-610</u>	<u>CLAY</u>
<u>610-620</u>	<u>CLAY</u>
<u>620-630</u>	<u>CLAY</u>
<u>630-640</u>	<u>CLAY</u>
<u>640-650</u>	<u>CLAY</u>
<u>650-660</u>	<u>CLAY</u>
<u>660-670</u>	<u>CLAY</u>
<u>670-680</u>	<u>CLAY</u>
<u>680-690</u>	<u>CLAY</u>
<u>690-700</u>	<u>CLAY</u>
<u>700-710</u>	<u>CLAY</u>
<u>710-720</u>	<u>CLAY</u>
<u>720-730</u>	<u>CLAY</u>
<u>730-740</u>	<u>CLAY</u>
<u>740-750</u>	<u>CLAY</u>
<u>750-760</u>	<u>CLAY</u>
<u>760-770</u>	<u>CLAY</u>
<u>770-780</u>	<u>CLAY</u>
<u>780-790</u>	<u>CLAY</u>
<u>790-800</u>	<u>CLAY</u>
<u>800-810</u>	<u>CLAY</u>
<u>810-820</u>	<u>CLAY</u>
<u>820-830</u>	<u>CLAY</u>
<u>830-840</u>	<u>CLAY</u>
<u>840-850</u>	<u>CLAY</u>
<u>850-860</u>	<u>CLAY</u>
<u>860-870</u>	<u>CLAY</u>
<u>870-880</u>	<u>CLAY</u>
<u>880-890</u>	<u>CLAY</u>
<u>890-900</u>	<u>CLAY</u>
<u>900-910</u>	<u>CLAY</u>
<u>910-920</u>	<u>CLAY</u>
<u>920-930</u>	<u>CLAY</u>
<u>930-940</u>	<u>CLAY</u>
<u>940-950</u>	<u>CLAY</u>
<u>950-960</u>	<u>CLAY</u>
<u>960-970</u>	<u>CLAY</u>
<u>970-980</u>	<u>CLAY</u>
<u>980-990</u>	<u>CLAY</u>
<u>990-1000</u>	<u>CLAY</u>

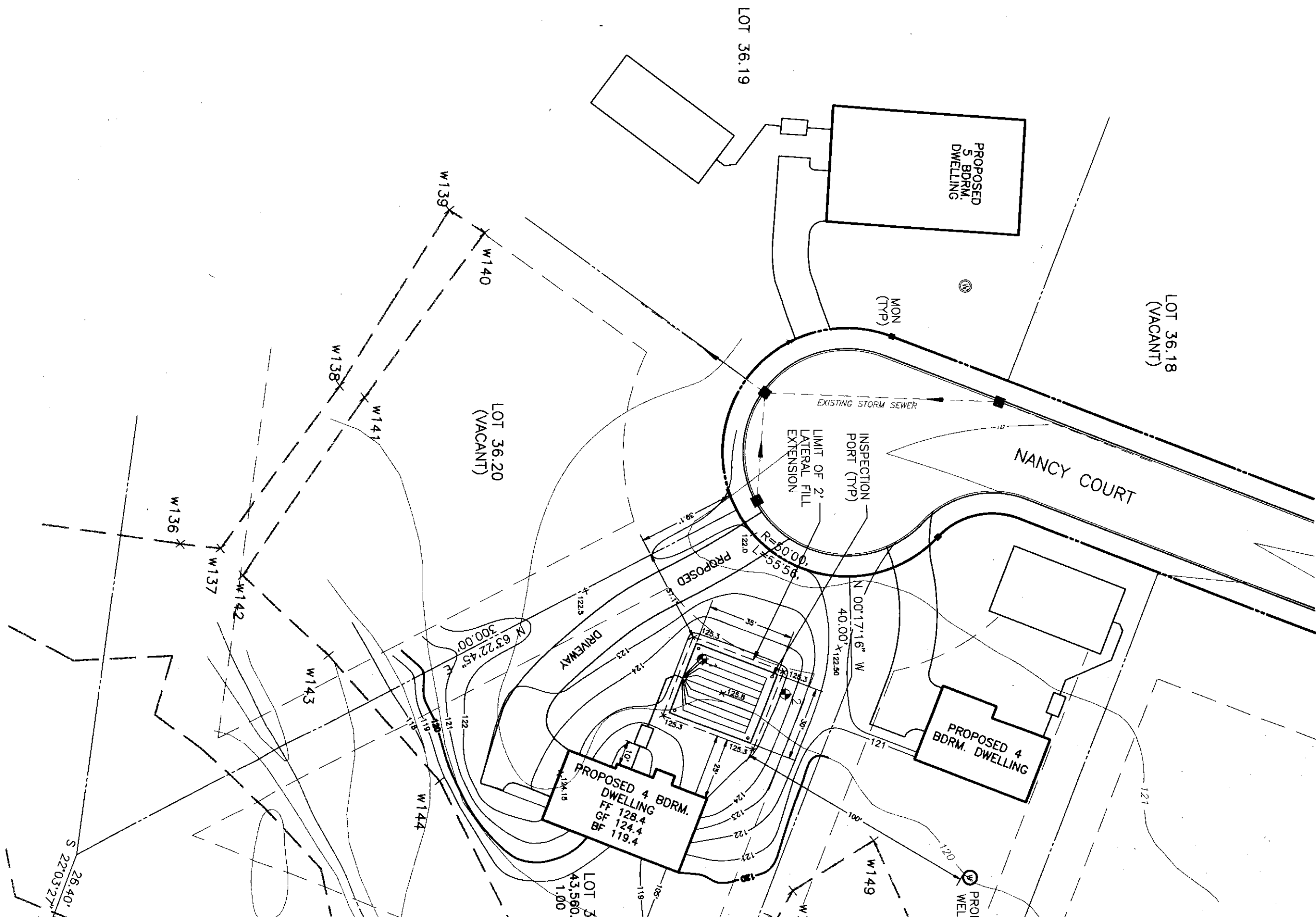
COPIES:

White - DEP

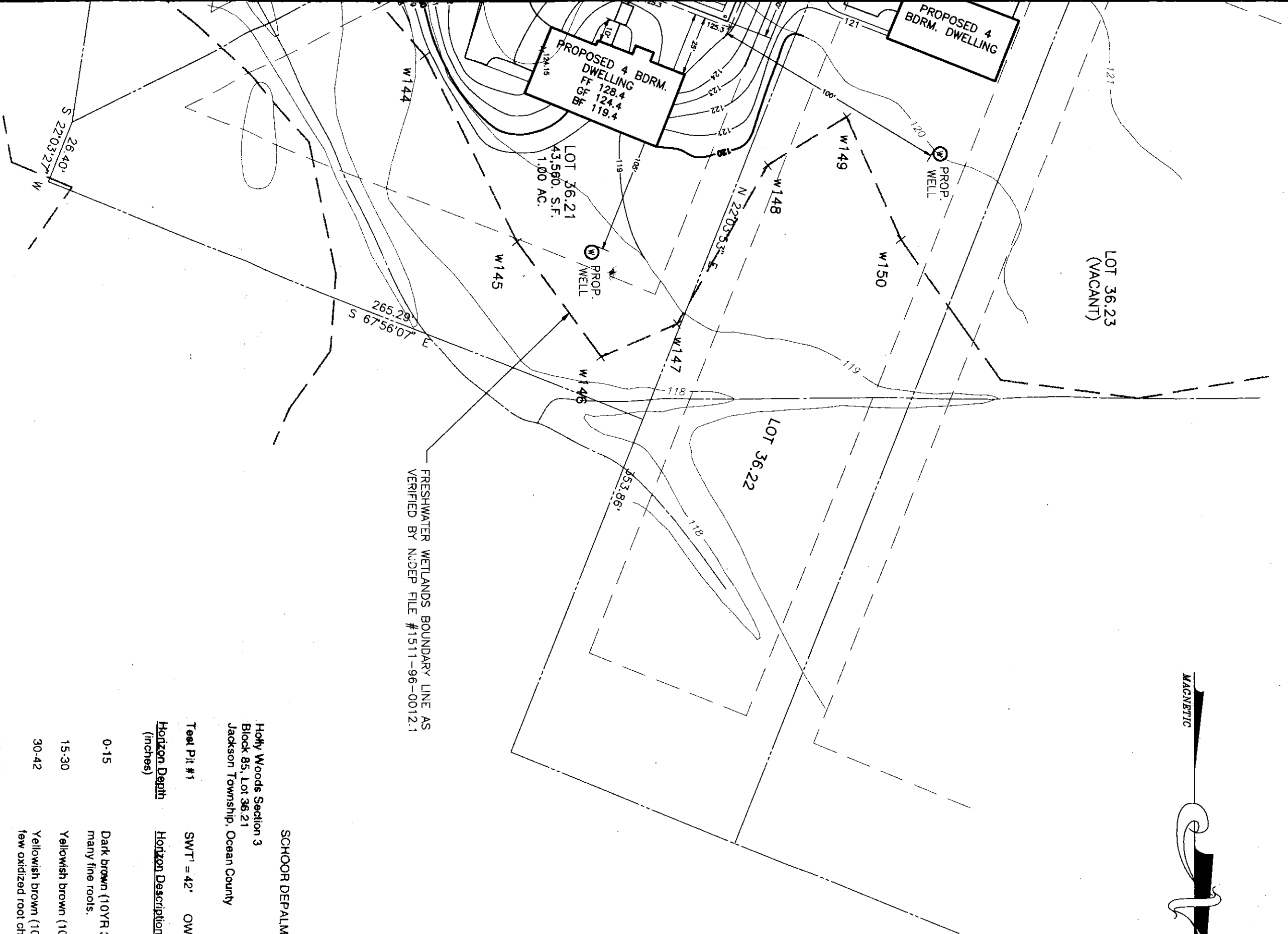
Canary - Driller

Pink - Owner

Goldenrod - Health Dept.



MAGNETIC



SCHOOR DEPALMA INC. SOILS DATA SHEET
Holly Woods Section 3
Block 85, Lot 36.21
Jackson Township, Ocean County

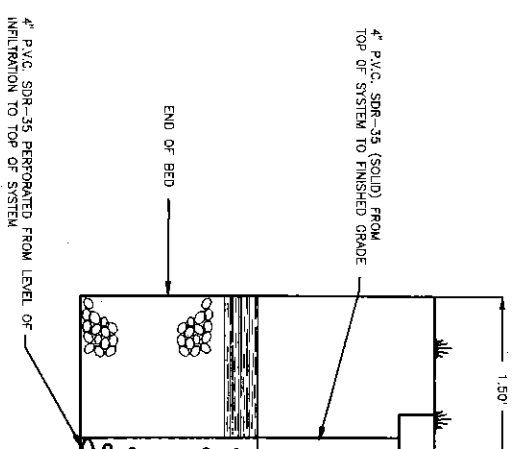
Test Pit #1	SWT ¹ = 42"	OWT ² = 48"
Horizon Depth (inches)	Horizon Description	
0-15	Dark brown (10YR 3/3) loamy sand; subangular many fine roots.	
15-30	Yellowish brown (10YR 5/4) loamy sand; subangular.	
30-42	Yellowish brown (10YR 5/6) loamy sand; subangular few oxidized root channels.	
42-120	Yellowish brown (10YR 5/8) sand; massive medium, distinct, light brownish gray (2.5Y 6/6).	

¹ SWT	Estimated depth to seasonal high water table surface, based on uppermost level of mottling.
² OWT	Depth to observed water.

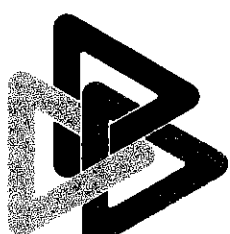
PLAN

1" = 40'

Test Pit #1	SWT = 42"	OWT ² = 48"
<u>Horizon Depth</u> (inches)	<u>Horizon Description</u>	
0-15	Dark brown (10YR 3/3) loamy sand; subang. many fine roots.	
15-30	Yellowish brown (10YR 5/4) loamy sand; subang.	
30-42	Yellowish brown (10YR 5/6) loamy sand; subang. few oxidized root channels.	
42-120	Yellowish brown (10YR 5/8) sand; massive; medium, distinct, light brownish gray (2.5Y 6/2).	

[illegible]

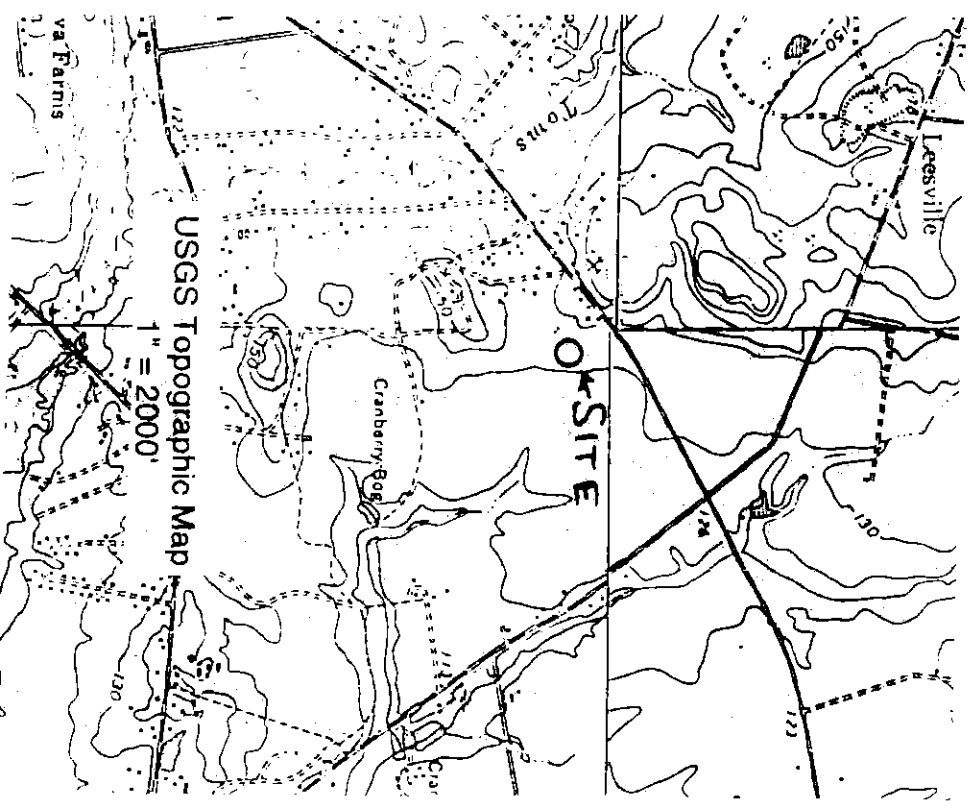
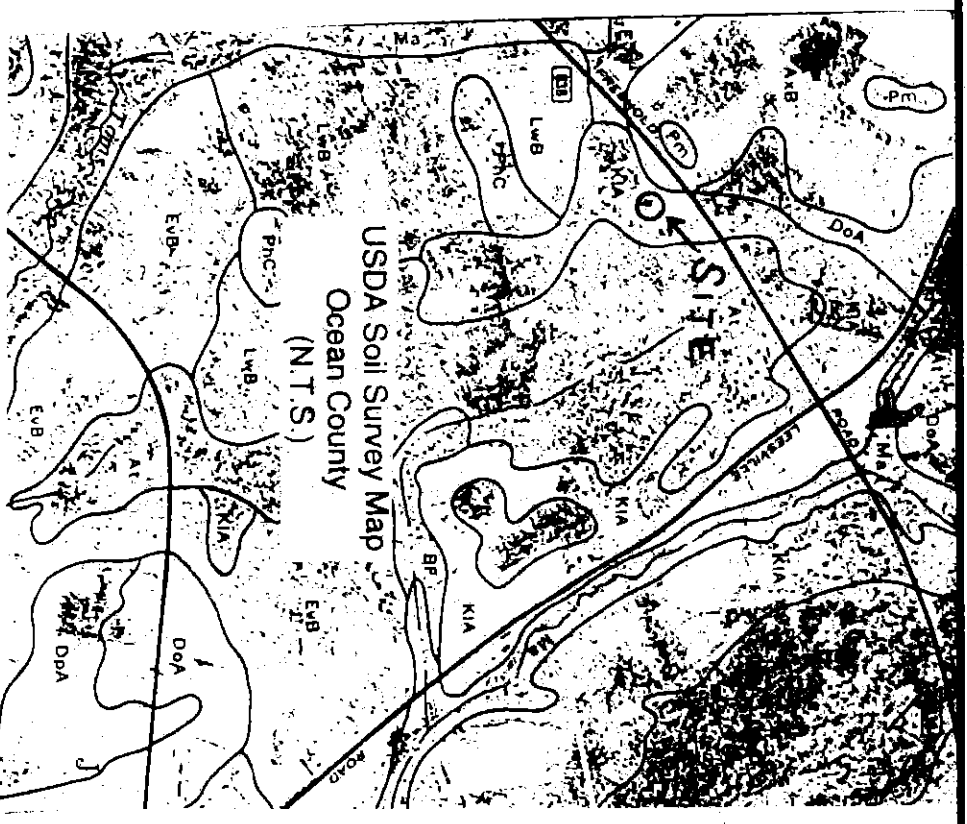
Dave Magno
DAVE MAGNO
PROFESSIONAL ENGINEER, N.J. LIC. NO. 36-00006



MAILING

BOOK

MA



DEPALMA INC. SOILS DATA SHEET

Logged by: BKH
5-23-97
C95017C

OWT² = 48"

Description
m (10YR 3/3) loamy sand; subangular blocky; friable;
roots.
brown (10YR 5/4) loamy sand; subangular blocky; friable.
brown (10YR 5/6) loamy sand; subangular blocky; friable;
red root channels.
brown (10YR 5/8) sand; massive; friable; common;
distinct, light brownish gray (2.5Y 6/2) mottles.

depth to seasonal high water table below existing
surface based on uppermost level of mottling.
observed water.

SCHOOR DEPALMA INC. SOILS DATA SHEET

Holly Woods Section 3
Block 85, Lot 36.21
Jackson Township, Ocean County

Logged by: BKH
5-23-97
C95017C

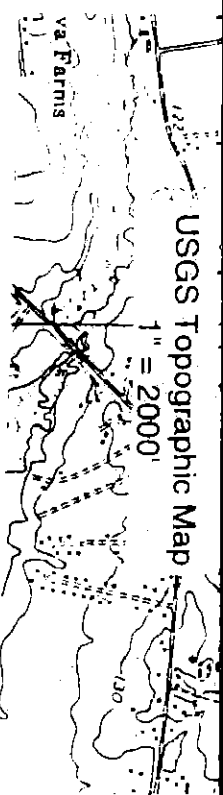
Test Pit #2 SWT¹ = 30" OWT² = 45"

Horizon Depth Horizon Description
(inches)

0-12	Very dark grayish brown (10YR 3/2) loamy sand; subangular blocky; friable; many fine roots.
12-30	Yellowish brown (10YR 5/4) loamy sand; subangular blocky; friable.
30-36	Yellowish brown (10YR 5/4) loamy sand; subangular blocky; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) mottles.
36-45	Yellowish brown (10YR 5/8) sandy clay; subangular blocky; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) and strong brown (7.5YR 5/6) mottles.
45-120	Light olive brown (2.5Y 5/4) sand; massive; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) and strong brown (7.5YR 5/8) mottles.

¹SWT Estimated depth to seasonal high water table below existing surface, based on uppermost level of mottling.

²OWT Depth to observed water.



DEPALMA INC. SOILS DATA SHEET

Logged by: BKH
5-23-97
C95017C

Holly Woods Section 3
Block 65, Lot 36.21
Jackson Township, Ocean County

Logged by: BKH
5-23-97
C95017C

SCHOOR DEPALMA INC. SOILS DATA SHEET

42' OWT² = 48'

Test Pit #2 SWT¹ = 30" OWT² = 45"

Description Horizon Depth (Inches) Horizon Description

0-12 Very dark grayish brown (10YR 3/2) loamy sand; subangular blocky; friable; many fine roots.

12-30 Yellowish brown (10YR 5/4) loamy sand; subangular blocky; friable.

30-36 Yellowish brown (10YR 5/4) loamy sand; subangular blocky; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) mottles.

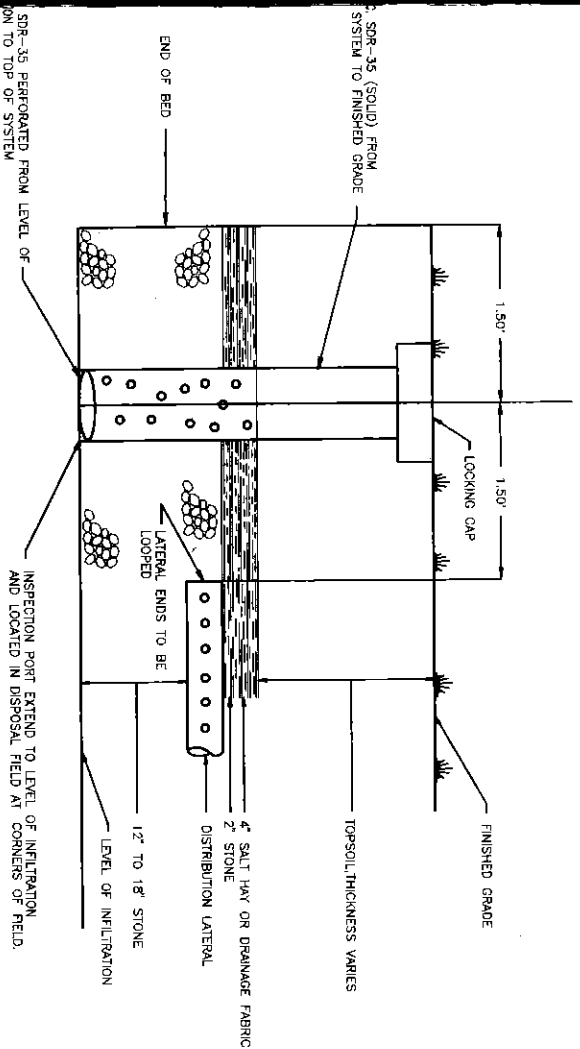
36-45 Yellowish brown (10YR 5/8) sandy clay; subangular blocky; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) and strong brown (7.5YR 5/6) mottles.

45-120 Light olive brown (2.5Y 5/4) sand; massive; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) and strong brown (7.5YR 5/8) mottles.

depth to seasonal high water table below existing surface based on uppermost level of mottling.
observed water.

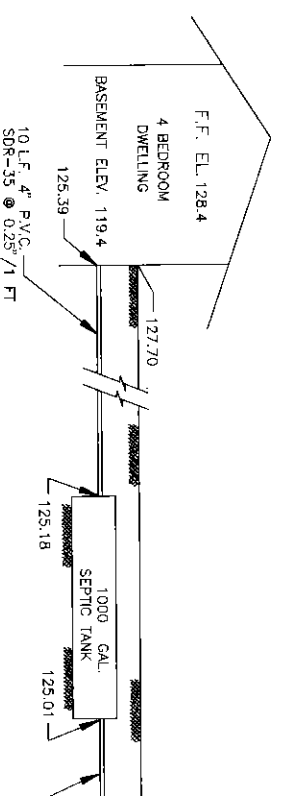
¹SWT Estimated depth to seasonal high water table below existing surface, based on uppermost level of mottling.

²OWT Depth to observed water.

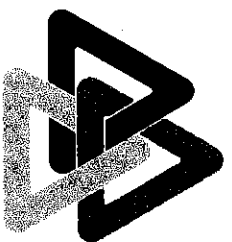


DISTRIBUTION LATERAL
INSPECTION PORT DETAIL

N.T.S.



DISPOSAL B

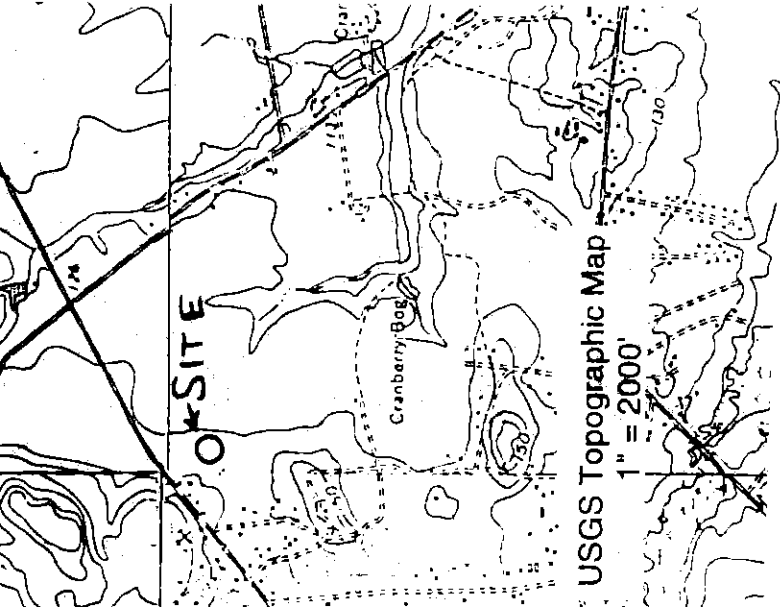


SCHOOR DEPALMA
Engineers and Design Professionals

200 STATE HIGHWAY NINE
P.O. BOX 900
MANALAPAN, N.J. 07726-0900
TEL. (908)577-9000
FAX. (908)577-9888

JACKSON TOWNSHIP

BRICK • MANALAPAN • PAYSIPPANY • PHILLIPSBURG • VOORHEES



TASHEET

Logged by: BKH
5-23-97
C95017C

oamy sand; subangular

and; subangular blocky; friable.

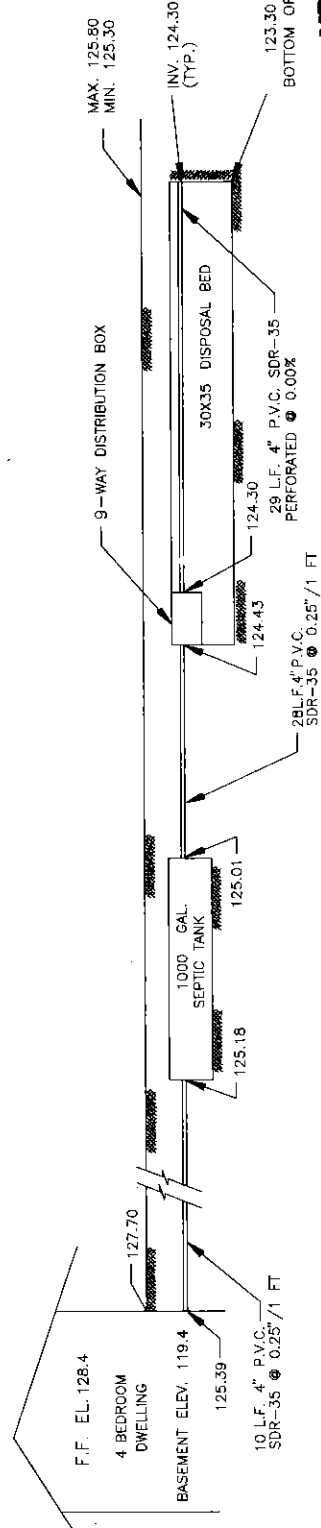
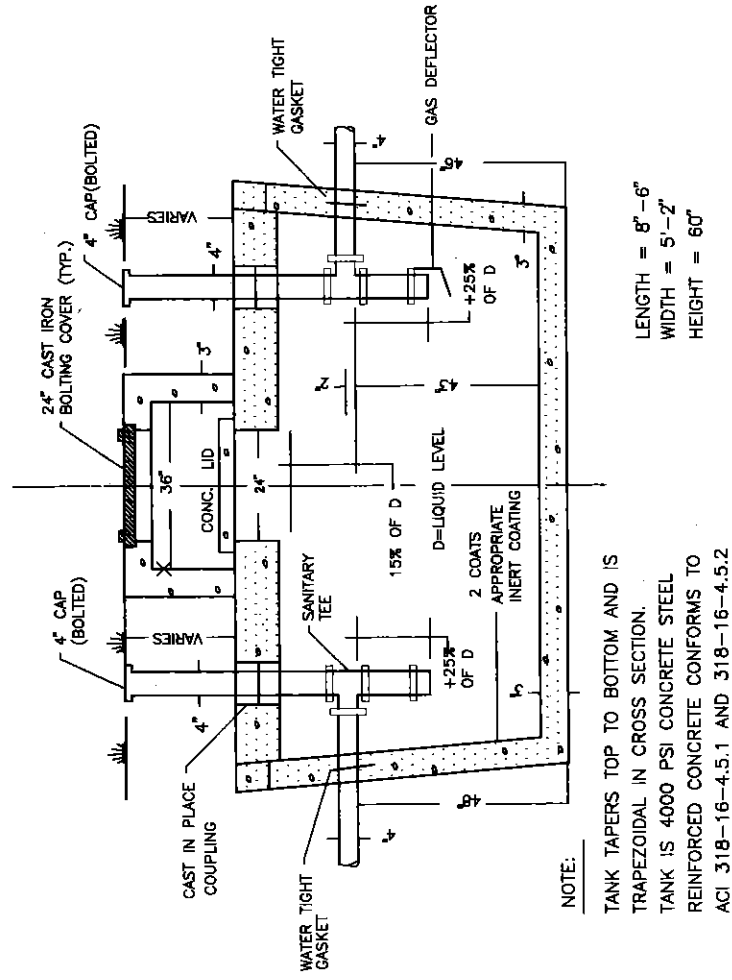
nd; subangular blocky; friable;
ish gray (2.5Y 6/2) mottles.

gray; subangular blocky; friable;
brnish gray (2.5Y 6/2) and

massive; friable; many, medium, 1/2) and strong brown (7.5YR

er table below existing
mottling.

2. All precast structures to be 4,000 PSI concrete as manufactured by R & E Mershon Concrete Products, Inc. or equal.
3. Contractor to verify uniformity between excavated soils and soils log detail shown on septic system layout plan; differences, if any, must be reported to Ocean County Health Department, applicant/owner, soils consultant, and the Design Engineer at Schoor DePalma, Inc. prior to construction.
4. No trees or water lines, including sprinkler systems, within 10' of disposal bed.
5. Well to be a minimum of 100' from disposal bed. This distance may be reduced to 50' when said well is provided with an outside water tight casing to a minimum depth of 50' or casing may be extended and sealed into an impervious stratum which separates the water bearing stratum from the soil layer used for sewage disposal.
6. No bends of pipe to be greater than 45 degrees.
7. Minimum distance between any two disposal fields on adjacent lots is 50'.
8. Construction of systems shall be as specified in NJAC 7:9A-10.6.
9. Fill material, if required, to be as specified in NJAC 7:9A-10.1 (f) and certified and compacted as specified in NJAC 7:9A-10.4(f). Fill material to be compacted to a K4 permeability class rating as determined by a percolation test within the compacted fill.
10. Distribution box construction and installation shall be as specified in NJAC 7:9A-9.4. Distribution box lid to be water tight.
11. Gravity distribution lateral construction and installation shall be as specified in NJAC 7:9A-9.5.
12. Filter material shall consist of 1.5" to 2.5" diameter clean stone as per NJAC 7:9A-10.3 (e) 2.
13. Drainage fabric shall be as specified in NJAC 7:9A-10.3 (e) 3.
14. Septic tank construction and installation shall be as specified in NJAC 7:9A-8.2. Septic tank lid to be water tight.
15. Water softener backwash shall not be discharged to the septic system.
16. Bench mark is a monument at the corners of Lots 1 and 17.01 in Block 87 (EL. 129.75).



DISPOSAL BED PROFILE

N.T.S.

NO
PLAN APPROVE
DATE 22 Apr 1980

E HIGHWAY NINE
P.O. BOX 900
NJ. 07726-0900
(908)577-9000
(908)577-9888

**SEPTIC SYSTEM PLAN
HOLLY WOODS
LOT 36.21, BLOCK 85**

APPLICANT: SIGMOND KOVACS

• VOORHEES

JACKSON TOWNSHIP

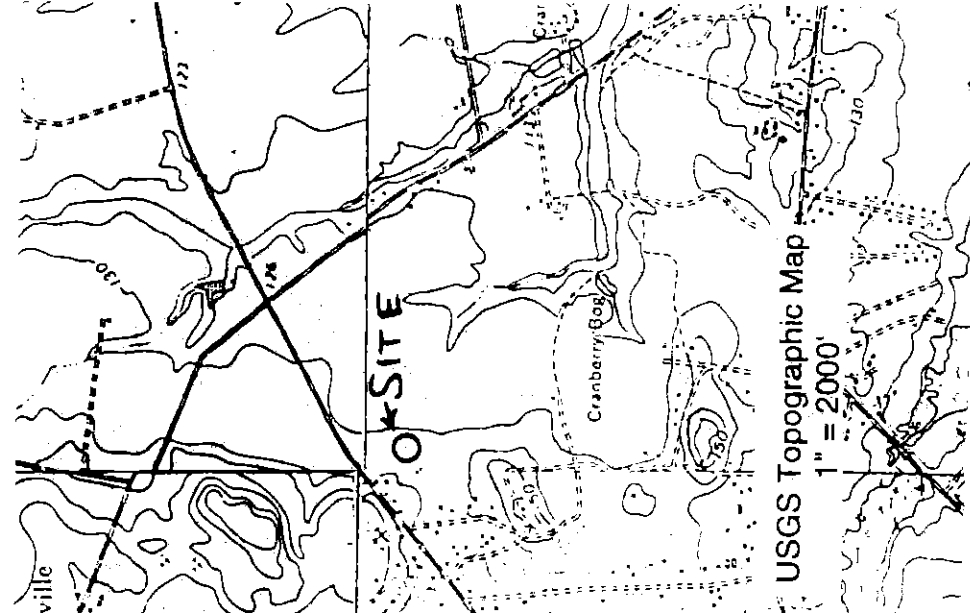
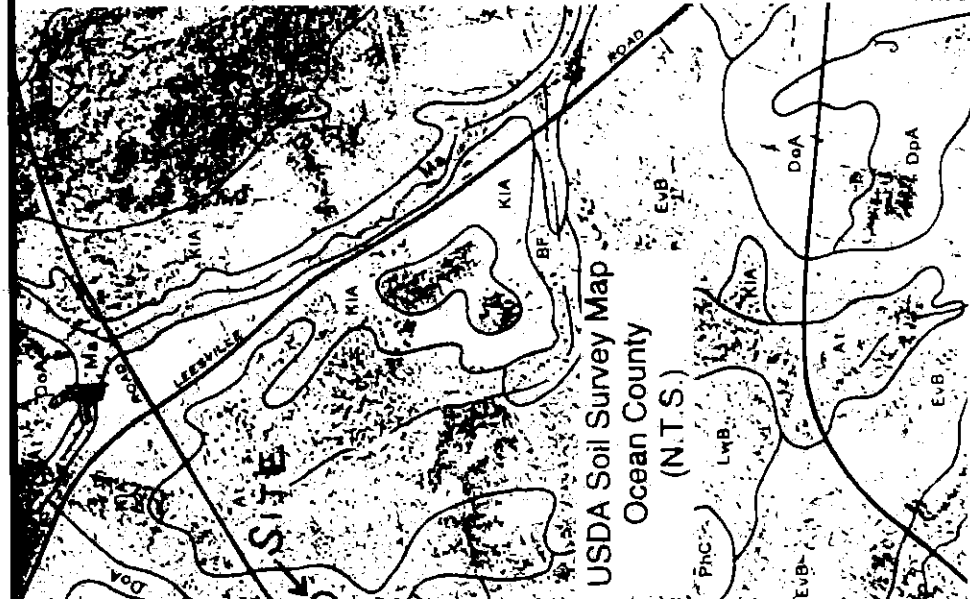
OCEAN COUNTY

NEW JERSEY

PROJECT NO	DATE
C95017A	6/19/97
DRAWN BY	DESIGNED BY
ARTALE	B. HOBBS
SCALE	FIELD BOOK
AS NOTED	

SCHOOR DEPALMA

SHEET NO. 1 of 1

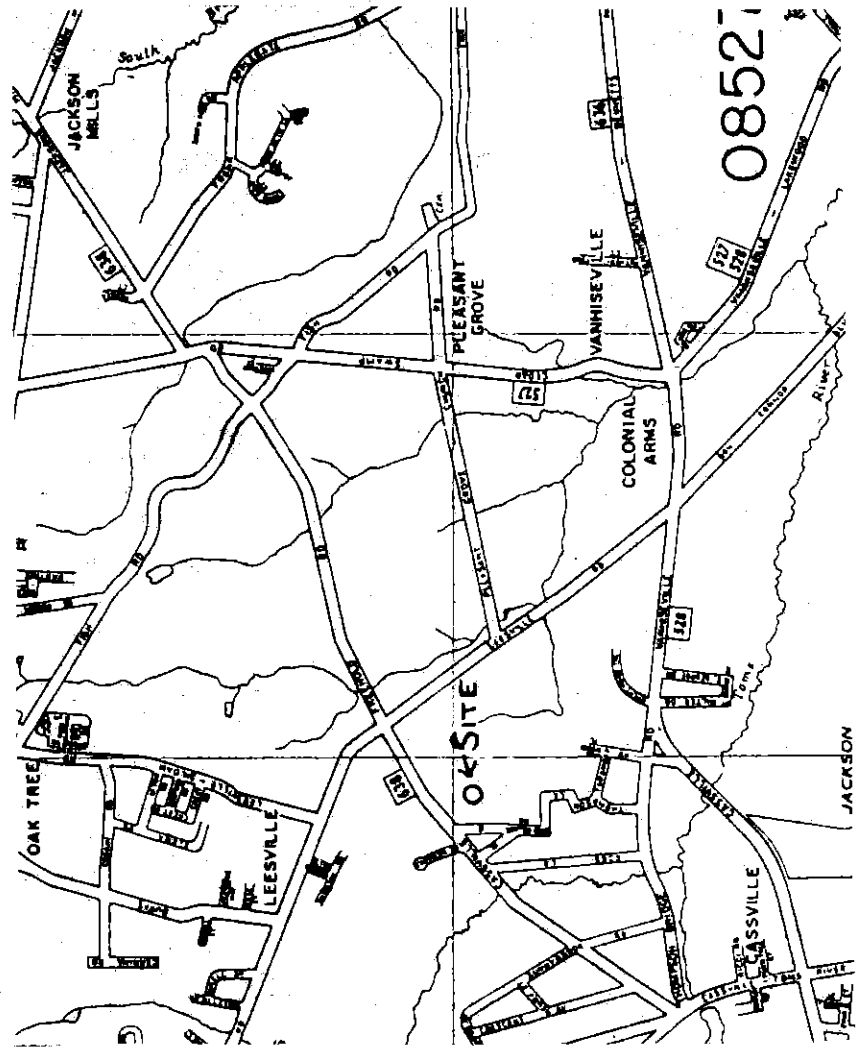


DATA SHEET

Logged by: BKH
5-23-97
C95017C

oamy sand; subangular

and; subangular blocky; friable.



LOCATION MAP
(N.T.S.)

General Notes:

1. Boundary information taken from a plan entitled "Final Plat of Hollywoods at Jackson, Section 3, Block 85, Lot 36.26, Jackson Township, Ocean County, New Jersey" dated 6/21/95, last revised 10/29/96 & prepared by Schoor DePalma Inc.
2. All precast structures to be 4,000 PSI concrete as manufactured by R & E Mershon Concrete Products, Inc. or equal.
3. Contractor to verify uniformity between excavated soils and soils log detail shown on septic system layout plan; differences, if any, must be reported to Ocean County Health Department, applicant/owner, soils consultant, and the Design Engineer at Schoor DePalma, Inc. prior to construction.
4. No trees or water lines, including sprinkler systems, within 10' of disposal bed.
5. Well to be a minimum of 100' from disposal bed. This distance may be reduced to 50' when said well is provided with an outside water tight casing to a minimum depth of 50' or casing may be extended and sealed into an impervious stratum which separates the water bearing stratum from the soil layer used for sewage disposal.
6. No bends of pipe to be greater than 45 degrees.
7. Minimum distance between any two disposal fields on adjacent lots is 50'.
8. Construction of systems shall be as specified in NJAC 7:9A-10.6.
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16. Bench mark is a monument at the corners of Lots 1 and 17.01 in Block 87 (EL. 129.75).

PICKWICK WELL DRILLING

P.O. Box 6 • Farmingdale, New Jersey 07727 • (201) 938-5300

MEMO - LETTER

Woods @ Jackson

DATE 9/4/98

SUBJECT Lot 36.21

Block 85

is needed to reinstate the local Ocean County permit. You need to write a memo
Ocean County approval number and new State permit number, also making a notation
Ocean County local permit. You also need to submit a copy of the State and
k for \$65.00. If you have any questions, please call the office.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

Mail to
NJDEP
Bureau of Water Allocation
P.O. Box 426
Trenton, NJ 08625-0426

PERMIT TO DRILL WELL

Permit No. 2842688

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

COORD #:

28.34.637

Property Owner Sigmond Kovacs / Holly Woods @ Jackson
Address PO Box 7131
Freehold, NJ 07728

Driller Pickwick Well Drilling Inc.
Address 10 Water St., P.O. Box 6
Farmingdale, New Jersey 07727

Name of Facility (1) Family Residence
Address Nancy Court
Jackson

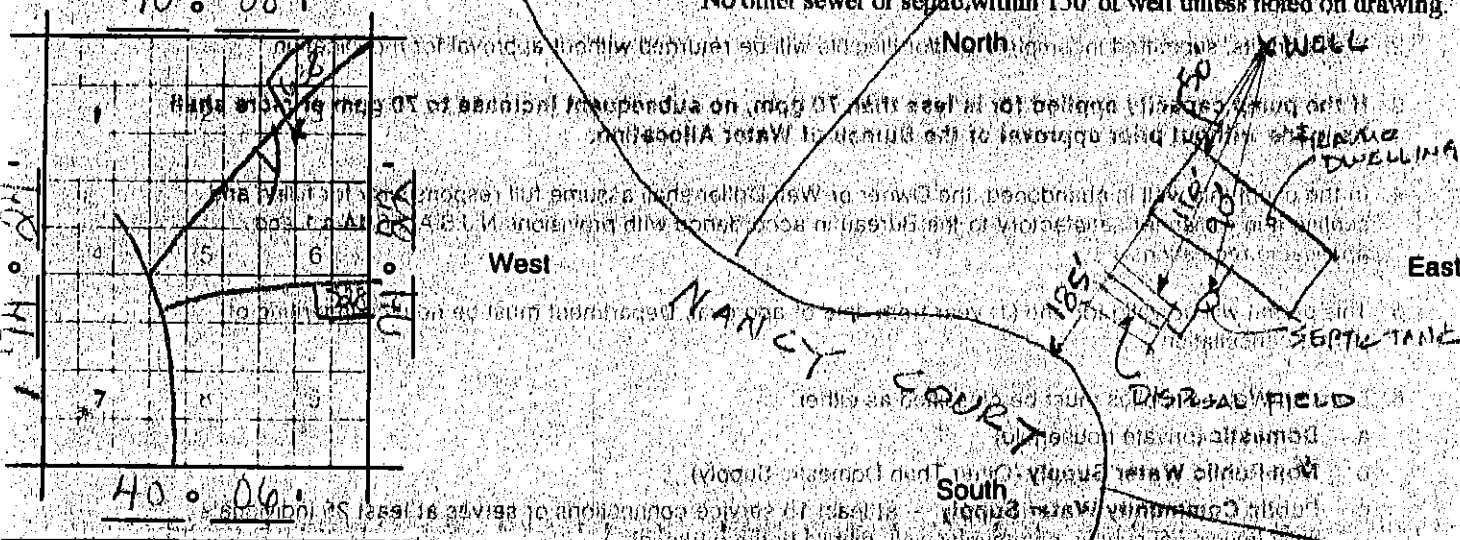
Diameter of Well	4	Inches	Proposed Depth of Well	90	Feet
Proposed Capacity of Pump	15	GPM	Method of Drilling (cable-tool, Rotary, etc.)	Rotary	
Use of Well (See Reverse)	Domestic (New)				
Drinking Water Supply?	yes (see # 6 on reverse)				

LOCATION OF WELL

Lot #	Block #	Municipality	County
36.21	85	Jackson	Ocean

State Atlas Map No. 28 Elev. 140

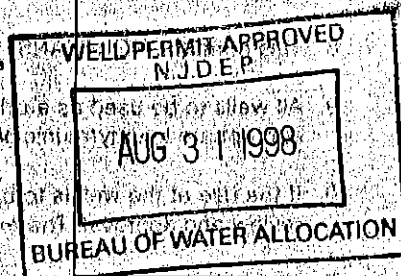
Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, etc.
No other sewer or septic within 150' of well unless noted on drawing.



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.

- ☒ DOMESTIC/PUBLIC NON-COMMUNITY/NON-PUBLIC 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.
- ☐ CLOSED LOOP GEOTHERMAL - see attached conditions
- ☐ OPEN LOOP GEOTHERMAL 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.
- ☐ 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.
- ☐ IRRIGATION SUPPLY - A physical connection control permit may be required 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. 7:50-6.4(a)(4) are met.
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:10-12.12 have not been met - see attached additional condition(s).
- ☐ The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:10-2 et seq.

This Space for Approval Stamp



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

Date August 26, 1998

Signature of Driller [Signature]

Registration No. M1040

Signature of Property Owner [Signature]

COPIES:

Water Allocation — White

Health Dept. — Yellow

Owner — Blue

Driller — White

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
PLAN APPROVE
DATE
Official Use Only

Fee Paid

<u>Jackson</u> MUNICIPALITY	(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 ☒ (A) Potable Non-Public ____ (B) Potable Public Non-Community ____ (C) Non-Potable ____ (D) Public Community System
Comm. Code <u>15</u> Official Use Only		
Block <u>85</u>		
Lot(s) <u>36.21</u>		

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

NAME OF APPLICANT Sigmond Kovacs / Holly Woods @ Jackson PHONE NO. 583-4922

ADDRESS PO Box 7131 CITY Freehold STATE NJ ZIP 07728

DIRECTIONS TO LOCATION Nancy Court

WELL APPLICATION

TYPE OF CASTING: Material PVC Diameter 4" I.D. Grade ASTM 1785 SCHED. 40 Thickness 0.25

TYPE AND METHODS OF SEALING JOINTS: Type Socket Method Solvent Welded

METHOD OF INSTALLATION Mud Rotary If Rotary or Auger, size of hole 8-1/2"

GROUTING MATERIAL Sodium Bentonite Depth & Method of grouting: Depth top of gravel pack to surface
Method Pressure thru Tremie Pipe Note: Pitless Adapter will be used.

STORAGE TANK CAPACITY 82 gal equiv. Model No. Extrol WX205 or Larger

WELL DRILLER PICKWICK WELL DRILLING INC. Lic. # MD1041/MD1509 Driller Phone # 938-5300

DRILLER Nancy Court (Print) MD 1509 State Well Permit # 28-40426
(Signature) 7/14/97

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

SEPTIC APPLICATION

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

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

PERCOLATION TEST PERFORMED BY Date Phone

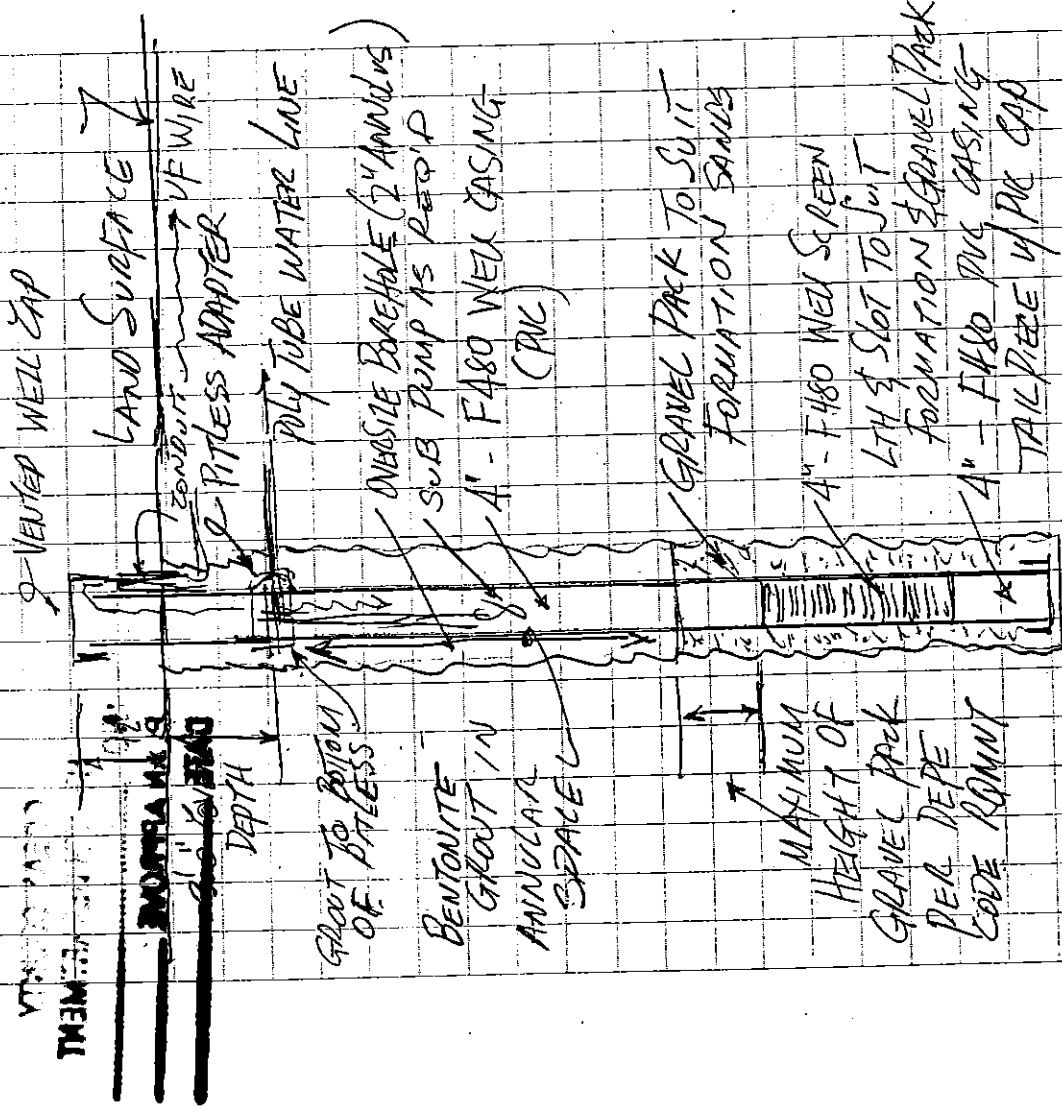
WEATHER CONDITIONS AT TIME OF TEST

ENGINEER'S SIGNATURE AND SEAL

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

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

CROSS SECTION - DOMESTIC WELL



PICKWICK WELL DRILLING INC.
10 WATER ST., P.O. BOX 6
FARMINGDALE, N.J. 07727

OCEAN COUNTY
HEALTH DEPT.
ENVIRONMENTAL HEALTH

JUL 15 12 47 PM '97

RECEIVED

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

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

Joe

JACKSON Township
MUNICIPALITY
Comm. Code 15
Official Use Only
Block 85
Lot(s) 36.21

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

Fee Paid

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

NAME OF APPLICANT SIEMOND Kovacs PHONE NO. 294-9134
ADDRESS PO Box 7131 CITY FREEHOLD STATE NJ ZIP 07728
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 _____ (Print) Lic. # _____ Driller Phone # _____
DRILLER _____ (Signature) State Well Permit # _____

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 Single Family Dwelling Unit: No. of Bedrooms 4
EXPANSION ATTIC, DEN OR REC. ROOM: Yes No X If yes, calculate as additional bedroom _____
PERCOLATION TEST PERFORMED BY Schoor DePalma Inc Date 5-23-97 Phone 908-577-9000
WEATHER CONDITIONS AT TIME OF TEST Sunny, 70's
ENGINEER'S SIGNATURE AND SEAL Dave Magno

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.

DETAILED DATA SHEET

Establishment Trading Name <i>Plan # 015184</i>		Establishment License No.		Date <i>7/28/97</i>
Signature of Inspecting Official <i>[Signature]</i>		Municipality <i>Jackson</i>		Time (2400 Hours) Begin
REG. NO.	REMARKS (Please specify area)			
	SEPTIC-WELL PERMIT REVIEW S# <i>015184</i>			
	BLOCK <i>85</i> LOT <i>36.21</i>			
	MUNICIPALITY <i>Jackson Twp</i>			
	APPROVED WITH STIPULATION(S):			
	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 94-1 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:			
	<i>Reviewed by: [Signature]</i>			

Pages

SERIAL # 10408

DWR-133
(4/96)STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJMail to
NJDEP
Bureau of Water Allocation
CN 426
Trenton, NJ 08625-0426

PERMIT TO DRILL WELL

Permit No. 2840426

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

COORD #: 28.34.634

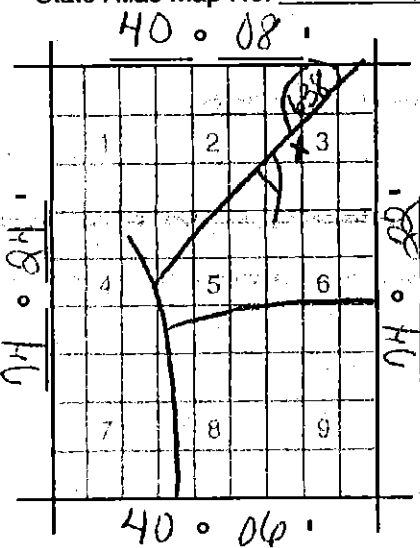
Owner Sigmond Kovacs / Holly Woods @ JacksonAddress PO Box 7131
Freehold, NJ 07728Name of Facility (1) Family ResidenceAddress Nancy Court
JacksonDriller Pickwick Well Drilling, Inc.Address 10 Water Street, P.O. Box 6
Farmingdale, NJ 07727

Diameter of Well	4	Inches	Proposed Depth of Well	90	Feet
Proposed Capacity of Pump	15	GPM	Method of Drilling (cable-tool, Rotary, etc.)	Rotary	
Use of Well (See Reverse)	Domestic (New)				
Drinking Water Supply?	yes (see # 6 on reverse)				

LOCATION OF WELL

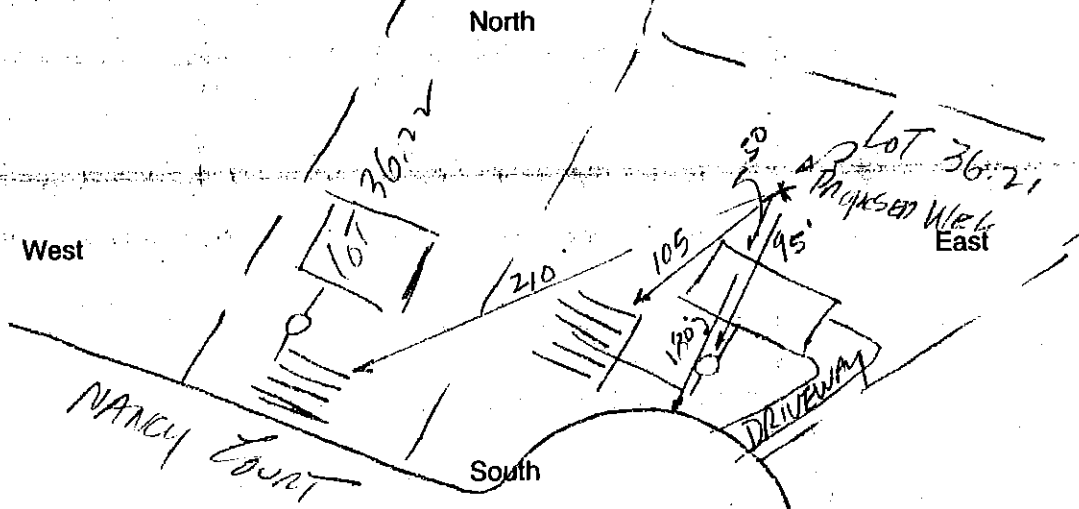
O-F 3.20

Lot #	Block #	Municipality	County
36.21	85	Jackson	Ocean

State Atlas Map No. 28 Elev. 140

Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, etc.

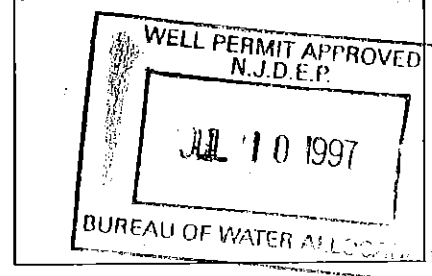
No other sewer or septic within 150' unless noted on drawing



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.

- ☒ DOMESTIC/PUBLIC NON-COMMUNITY/NON-PUBLIC 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.
- ☐ CLOSED LOOP GEOTHERMAL - see attached conditions.
- ☐ OPEN LOOP GEOTHERMAL 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.
- ☐ 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.
- ☐ IRRIGATION SUPPLY - A physical connection control permit may be required 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.
- ☐ 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



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

Date July 7, 1997Signature of Driller [Signature]Registration No. MD1041Signature of Owner [Signature]

COPIES:

Water Allocation — White

Health Dept. — Yellow

Owner — Blue

Driller — White

APPENDIX B

STANDARD FORMS FOR
SUBMISSION OF SOILS/ENGINEERING DATACOUNTY/MUNICIPALITY OCEAN / JACKSON TwpAPPLICATION 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. 85 Lot No. 36.21
 Street Address NANCY CT Zip 08527

3. Name of Applicant (print): SYGMOND KOVACS

4. Applicant's

Present Address: PO Box 7131, FREEHOLD, NJ 077285. Applicant's Phone Number: 294-9134

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: Wetlands Letter of Interpretation

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

Sigmond House

Date 6-30-97

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 Twp

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

Form 2a—General Site Evaluation Data Lot 36.21 Block 85

1. Name of Site Evaluator (print): Brian Habbe

2. Business Address of
Site Evaluator: Schoor DePalma Trce, 200 Rt 9, Manalapan, 07726

3. Business Phone Number of Site Evaluator: 908-577-9000 x334

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: N/A

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: N/A

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):

X Site Plan

X Key Map 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 prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator [Signature] Date 6/24/97

Signature of Professional Engineer [Signature] License # 28596

COUNTY/MUNICIPALITY Ocean/JacksonAPPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b—Soil Log and Interpretation

Lot 36.21 Block 851. Log Number 1 Method (Check One): ☒ Profile Pit ☐ Boring2. Soil Log See Attached Profile Description

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

3. Ground Water Observations:

☒ Seepage—Indicate Depth 48"☐ 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 42"☒ 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 42"5. Soil Suitability Classification: II w + Sc

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 6/24/97Signature of Professional Engineer [Signature] License # 28596

COUNTY/MUNICIPALITY Ocean/JacksonAPPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b—Soil Log and Interpretation

Lot 36.21 Block 851. Log Number 2 Method (Check One): ☒ Profile Pit ☐ Boring2. Soil Log See ATTACHED PROFILE DESCRIPTION

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

3. Ground Water Observations:

☒ Seepage—Indicate Depth 45"☐ 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 45"☐ 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 30"5. Soil Suitability Classification: II W r Sc

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 Bill [Signature] Date 6/24/97Signature of Professional Engineer Sam [Signature] License # 28596

SCHOOR DEPALMA INC. SOILS DATA SHEET

Holly Woods Section 3
Block 85, Lot 36.21
Jackson Township, Ocean County

Logged by: BKH
5-23-97
C95017C

Test Pit #1 $SWT^1 = 42"$ $OWT^2 = 48"$

<u>Horizon Depth</u> (inches)	<u>Horizon Description</u>
----------------------------------	----------------------------

0-15	Dark brown (10YR 3/3) loamy sand; subangular blocky; friable; many fine roots.
15-30	Yellowish brown (10YR 5/4) loamy sand; subangular blocky; friable.
30-42	Yellowish brown (10YR 5/6) loamy sand; subangular blocky; friable; few oxidized root channels.
42-120	Yellowish brown (10YR 5/8) sand; massive; friable; common, medium, distinct, light brownish gray (2.5Y 6/2) mottles.

¹SWT Estimated depth to seasonal high water table below existing surface, based on uppermost level of mottling.

²OWT Depth to observed water.

SCHOOR DEPALMA INC. SOILS DATA SHEET

Holly Woods Section 3
Block 85, Lot 36.21
Jackson Township, Ocean County

Logged by: BKH
5-23-97
C95017C

Test Pit #2 SWT¹ = 30" OWT² = 45"

<u>Horizon Depth</u> (inches)	<u>Horizon Description</u>
0-12	Very dark grayish brown (10YR 3/2) loamy sand; subangular blocky; friable; many fine roots.
12-30	Yellowish brown (10YR 5/4) loamy sand; subangular blocky; friable.
30-36	Yellowish brown (10YR 5/4) loamy sand; subangular blocky; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) mottles.
36-45	Yellowish brown (10YR 5/8) sandy clay; subangular blocky; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) and strong brown (7.5YR 5/6) mottles.
45-120	Light olive brown (2,5Y 5/4) sand; massive; friable; many, medium, prominent, light brownish gray (2.5Y 6/2) and strong brown (7.5YR 5/8) mottles.

¹SWT Estimated depth to seasonal high water table below existing surface, based on uppermost level of mottling.

²OWT Depth to observed water.

COUNTY/MUNICIPALITY Ocean / JACKSONAPPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3a. Soil Permeability Data

Lot 36.21 Block 85

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

1. Summary of Data—Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
<u>No Testing Performed, excessively coarse</u>				
<u>zone of treatment (per FIELD ID) to</u>				
<u>be replaced</u>				

*For tube permeameter, pit-bailing and piezometer tests report results in inches per hour. For Soil permeability class rating give soil permeability class number. For percolation test report result in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number K4 Select Fill

___ Average of Test Replicates ___ Single Replicate
___ Slowest of Replicates

3. Type of Limiting Zone Identified

Test Number

4. Attachments (Check items included): N/A

___ Form 3b—Tube Permeameter Test Data—Number of Sheets___

___ Form 3c—Soil Permeability Class Rating Test Data—
Number of Sheets___

___ Form 3d—Percolation Test Data—Number of Sheets___

___ Form 3e—Pit-Bailing Test Data—Number of Sheets___

___ Form 3f—Piezometer Test Data—Number of Sheets___

___ Form 3g—Basin Flooding Test Data—Number of Sheets___

5. I hereby certify that the information furnished on Form 3a 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 [Signature] Date 6/24/97Signature of Professional Engineer [Signature] License # 28596Form 3b. Tube Permeameter Test Data N/A

1. Test Number___ Replicate (Letter)___ Date Collected___

2. Material Tested: ___ Fill ___ Test in Native Soil—Indicate Depth___

3. Type of Sample: ___ Undisturbed ___ Disturbed

4. Sample Dimensions: Inside Radius of Sample Tube, R, in cm._____
Length of Sample, L, in inches._____

5. Bulk Density Determination (Disturbed Samples Only):

Sample Weight (Wt. Tube Containing Sample—Wt. of Empty Tube),
grams_____Sample Volume ($L \times 2.54\text{cm./inch} \times 3.14R^2$), cc._____

Bulk Density (Sample Wt./Sample Volume), grams/cc._____

6. Standpipe Used: ___ No ___ Yes

—Indicate Internal Radius, cm._____

7. Height of Water Level Above Rim of Test Basin, in inches:

At the Beginning of Each Test Interval, H_1 _____

At the End of Each Test Interval, H_2 _____

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, T_1	Time, End of Test Interval, T_2	Length of Test Interval, T , minutes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Calculation of Permeability:

$$K, (\text{in/hr}) = 60 \text{ min/hr} \times r^2/R^2 \times L(\text{in})/T(\text{min}) \times \ln(H_1/H_2)$$

$$= 60 \text{ min/hr} \times \text{---} / \text{---} \times \text{---} / \text{---}$$

$$\times \ln(\text{---} / \text{---}) = \text{---}$$

10. Defects in the Sample (Check appropriate items):

___ None ___ Cracks ___ Worm Channels

___ Root Channels ___ Soil/Tube Contact

___ Large Gravel ___ Large Roots

___ Dry Soil ___ Smearing ___ Compaction

___ Other—Specify _____

11. I hereby certify that the information furnished on Form 3b 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 _____ Date _____

Signature of Professional Engineer _____ License # _____

Form 3c. Soil Permeability Class Rating Data N/A

1. Test Number _____ Replicate (Letter) _____

2. Sample Depth _____ Soil Pit/Boring Number _____ Date Collected _____

3. Coarse Fragment Content:
Total Weight of Sample, W.T., grams _____
Weight of Material Retained on 2mm sieve, W.C.F., grams _____
Wt. % Coarse Fragment (W.C.F./W.T. x 100): _____
4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample,
grams, Wt _____
5. Hydrometer Calibration, Rc _____
6. Hydrometer Reading—40 seconds, grams, R1 _____
Temperature of Suspension, °F _____
7. Corrected Hydrometer Reading, grams, R1' _____
8. Hydrometer Reading—2 hours, grams, R2 _____
Temperature of Suspension, °F _____
9. Corrected Hydrometer Reading, grams, R2' _____
10. % sand = $(Wt. - R1')/Wt. \times 100 = (\quad - \quad) / \quad \times 100 = \quad$
11. % clay = $R2'/Wt. \times 100 = \quad / \quad \times 100 = \quad$
12. Sieve Analysis:
- a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction
(Soil Retained in 0.047 mm Sieve), grams _____
 - b. Wt. of Fine Plus Very Fine Sand Fraction
(Sand Passing 0.25 mm Sieve), grams _____
 - c. % Fine Plus Very Fine Sand (b/a) _____
13. Soil Morphology (Natural Soil Samples Only):
Structure of Soil Horizon Tested _____
Consistence of Soil Horizon Tested: Dry _____ Moist _____
14. Soil Permeability Class Rating (Based upon average textural analysis of this
replicate and other replicate samples) _____

15. I hereby certify that the information furnished on Form 3c 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 _____ Date _____

Signature of Professional Engineer _____ License # _____

Form 3d. Percolation Test Data N/A

1. Test Number _____ Replicate (Letter) _____ Date Tested _____

2. Depth _____

3. Pre-soak: _____

_____ Sandy Textured Soil Only, Shortened Pre-soak—Indicate Time Required for 12 Inches of Water to Drain After Second Filling, Minutes

_____ Four Hour Pre-soak Completed—Indicate Result:

_____ Test Hole Drained Within 16 to 24 Hours After Pre-soak

_____ Test Hole Did Not Drain Within 24 Hours After Pre-soak

4. Rate of Fall Data:

a. Time Interval Selected, Minutes _____

b. Record the Drop in Water Level During Each Time Interval to the Nearest 1/10th-Inch On the Lines Below:

Depth of Water, Start of Interval (Inches)	Depth of Water, End of Interval (Inches)	Drop In Water Level (Inches)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Percolation Rate:

a. Time, minutes, Required for a Six-inch Drop in Water Level_____

b. Percolation Rate = $a/6 = \text{---}/6 = \text{---}$ min/in

6. I hereby certify that the information furnished on Form 3d 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_____Date_____

Signature of Professional Engineer_____License #_____

Form 3c. Piezometer Test Data N/A

1. Test Number_____Reference Soil Log_____Date Tested_____

2. Diameter of Soil Auger, in._____Depth of Test Hole, in._____

Inside Radius of Pipe, R, in._____

3. Depth to Apparent Static Water Level, in._____

4. Measure and Record:

Water Depth, Start of Interval Inches, d_1	Time at Start of Interval,	Water Depth, End of Interval Inches, d_2	Time at End of Interval,	Length of Interval, min, t
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Depth to Water Level After 24 Hour Stabilization Period, D_{water} in. _____

6. Value of A-parameter _____

7. Calculation of Permeability:

$$K, \text{ in/hr} = [(3.14R^2)/(A \times t)] \times [\ln(d_i - D_{water}/d_i - D_{water})] \times 60 \text{ min/hr}$$

$$= [(3.14 \text{ } ______) / (\text{ } ______ \times \text{ } ______)] \times [\ln(\text{ } ______ - \text{ } ______ / \text{ } ______ - \text{ } ______)]$$

$$\times 60 \text{ min/hr} = \text{ } ______$$

8. I hereby certify that the information furnished on Form 3e 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 _____ Date _____

Signature of Professional Engineer _____ License # _____

Form 3f. Pit-Bailing Test Data NA

1. Test Number _____ Reference Soil Log _____ Date Tested _____

2. Using the reference level established, measure and record the following:

- Depth to Bottom of Pit, ft, D_{pit} _____
- Depth to Water Level after 2 hr. Stabilization Period, ft, D_{water} _____
- Depth to Impermeable Stratum, ft, $D_{stratum}$ _____
(If depth is unknown assume it to be 1.5 times the depth of the pit.)
- Height of Water Level Above Impermeable Stratum, ft, H _____
($H = D_{stratum} - D_{water}$)
- Length of Time Interval, T , in minutes _____

3. At the interval chosen, record the following data in the table below:

- Time of Measurement, t_n , minutes
- Depth of Water Level Below Reference Level, d_n , inches
- Water Surface Dimensions, ft: l, w

4. Calculate the following values and enter in the table below:

- Water Surface Area, ft^2 , A_n
- Water level Rise h_n (Subtract current value of d_n from previous value)

—Ave. Water Surface Area, ft^2 , A_{av} (Take average of A_n and previous A_n)

—Ave. Height of Water Level Above Impermeable Stratum, ft , h
(Take ave. of d_n and previous value of d_n , convert to ft , and subtract from D_{stratum})

—Permeability, in/hr , K_s (Calculate using formula):

$$K_s = [h_{nw}/T] \times [A_{av}/2.27 (H^2 - h^2)] \times 60 \text{ min/hr}$$

t_n	$d_n(\text{in.})$	$l, w (\text{ft.})$	$A_n(\text{ft}^2)$	$h_{nw}(\text{in.})$	$A_{av}(\text{ft}^2)$	$h (\text{ft})$	K_s
t_0	_____	_____	_____	XXXX	XXXX	XXXX	XXXX
t_1	_____	_____	_____	_____	_____	_____	_____
t_2	_____	_____	_____	_____	_____	_____	_____
t_3	_____	_____	_____	_____	_____	_____	_____
t_4	_____	_____	_____	_____	_____	_____	_____
t_5	_____	_____	_____	XXXX	XXXX	XXXX	XXXX
t_6	_____	_____	_____	_____	_____	_____	_____
t_7	_____	_____	_____	_____	_____	_____	_____
t_8	_____	_____	_____	_____	_____	_____	_____
t_9	_____	_____	_____	_____	_____	_____	_____
t_{10}	_____	_____	_____	XXXX	XXXX	XXXX	XXXX
t_{11}	_____	_____	_____	_____	_____	_____	_____
t_{12}	_____	_____	_____	_____	_____	_____	_____
t_{13}	_____	_____	_____	_____	_____	_____	_____
t_{14}	_____	_____	_____	_____	_____	_____	_____

5. Record the Following Data:

—Final Depth of Pit, D_{pit} ft _____

—Depth to Impermeable Stratum, ft , D_{stratum} _____
(If no impermeable stratum is encountered assume $D_{\text{stratum}} = D_{\text{pit}}$)

—Height of Standpipe Above Reference Level, ft , h_{pipe} _____

—Depth to Water Level after 24 hr. Stabilization Period, ft , D_{water} _____
(Take measurement from top of standpipe. Subtract h_{pipe})

—Height of Static Water Level Above Impermeable Stratum, ft, H ____
 ($H = D_{\text{stratum}} - D_{\text{water}}$)

—Average Height of Water Level Above Impermeable Stratum, ft, h ____
 (Take average of d_w from beginning and end of last time interval recorded in section 4, convert this to ft., subtract from D_{stratum})

6. Re-calculation of K using data from section 5 above and from final time interval of section 4:

$$K = [h_{\text{ini}}/t] \times [A_w/2.27(H^2-h^2)] \times 60 \text{ min/hr}$$

$$= [\text{_____} / \text{_____}] \times [\text{_____} / 2.27$$

$$(\text{_____} - \text{_____})] \times 60 \text{ min/hr} = \text{_____}$$

7. I hereby certify that the information furnished on Form 3f 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_____ Date_____

Signature of Professional Engineer_____ License #_____

Form 3g. Basin Flooding Test Data N/A

1. Test Number_____ Reference Soil Log_____ Date Tested_____

2. Depth of Pit, ft_____

3. Area of Pit, ft²_____

4. Description of Rock Substratum Within Test Zone:

Type of Rock_____

Name of Formation_____

Average Fracture Spacing_____

Type of Fractures (Check Appropriate Category):

___ Open (Wide), Clean—Width of Openings, mm_____

___ Open (Wide), Infilled with Fines—Width of Openings, mm_____

___ Tight (Closed)

SUBSURFACE SEWAGE DISPOSAL

Orientation of Fractures:

- ☐ Horizontal (Parallel to Pit Bottom) Or Nearly So
☐ Inclined
☐ Vertical (Parallel to Sides of Pit) Or Nearly So

Hardness of Rock:

- ☐ Rippable with Hand Tools
☐ Not Rippable with Hand Tools, Rippable by Machine
☐ Not Rippable by Machine, Explosives Used

5. Time of First Basin Flooding _____
Volume of Water Added, Gal. _____

6. Result of First Basin Flooding:
☐ Basin Drained within 24 Hrs.—Indicate Time _____
☐ Basin Not Drained within 24 Hrs.

7. Time of Second Basin Flooding _____
Volume of Water Added, Gal. _____

8. Result of Second Basin Flooding:
☐ Basin Drained within 24 Hrs.—Indicate Time _____
☐ Basin Not Drained within 24 Hrs.

9. I hereby certify that the information furnished on Form 3g 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 _____ Date _____

Signature of Professional Engineer _____ License # _____

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. 650 gpd
☒ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4

____ 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 N/A

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. N/A

Show Calculation Used:_____

b) Septic Tank Capacities, gals: X First (Single) Compartment 1600 gal

____ 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 N/A

Reserve Capacity_____

e) Laterals: Number 9 Total Length 261' Pipe Size 4" Spacing 3' on center

f) Connecting Pipe: Size 4" Length 33'

g) Manifold: Size____ Length____

h) Disposal Field: Type of Installation Mounded, Soil Replacement (Fill enclosed)

Design Permeability (Percolation Rate) K4

Trenches: Width____ Total Length____ Bed: Area 1050 SF

i) Seepage Pits: Design Percolation Rate N/A

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 Sam Magan Date 6/24/97

Form 5. Design of Pressure Dosing System N/A

1. Configuration of Distribution Network:

Type of Manifold: ___ End ___ Central

Distribution Laterals: Number ___ Length, ft ___ Spacing, ft ___

Hole Diameter, ins ___ Hole Spacing, ins ___

Diameter of Laterals, ins ___

2. Lateral Discharge Rate:

Design Pressure Head at Supply End of Laterals, H_p , ft ___

Hole Discharge Rate, Q , gpm ___

Number of Holes per Lateral, n ___

Lateral Discharge Rate, $(Q \times n)$ gpm ___

3. Manifold Length, ft ___ Manifold Diameter, ins ___

4. System Discharge Rate, gpm ___

5a. Pump Selection:

Diameter of Delivery Pipe ___ Length of Delivery Pipe ___

Friction Loss in Delivery Pipe, H_f , ft ___

Elevation of Dosing Tank Low Water Level ___

Elevation of Lateral Invert ___

Elevation Head, H_e , ft ___

Total Operating Head, H_t ($H_p + H_f + H_e$), ft ___

Pump Model _____ Rated Horsepower _____

Pump Discharge Rate at Total Operating Head, gpm _____

5b. Siphon Elevation:

Diameter of Delivery Pipe _____ Length of Delivery Pipe _____

Friction Loss in Delivery Pipe, H_f , ft _____Velocity Head, H_v , ft _____Total Operating Head, H_t ($H_p + H_f + H_v$), ft _____

Elevation of Lateral Invert _____

Elevation of Siphon Invert _____

6. Dose Volume:

Design Volume of Sewage, gal/day _____

Design Permeability, in/hr _____ or Percolation Rate, min/in _____

Internal Volume of Distribution Network _____

Dose Volume _____

7. 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 _____ Date _____

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL
SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1. General Information

1. Municipality _____ Block No. _____ Lot No. _____

2. Name of Applicant (print): _____

3. Applicant's Address: _____

4. Applicant's Phone Number: _____

5. Certificate of Compliance: Date of Issuance _____

If no Certificate Was Issued, Indicate Approximate Age of System _____

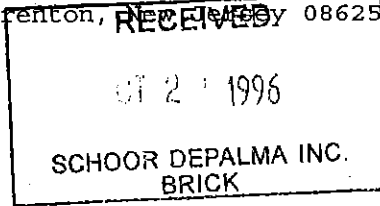


State of New Jersey

Christine Todd Whitman
Governor

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

Robert C. Shinn, Jr.
Commissioner



OCT 24 1996

Steven R. Ewing
Schoor DePalma, Inc.
PO Box 1429
Brick, NJ 08723

RE: Freshwater Wetland Letter of Interpretation
Sigmond Kovacs
File No. 1511-96-0012.1 FWLI
Block 85 Lot 36.26
Jackson Township, Ocean County
Toms River, Toms River Watershed, Atlantic Basin

Dear Mr. Ewing:

This letter is in response to your request, received by the Program on June 7, 1996, for a Letter of Interpretation to verify the jurisdictional boundary of the freshwater wetlands and waters on the above referenced property.

Based upon the information submitted, and upon a site inspection conducted by Program staff on October 10, 1996, the Land Use Regulation Program has determined that freshwater wetlands and waters are present on the referenced property, and the wetlands and waters boundary lines as shown on the plan entitled "Wetlands and Open Waters Delineation Plan, Hollywoods at Jackson Section 3, Block 80 Lot 36.26, Jackson Township, Ocean County, New Jersey", dated 5-1-96, unrevised, and prepared by Schoor DePalma, are accurate as shown.

In accordance with agreements between the State of New Jersey, Department of Environmental Protection, the United States Environmental Protection Agency, and the United States Army Corps of Engineers, the Land Use Regulation Program is the lead agency for establishing the extent of regulated wetlands and waters. The referenced plan accurately identifies the extent of these wetlands and waters on the property. The USEPA and/or the USACE retain the right to reevaluate and modify the jurisdictional determination at any time should the information prove to be incomplete or inaccurate.

Any activities regulated under the Freshwater Wetlands Protection Act proposed within the wetlands, or the deposition of any fill material into any water area, will require a permit from this office unless exempted under the Freshwater Wetlands Protection Act, N.J.S.A. 13:9B-1 et seq., and implementing rules, N.J.A.C. 7:7A. A copy of this plan, together with the information upon which this boundary determination is based, has been made a part of this Program's public records.

You are entitled to rely upon this boundary determination for a period of five years from the date of this letter pursuant to the Freshwater Wetlands Protection Act Rules, N.J.A.C. 7:7A. However, the U.S. Army Corps of Engineers retains the right to modify the Federal jurisdiction determination at any time, should the site conditions change.

This determination does not affect your responsibility to obtain any local, State, or Federal permits which may be required.

The freshwater wetlands and waters boundary line, as determined in this letter, must be shown on any future site development plans submitted to NJDEP. The line should be labeled with the following note:

"Freshwater Wetlands/Waters Boundary Line as verified by NJDEP on 10/10/96, file #1511-96-0012.1".

In addition, the Program has determined that the wetlands on the subject property have the following resource values. Wetland areas demarcated by flags W137 through W142, flags W153 through W155 and flags W163 through W165 are **ditches and swales**, and **do not have a transition area** or buffer associated with them. The balance of site related wetlands are **intermediate** resource value, and the **standard transition area** or buffer required adjacent to these wetlands is **50 feet**. This classification may affect the requirements for a Individual Wetlands Permit (see N.J.A.C. 7:7A-3), the types of Statewide General Permits available for the wetlands portion of this property (see N.J.A.C. 7:7A-9) and the modification available through a transition area waiver (see N.J.A.C. 7:7A-7). The wetlands on the subject property have also been identified as being **priority wetlands** by the U.S. Environmental Protection Agency. This classification may affect the types of permits or transition area waivers available for the above referenced property. Please refer to the Freshwater Wetlands Protection Act (N.J.S.A. 13:9B-1 et seq.) and implementing rules for additional information.

It should be noted that this determination of wetlands classification is based on the best information presently

available to the Department. The classification is subject to change if this information is found no longer to be accurate, or as additional information is made available to the Department, including, but not limited to, information supplied by the applicant.

If you have any questions regarding this letter, please contact Mr. Tim Cochran of my staff at (609) 984-0184. Be sure to indicate the Program's file number in any communication.

Sincerely,



Kurt R. Kalb
Section Chief, Monmouth Region
Bureau of Coastal Regulation

cc: Ocean County Planning Board
Jackson Township Planning Board
Jackson Township Construction Official

G4bu/11612LVE

**ADMINISTRATIVE HEARING REQUEST CHECKLIST
AND TRACKING FORM FOR PERMITS**

I. Permit Being Appealed:

(Title and Type of Permit)

(Issuance Date of Permit)

(Permit number/s)

II. Person Requesting Hearing:

(Name)

(Name of Attorney if any)

(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 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 issue 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 of the information listed above, including attachments, to:
 1. Bob Tudor, Administrator
New Jersey Department of Environmental Protection and Energy
Land Use Regulation Program
CN-401 Trenton, NJ 08625
 2. Richard J. McManus, Director
New Jersey Department of Environmental Protection and Energy
Office of Legal Affairs
CN-402 Trenton, NJ 08625 (without attachments)
 3. All co-permittees

IV. Signature: _____

Date: _____

Members

Gary Casperson, *Chairman*
Walter F. Rehak, *Vice Chairman*
Robert Singer, *Secretary-Treasurer*
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Patricia Seeber
Warren Wolf
James F. Lacey, *Freeholder Liaison*
Seymour J. Kagan, *Counsel*



OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(908) 341-9700

Joseph J. Przywara
Acting Public Health Coordinator

DATE: 7-16-97 PLAN #: 015184

TO: Public Water Purveyor
FROM: Ocean County Health Department

Please be advised that the Ocean County Health Department has received an application for a permit to install the below listed water supply:

- ☒ Potable Non-Public
☐ Potable Public Non-Community
☐ Non-Potable

This system will be installed at the property known as:

ADDRESS Nancy Ct. TWP Jackson
BLOCK 85 LOT 36.21

Ocean County Board of Health Ordinance 94-1 requires that no permit for a POTABLE water well can be approved if public water is presently available to serve the property. The National Standard Plumbing Code which was adopted by the State Department of Community Affairs defines availability as being at the discretion of the Plumbing Sub-Code Official.

If you have a public water service line available to this property, YOU MUST ADVISE THIS DEPARTMENT BY THE NEXT WORKING DAY AFTER RECEIPT OF THE FAX COPY, since the permit is scheduled to be returned to the applicant. It would be appreciated if you would complete and return this notice.

- ☐ Water Service Available
☐ Water Service Not Available
☐ Name of Water Company: _____

Representative's Signature: _____

Date: _____

If you should have any questions on this matter, please feel free to contact this office at (908)341-9700 ext. 7416.



SCHOOR DEPALMA
Engineers and Design Professionals

JOB NO. C95017C

SHEET 1 OF 3

PROJECT: HOLLY WOODS

SUBJECT: BLOCK 85 Lot 36.21

SEPTIC SYSTEM

COMPUTED BY: RKH

DATE 6-17-9

CHECKED BY:

DATE

1. VOLUME OF SANITARY WASTE

Pursuant to NJAC 7:9A-7.4b:

Proposed Single Family Dwelling - 4 bedrooms

200 gallons/day	- FIRST Bedroom
+ 450 gallons/day	- 150 gal/day each Add'l bedroom X 3
650	- TOTAL VOLUME OF WASTEWATER

2. Disposal Field Sizing

Pursuant to NJAC 7:9A-10.2:

The disposal FIELD will be of the Mounded, Soil Replacement, Fill enclosed type. Existing soil material will be removed to elevation 116.03 and backfilled to the level of infiltration (elev. 123.30) with fill material having a K4 permeability class rating.

$KH = 1.61 \text{ SF/gal/day}$

Disposal bed size = $650 \text{ gpd} \times 1.61 \text{ SF/gpd}$
= 1046.5 SF
Use = 1050 SF

Use 30'x35' Disposal bed with 9-way distribution box.

Distribution laterals to be 3' from all bed edges and ends.

Distributed laterals to be spaced 3' on center.

Total Linear Feet of Distribution laterals = 261



SCHOOR DEPALMA
Engineers and Design Professionals

JOB NO. C95017C

SHEET 2 OF 3

PROJECT: Hony Woods

SUBJECT: Block 85 Lot 36.21

Septic System Design

COMPUTED BY: Bkt

DATE 6-17-97

CHECKED BY:

DATE

3. Septic Tank Size

Pursuant to NJAC 7:9A-8.2:

Tank Size = 250 gal/day x 4 bedrooms
use = 1000 gallon tank



SCHOOR DEPALMA
Engineers and Design Professionals

JOB NO. C95071C

SHEET 3 OF 3

PROJECT: Holly Woods

SUBJECT: Block 85 Lot 36.21

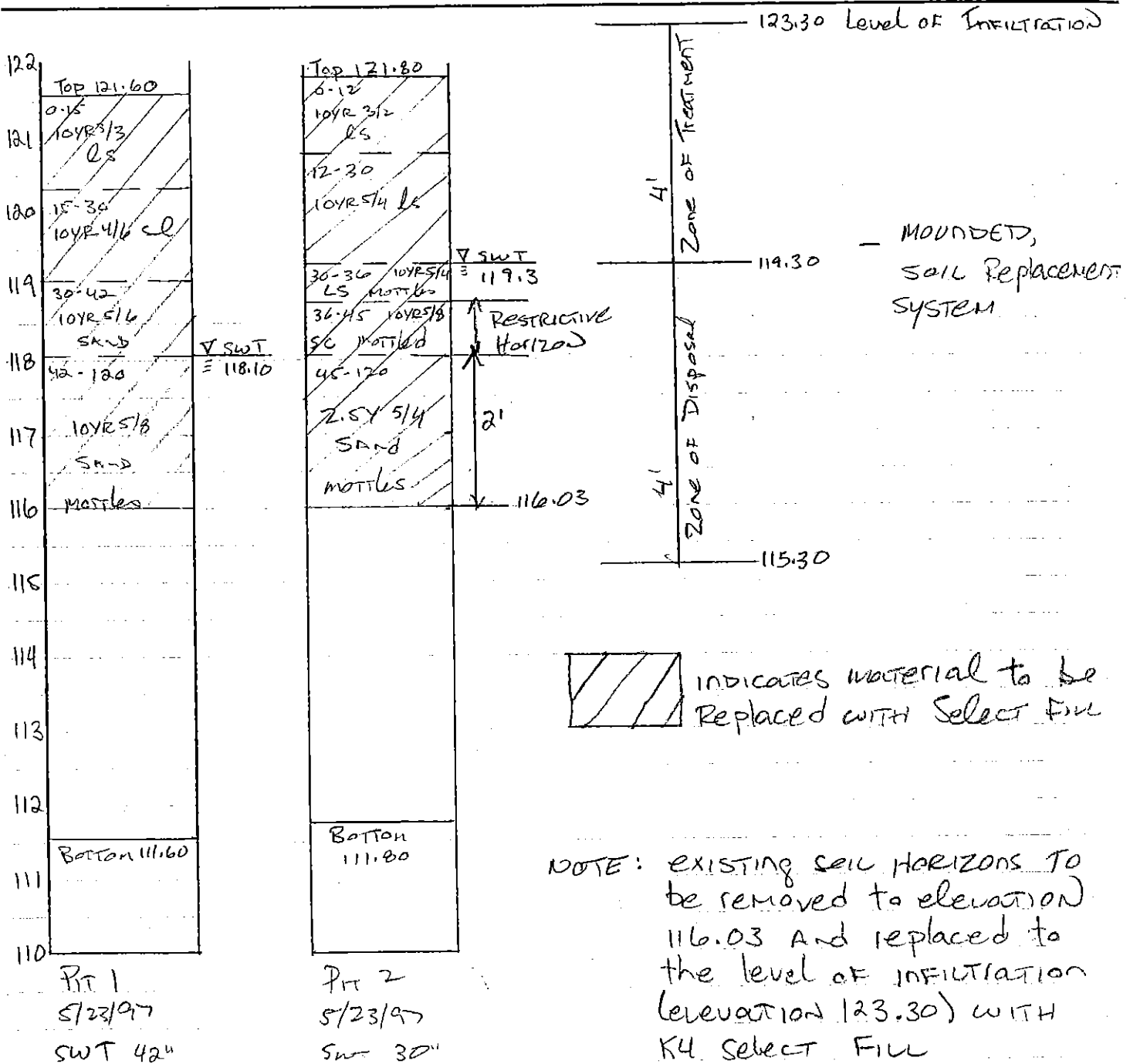
SEPTIC SYSTEM DESIGN

COMPUTED BY: BRH

DATE 6-17-97

CHECKED BY:

DATE



15184

MEMORANDUM

TO: STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF WATER ALLOCATION
CN-426
TRENTON, NEW JERSEY 08625

FROM: PICKWICK WELL DRILLING
P.O. Box 6
FARMINGDALE, N.J. 07727

SUBJECT: REQUEST FOR PERMIT CANCELLATION

In accordance with the conditions listed on the Permit to Drill Well, it is requested that the following permit number(s) be cancelled:

1. Permit Number(s): 28-40426

2. Name of Owner: SILMONO KOYAKS / HOLLY WOODS @ JACKSON

3. Signature of Drilling Contractor: Norman Permut

4. License Number: M1040

5. Date: 7/10/98

Please do not cancel
County Permit. State
Permit expired.

PERMITS LISTED ON FORM MUST BE THE SAME ATLAS MAP# & OWNER

WELL RECORD

Well Permit Number

288 - 462420

Atlas Sheet Coordinates

281 : 274 : 604

OWNER HOWARD INTERNATIONAL INC

Address 10 BOX 500

City ROSELAND State NC Zip Code

WELL LOCATION ADDRESS NANCY COURT

Owner's Well No. 85

County DELAN Municipality JACKSON TWP Lot No. 30.01 Block No.

WELL USE DOMESTIC

DATE WELL STARTED / /

DATE WELL COMPLETED / /

WELL CONSTRUCTION

Total Depth Drilled ft.

Finished Well Depth ft.

Borehole Diameter:

Top in.

Bottom in.

Well Casing Begins:

ft. above grade or

ft. below grade

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing					
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)					
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout				Neat Cement Bentonite	<u></u> lbs <u></u> lbs

RECORD OF TEST

Test Date / /

Static Water Level ft. below land surface

Water Level Measured Using

Pumping Water Level ft. below land surface

Well Was Pumped Using

Well Yield gpm

If Pump Tested: Discharge Rate gpm

Duration of Test hours

Grouting Method

Drilling Method

PERMANENT PUMPING EQUIPMENT

Installed by Reg. No.

Pump Type

Depth of Pump below land surface ft.

Capacity gpm Horsepower

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company TECHNICAL WELL DRILLING

Well Driller (Print)

Driller's Signature

Registration No. Date / /

GEOLOGIC LOG

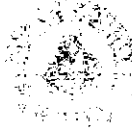
Note each depth where water was encountered in consolidated formations.

1955, 12:31

70-1547

30-10-1955

83



DWR-133
(4/96)

SERIAL # 10408

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

Mail to:
NJDEP
Bureau of Water Allocation
CN 426
Trenton, NJ 08625-0426

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE DEPT. OF ENVIRONMENTAL PROTECTION

Permit No. 2840426

28.34.634

Owner Sigmond Kovacs / Holly Woods @ Jackson

Address PO Box 7131
Freehold, NJ 07728

Name of Facility (1) Family Residence

Address Nancy Court
Jackson

Driller Pickwick Well Drilling, Inc.

Address 10 Water Street, P.O. Box 6
Farmingdale, NJ 07727

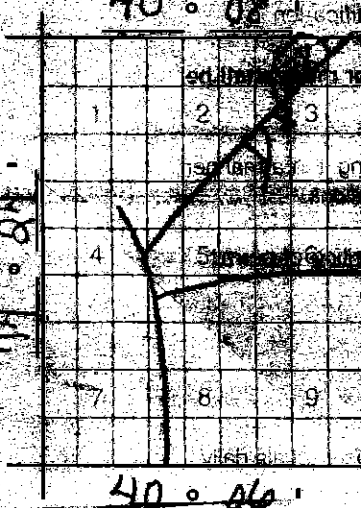
Diameter of Well	4	Inches	Proposed Depth of Well	90	Feet
Proposed Capacity of Pump	15	GPM	Method of Drilling (cable tool, Rotary, etc.)	Rotary	
Use of Well (See Reverse)	Domestic (New)				
Drinking Water Supply?	See # 5 on reverse				no

LOCATION OF WELL

O-F.3.20

Lot #	Block #	Municipality	County
36.21	85	Jackson	Ocean

State Atlas Map No. 28 Flav. 140

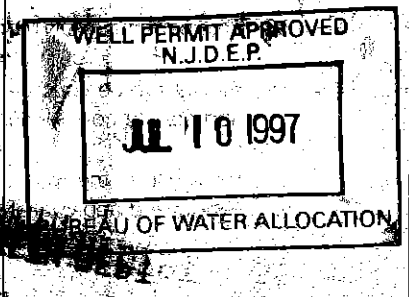


Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, etc.
No other sewer or septic within 150' unless noted on drawing
North

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:

- ☒ DOMESTIC/PUBLIC NON-COMMUNITY/NON-PUBLIC 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.
- ☐ CLOSED LOOP GEOTHERMAL - see attached conditions.
- ☐ OPEN LOOP GEOTHERMAL HEAT PUMP WELLS - Well must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ 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.
- ☐ IRRIGATION SUPPLY - A physical connection control permit may be required 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 -
- ☐ PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:10-6.84 (a) 4 v. are met.
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:10-12.10 have not been met - see attached additional conditions.
- ☐ 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



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

Date July 7, 1997 Signature of Driller [Signature] Signature of Owner [Signature]

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