State of New Jersey
THE PINELANDS COMMISSION
PO Box 359
NEW LISBON, NJ 08064
(609) 894-7300
www.nj.gov/pinelands

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor

General Information: Info@pinelands.nj.gov
Application Specific Information: AppInfo@pinelands.nj.gov

LAURA E. MATOS
Chair
SUSAN R. GROGAN
Acting Executive Director

Pinelands Commission Response to Permit to be Issued

Date: April 1, 2022

Pinelands Application Number: 2021-0060.002

Applicant: Northern Ocean Habitat for Humanity

Municipality: Manchester Township

Block: 99.159

Lots: 1 & 2

Type of Permit: Alternate Design Septic Permit (Amphidrome System)

Proposed Development Subject of Permit: Single Family dwelling

Commission Response to Permit:	**OK TO ISSUE PERMIT**

Please have applicant submit a copy of septic permit, approved septic plans and manufacturer's certification of approved septic design to the Commission office.

Conditions:

1. Each proposed single family dwelling shall utilize an alternate design wastewater system currently authorized by the Pinelands Comprehensive Management Plan for use on lots of at least 1.0 acre.

2. Prior to issuance of a municipal Certificate of Occupancy for the proposed dwelling, the municipality must receive a Certificate of Compliance for the alternate design wastewater system from the county health department. Prior to issuance of a county Certificate of Compliance for the septic system, all items listed on the attached checklist must be submitted to the Pinelands Commission and the county health department.

From: April Field
Chief Permit Administrator

enc: Checklist for Completion of Alternate Design Septic System Post-Installation Requirements
(Above form(s) may be found at nj.gov/pinelands/appli/tools/.)

Note to municipal and county officials: This is an alternative to our "faxed agency approval received form". This form is intended to be an interagency communication and not intended to be provided to applicants or agents.

The Pinelands Commission
P.O. Box 359, New Lisbon, NJ 08064
(609)894-7300
(609) 894-7331(fax)
Appinfo@pinelands.nj.gov

Notice of Septic Application to
Ocean County Board of Health

Applicant Name: Northern Ocean Habitat for Humanity

Applicant Address: 1214 Route 37 East, Toms River NJ 08753

Pinelands App # 2021-0060.002 OCHD File # **057641**

Block: 99.159 Lot: 1 & 2 Municipality: Manchester Township

Date Received: 3/29/2022 Engineers Certificate of Compliance received _____

Type of system:

___Standard Other (specify) - Amphidrome System

_____ Pressure Dosing

Date Plans Prepared: 12/27/2021 last Revision _____

Prepared By: FWH Associated, Brian Murphy

Plan Revision

Pinelands Commission Response

_____Consistent _____Inconsistent _____Conditionally Consistent

Conditions :_____
_____

_____ Approval given to issue septic system permit
_____ Do Not issue an approval for a septic system permit

Samantha Olsen
Assistant Environmental Health Coordinator
Ocean County Board of Health
CN 2191, 175 Sunset Ave.
Toms River NJ 08754
Solsen@ochd.org
732-341-9700 extension 7449

Please return to - OCHD, FAX: 732-286-1495

John Protonentis, REHS
Environmental Health Coordinator
Environmental & Consumer Health
Email: Jprotonentis@ochd.org

Public Health
Prevent. Promote. Protect.

OCEAN COUNTY HEALTH DEPARTMENT

P.O. Box 2191
175 Sunset Avenue
Toms River, NJ 08754-2191
(732) 341-9700 ext. 7416
Fax: (732) 286-1495
www.ochd.org

DATE: 6/14/2023 FILE #: 057641

CERTIFICATE OF COMPLIANCE

Issued to: Northern Ocean Habitat for Humanity

THIS IS TO CERTIFY THAT THE:

Individual Sewage System: residential SSDS

Individual Water System: domestic potable

Located in: Manchester Township
Municipality

At Block: 99.159 Lot: 1 & 2 Is in compliance with the application for permit to locate, construct and/or alter such systems.

File #: 057641 Dated: 4/4/2022

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 Approval

Inspecting Official

John Protonentis, EHC

H.D. 79

25764

New Jersey State Department of Environmental Protection
Bureau of Water Allocation and Well Permitting
Mail Code 401-04Q PO BOX 420 Trenton, NJ 08625-0420 Tel: 609-984-6831

Well Permit Number
E202200708

WELL RECORD

PROPERTY OWNER: NORTHERN OCEAN HABITAT FOR HUMANITY

Company/Organization: NORTHERN OCEAN HABITAT FOR HUMANITY

Address: 1214 ROUTE 37 EAST Toms River, New Jersey 08753

WELL LOCATION: ALWA

Address: 1709 RT 539

County: Ocean Municipality: Manchester Twp Lot: 1&2 Block: 99.159

Easting (X): 523917 Northing (Y): 396257
Coordinate System: NJ State Plane (NAD83) - USFEET

DATE WELL STARTED: February 15, 2023

DATE WELL COMPLETED: February 15, 2023

WELL USE: DOMESTIC

Other Use(s):

Local ID: WELL1

WELL CONSTRUCTION

Total Depth Drilled (ft.): 80 Finished Well Depth (ft.): 80 Well Surface: 1 ft. Above Grade

	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt/Rating/Screen # Used (lbs/ch no.)
Borehole	0	80	8		
Casing	0	70	4	PVC	40
Screen	70	80	4	pvc	12

	Depth to Top (ft.)	Depth to Bottom (ft.)	Outer Diameter (in.)	Inner Diameter (in)	Material		
					Bentonite (lbs.)	Neat Cement (lbs.)	Water (gal.)
Grout	3	70	8	4	250		125
Gravel Pack	70	80	8	4	#1		

Grouting Method: Pressure method (Tremie Pipe) Drilling Method: Mud Rotary

RECORD OF TEST
Test Date: February 15, 2023
Pump Equipment: air
Well Yield: 35 gpm
Static Water Level: 40 ft. below land surface
Pumping Water Level: 65 ft. below land surface

ATTACHMENTS

PUMPING EQUIPMENT
Installed: Installed
Installer's Name: nate hommel, 578567
Pump Type: Submersible
Depth to Pump: 65 ft. below land surface
Pump Capacity: 10 gpm
Total Design Head: 100 ft.
Pump Horsepower: .5 hp
If pump tested Discharge Rate: _ gpm
Duration of Test: _ hours

GEOLOGIC LOG
0 - 20: grey SM - Silty sands, sand-silt mixtures
20 - 45: orange SW - Well-graded sands and gravelly sands, little or no fines
45 - 55: red SW - Well-graded sands and gravelly sands, little or no fines
55 - 60: yellow OL - Organic silts and organic silty clays of low plasticity
60 - 80: tan SW - Well-graded sands and gravelly sands, little or no fines

ADDITIONAL INFORMATION:

Driller of Record: Nathan Hommel, MASTER LICENSE # 578567 Company: ALWAYS PURE WELL DRILLING LLC

JR HENDERSON LABS, INC.
123 Seaman Ave
Beachwood, NJ 08722

NJDEP Certification #: 15083
732-341-1211

Certificate of Analysis

Ordered by:	Lot:	*1.01*	Report Date: *6/12/2023*
Habitat for Humanity	Block:	*99.159*	Sample ID: *49695*
Attn: Bob	Mun:	*1519*	Sample Date/Time: *5/11/23; 11:11*
	County:	*Ocean*	Sample Address: *1709 Route 539, Manchester Twp, NJ*
	Treated?	*NO*	Sample Located Raw: *Kitchen Sink*
			Sample Loc Treated: *Kitchen Sink (treatment added after sample)*
			Collected by: *A Peterse*
			Purpose of Test: *Real Estate Transaction*

[redacted]

EMSL Analytical, Inc.

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax:856-786-5974
EMSL-CIN-01

EMSL Order ID: 012355423
LIMS Reference ID: AB55423
EMSL Customer ID: HEND50

Attention: Margaret Ellis
J.R. Henderson Labs [HEND50]
123 Seaman Avenue
Beachwood, NJ 08722
(732) 341-1211
margaretellis.jrhlabs@comcast.net

Project Name: Habitat for Humanity
Customer PO:
EMSL Sales Rep: Josh Silverman
Received: 05/12/2023 09:05
Reported: 05/17/2023 13:45

Sample Results

[redacted]

EMSL Analytical, Inc.

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax:856-786-5974
EMSL-CIN-01

EMSL Order ID: 012355439
LIMS Reference ID: AB55439
EMSL Customer ID: HEND50

Attention: Margaret Ellis
J.R. Henderson Labs [HEND50]
123 Seaman Avenue
Beachwood, NJ 08722
(732) 341-1211
margaretellis.jrhlabs@comcast.net

Project Name: 1709 Route 539, Manchester/Habitat for Humanity
Customer PO:
EMSL Sales Rep: Josh Silverman
Received: 05/12/2023 09:05
Reported: 05/26/2023 12:42

Analytical Results

[redacted]

STANDARD FORM FOR CERTIFICATE OF COMPLIANCE

County/Municipality of: Ocean County/Manchester Township

Instructions: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if the Administrative Authority performs the certification.

Part A - - GENERAL INFORMATION

1. Permitted Activities (Check applicable categories):
   Permit Number

   __X__ New Construction
   _____ Alteration/No Expansion or Change of Use
   _____ Alteration/Expansion or Change in Use
   _____ Alteration/Malfunctioning System
   _____ Deviation from Standards
   _____ Repairs to Existing System

2. Location of Project:
   Municipality: Manchester Township Lots: 1 & 2 Block: 99.159
   Street Address: 1709 Route 539

3. Name and Present Address of Applicant:
   Northern Ocean Habitat for Humanity
   1214 Route 37 East
   Toms River, NJ 08753

   Applicant's Phone Number: 732-998-8638

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.

Signature 5/14/23 Date

SEAL

Brian P. Murphy, P.E., P.P., CME
Name (Type or print), License No. 42000

Part C – CERTIFICATION BY ADMINISTRATIVE AUTHORITY

I certify under the 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 and 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.

_____ _____

Authorized Signature Type of License Held

_____ _____

Name (Typed or Printed) License Number

FOR AGENCY USE ONLY

Date Received:

Form Determined to Be: _____ Complete _____ Incomplete

Date Returned _____

Date Received _____

Date Certification Approved:

Authorized Signature: _____

Samantha Olsen , REHS
Asst. Environmental Health Coordinator

Environmental & Consumer Health

Email: Solsen@ochd.org

Public Health
Prevent. Promote. Protect.

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(732) 341-9700 ext. 7449
Fax: (732) 286-1495
www.ochd.org

April 4, 2022

Northern Ocean Habitat for Humanity
1214 Route 37 East
Toms River, NJ 08753

RE: Septic/Well Design
OCHD File **057641**
Block: 99.159 Lot: 1 & 2
Manchester Township
Pinelands Application Number: 2021-0060.002

Dear Applicant:

Based upon information submitted on 3/29/2022 regarding the above-mentioned proposed facility, this agency hereby **approves** the septic/well design as submitted. Proper documentation has been received by the NJ Pinelands Commission as required. The NJ Pinelands Commission has placed the following conditions on this approval:

1. Each proposed single-family dwelling shall utilize an alternate design wastewater system currently authorized by the Pinelands Comprehensive Management Plan for use on lots of at least 1.0 acre.

2. Prior to issuance of a municipal Certificate of Occupancy for the proposed dwelling, the municipality must receive a Certificate of Compliance for the alternate design wastewater system from the county health department. Prior to issuance of a county Certificate of Compliance for the septic system, all items listed on the attached checklist must be submitted to the Pinelands Commission and the county health department.

This office will issue a certificate of compliance once the subsurface sewage disposal certification by an engineer is- submitted, which will incorporate that all aspects of NJAC 7:9A have been met and are within regulation for design and installation, and that all requirements have been met for the installation of a new potable domestic well.

Should you have any questions, please feel free to contact me at (732) 341-9700, extension 7449 or at solsen@ochd.org

Sincerely,

Samantha Olsen
Assistant Environmental Health Coordinator

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
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05764

OCEAN COUNTY
HEALTH DEPARTMENT
NOC
PLAN APPROVED
DATE 4/4/2022

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

Manchester
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 99.159

Lot(s) 1+2

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

Type of Water System
X (A) Potable Non-Public
___ (B) Potable Public Non-Community
___ (C) Non-Potable
___ (D) Public Community System

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

NAME OF APPLICANT Northern Ocean Habitat for Humanity PHONE NO. 732-998-8638

ADDRESS 1214 Route 37 East CITY Toms River STATE NJ ZIP 08753

DIRECTIONS TO LOCATION SW corner of intersection of Harrison Ave + Roosevelt City Rd.

WELL APPLICATION

TYPE OF CASING: Material PVC Diameter 4" Grade 40 Thickness 1/4

TYPE AND METHODS OF SEALING JOINTS: Type Bell Method Glue

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

GROUTING MATERIAL Bentonite Depth & Method of grouting: Depth 100

Method Tremie

STORAGE TANK CAPACITY ___ Model No. ___

WELL DRILLER Nathan Hommel (Print) Lic # 578507 Driller Phone # 732-551-6447.

DRILLER ___ (Signature) State Well Permit # E20220708.

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 3

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

PERCOLATION TEST PERFORMED BY FWH Associates, P.A. Date 12-22-21 Phone 732-797-3100

WEATHER CONDITIONS AT TIME OF TEST Sunny

ENGINEER'S SIGNATURE AND SEAL 1/4/22

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.

March 22, 2022

Vincent Hatt, L.L.A.
FWH Associates, P.A.
1856 Rt 9
Toms River, NJ 08755

Re: Block 99.159, Lots 1 & 2 Manchester

Dear Mr. Hatt,

I have reviewed the package you provided me for Habitat For Humanity on Roosevelt City Rd., Manchester Twp. NJ using the Amphidrome SFR System manufactured by FR Mahony. The plans dated March 15, 2022 are in accordance with all design requirements.

Sincerely,

Joseph P. Speese

Joseph P. Speese
Site Specific Design, Inc.

New Jersey State Department of Environmental Protection
Bureau of Water Allocation and Well Permitting
Mail Code 401-04Q PO BOX 420 Trenton, NJ 08625-0420 Tel: 609-984-6831

Well Permit Number
E202200708

WELL PERMIT

New Well

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

Certifying Driller: NATHAN HOMMEL, MASTER LICENSE # 578567
Permit Issued to: ALWAYS PURE WELL DRILLING LLC
Company Address: 1737 SYMPHONY LN TOMS RIVER TWP, NJ 08755

PROPERTY OWNER

Name: NORTHERN OCEAN HABITAT FOR HUMANITY
Organization: NORTHERN OCEAN HABITAT FOR HUMANITY
Address: 1214 ROUTE 37 EAST
City: Toms River State: New Jersey Zip Code: 08753

PROPOSED WELL LOCATION

Facility Name: ALWA
Address: 1709 ROOSEVELT CITY RD
County: Ocean Municipality: Manchester Twp Lot: 1&2 Block: 99.159

Easting (X): 523917 Northing (Y): 396257
Coordinate System: NJ State Plane (NAD83) - USFEET

Local ID: WELL1

SITE CHARACTERISTICS	
Distance to Nearest Road:	50 ft
Distance to Nearest Septic Field:	100 to 110 ft
Distance to Nearest Septic Tank:	56 to 75 ft
Distance to Nearest Wooden Structure:	26 to 50 ft

PROPOSED CONSTRUCTION

WELL USE: DOMESTIC
Other Use(s):
Diameter (in.): 4
Regulatory Program Requiring Wells/Borings:
Depth (ft.): 100
Case ID Number:
Pump Capacity (gpm): 10
Deviation Requested: N
Drilling Method: Mud Rotary
Attachments: 1348586_Pinelands .pdf

SPECIFIC CONDITIONS/REQUIREMENTS

Approval Date: March 4, 2022
Expiration Date: March 3, 2024

Approved by the authority of:
Shawn M. LaTourette
Commissioner

Terry D. Pilawski

Terry Pilawski, Chief
Bureau of Water Allocation and Well Permitting

State of New Jersey
THE PINELANDS COMMISSION
PO Box 359
NEW LISBON, NJ 08064
(609) 894-7300
www.nj.gov/pinelands

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor

General Information: Info@pinelands.nj.gov
Application Specific Information: AppInfo@pinelands.nj.gov

LAURA E. MATOS
Chair
SUSAN R. GROGAN
Acting Executive Director

March 2, 2022

Kristine Novakowski (via email)
Northern Ocean Habitat for Humanity
1620 Route 37 East
Toms River, NJ 08753

Re: Application # 2021-0060.002
Block 99.159, Lots 1 & 2
Manchester Township

Dear Ms. Novakowski:

Pursuant to N.J.A.C. 7:50-4.34 of the Pinelands Comprehensive Management Plan, the completion of this application has resulted in the issuance of the enclosed *Certificate of Filing*.

The Certificate of Filing is not an approval. It is the document necessary to allow any municipal or county agency to review and act on the proposed development application. All municipal and county permits and approvals granted for the proposed development are subject to review by the Pinelands Commission. **No permit or approval shall take effect and no development may occur until the Commission issues a letter indicating that the municipal or county permit or approval may take effect.**

Upon receipt of any municipal or county permit or approval, please submit a copy to the Commission's office with the additional items listed on the enclosed *Local Agency Approval Submission Checklist.*

If you have any questions, please contact Ernest M. Deman of our staff.

Sincerely,

for Charles M. Horner, P.P.
Director of Regulatory Programs

Enc: Certificate of Filing
Local Agency Approval Submission Checklist
c: Secretary, Manchester Township Planning Board (via email)
Manchester Township Construction Code Official (via email)
Manchester Township Environmental Commission (via email)
Secretary, Ocean County Planning Board (via email)
Ocean County Health Department (via email)
Brian Murphy, PE (via email)

APPENDIX B
STANDARD FORMS FOR
SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY: Ocean County/Manchester Township

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

Form 1 - General Information

1. Type of permit needed (Check applicable categories):

__X__ New Construction ____ Alteration/No Expansion or Change of Use

____ Alteration/Expansion or Change In Use

____ Alteration/Malfunctioning System

____ Deviation from Standards ____ Repairs to Existing System

2. Location of Project:
Municipality: **Manchester** Block No.: **99.159** Lot No.: **1 & 2**
Street Address: **Roosevelt City Road** Zip: **08759**

3. Name of Applicant (print): **Northern Ocean Habitat for Humanity**

4. Applicant's Present Address: **1214 Route 37 East**
Toms River, New Jersey 08753

5. Applicant's Phone Number: **(732) 244 - 2251**

6. Type Of Facility:

X Residential

____ Commercial/Institutional

____ Specify Type of Establishment: _____

7. Type of Wastes to be Discharged:

X Sanitary Sewage

____ Industrial Wastes

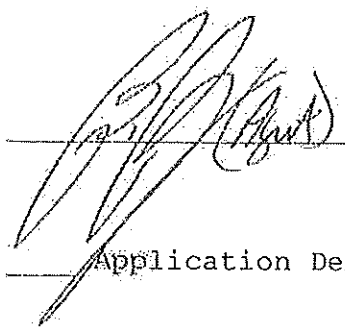
____ Other - Specify Type

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

N/A Pinelands Commission
N/A U.S. Army Corps of Engineers
N/A NJDEP - Bureau of Flood Plain Management
N/A Other - Specify:

9. I hereby certify that the information furnished on Form I 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 1/4/22



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 County/Manchester Township

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

Form 2a--General Site Evaluation Data Lot: **1 & 2** Block: **99.159**

1. Name of Site Evaluator (print): **Brian Murphy**

2. Business Address of Site Evaluator: **FWH Associates, P.A.**
   1856 Route 9, Toms River, NJ 08755

3. Business Phone Number of Site Evaluator: **(732) 797-3100**

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):

   b) Pre-existing Natural Ground Surface

      Elevation Relative to Existing Ground Surface:

      Method of Identification: **Field Investigation**

   c) Suitability of Disturbed Ground **N/A**

      ____ Unsuitable: Objects Subject to Disintegration in 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

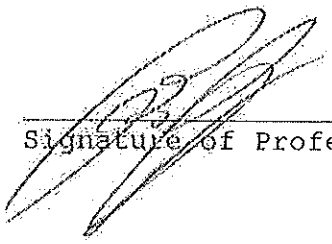
X Key map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map

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

N/A Other--Specify:

9. I hereby certify that the information furnished on Form 2a of the application (and the attachments thereto) is true and accurate. I am aware that falsifications of data is a violation of the Water 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: Date:



Signature of Professional Engineer 1/4/22

Brian P. Murphy
N.J. Professional Engineer
License # 42000

COUNTY/MUNICIPALITY: Ocean County/Manchester Township

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

Form 2b--Soil Log Interpretation Lot: 1 & 2 Block: 99.159

1. Log Number: **TP-1** Method (check one): **X** Profile Pit _____ Boring

2. Soil Log **TP_1**

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

SEE ATTACHED

3. Ground Water Observations:

X Seepage-Indicate Depth: **NWE**

____ 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:

__X__ Excessively Coarse Substratum---Depth to Top: 120"

___ 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: I

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 Soil Evaluator: Date:

Signature of Professional Engineer: 1/4/22

Brian P. Murphy
N.J. Professional Engineer
License # 42000

SOIL LOG FORM

LOT: 1 & 2 BLOCK: 99.159 TEST HOLE NO.: TP-1

TOWNSHIP: MANCHESTER COUNTY: OCEAN SAMPLES.: 24" & 90"

PROJECT NAME: ROOSEVELT CITY ROAD WEATHER: SUNNY 50°F

ELEVATION: 176.9

0" TO 3"	TOPSOIL
3" TO 72"	10 YR 6/8 BROWNISH YELLOW SAND, SUBANGULAR, MOIST, LOOSE
72" TO 120"	10 YR 6/6 BROWNISH YELLOW LOAMY SAND WITH 10% CLAY CHUNKS, SUNANGULAR, MOIST, LOOSE
EOB	

Description of any unusual materials Encountered at:

Estimated Seasonal High Water Table: >120"

Ground Water Encountered at: NWE

Site Evaluator:

_____

Professional Engineer:

1/4/22

Brian P. Murphy
Professional Engineer
New Jersey License No. 42000

Soil Test Boring Results Classified in Accordance with the Unified Soil Classification System; The U.S. Department of Agriculture Classification System; and the Munsell Soil Color Chart.		
FWH ASSOCIATES, P.A. CONSULTING ENGINEERS LAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	Tested By: Alex Stollery	Date:12-15-21
	Witnessed By:	Date:
1856 Route 9 Toms River, New Jersey 08755 (732) 797-3100	File No.: 3195.0007	
	Sheet No.: 1 of 1	

COUNTY/MUNICIPALITY: Ocean County/Manchester Township

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

Form 2b--Soil Log Interpretation Lot: 1 & 2 Block: 99.159

1. Log Number: **TP-2** Method (check one): **X** Profile Pit _____ Boring

2. Soil Log **TP-2**

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

SEE ATTACHED

3. Ground Water Observations:

X Seepage-Indicate Depth: **NWE**

____ 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:

__X__ Excessively Coarse Substratum---Depth to Top: **120"**

____ 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: **IIsr**

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 Soil Evaluator: Date: 1/4/22

Signature of Professional Engineer:

Brian P. Murphy
N.J. Professional Engineer
License # 42000

SOIL LOG FORM

LOT: 1 & 2 BLOCK: 99.159 TEST HOLE NO.: TP-2

TOWNSHIP: MANCHESTER COUNTY: OCEAN SAMPLES.: 100"

PROJECT NAME: ROOSEVELT CITY ROAD WEATHER: SUNNY 50°F

ELEVATION: 177.3

0" TO 3"	TOPSOIL
3" TO 120"	10 YR 6/4 LIGHT YELLOWISH BROWN SAND, SUBANGULAR, MOIST, LOOSE
EOB	

Description of any unusual materials Encountered at:

Estimated Seasonal High Water Table: >120"

Ground Water Encountered at: NWE

Site Evaluator:

_____

Professional Engineer:

1/4/22

Brian P. Murphy
Professional Engineer
New Jersey License No. 42000

Soil Test Boring Results Classified in Accordance with the Unified Soil Classification System; The U.S. Department of Agriculture Classification System; and the Munsell Soil Color Chart.		
FWH ASSOCIATES, P.A. CONSULTING ENGINEERS LAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	Tested By: Alex Stollery	Date:12-15-21
	Witnessed By:	Date:
1856 Route 9 Toms River, New Jersey 08755 (732) 797-3100	File No.: 3195.0007	
	Sheet No.: 1 of 1	

COUNTY/MUNICIPALITY: Ocean County/Manchester Township

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

Form 3a. Soil Permeability Data Lot: **1 & 2** Block: **99.159**

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*
Tube Permeameter	**TP1**	**19**	**24**	**63.50 in/HR**
Tube Permeameter	**TP1**	**22**	**24**	**71.14 in/HR**
Tube Permeameter	**TP1**	**25**	**90**	**13.55 in/HR**
Tube Permeameter	**TP1**	**33**	**90**	**12.87 in/HR**
Tube Permeameter	**TP2**	**07**	**100**	**38.41 in/HR**
Tube Permeameter	**TP2**	**57**	**100**	**36.73 in/HR**

* 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 No. **TP1 & TP2**

X Average of Test Replicates ____ Single Replicate

____ Slowest of Replicates

3. Type of Limiting Zone Identified: Test Number:

_____ _____

_____ _____

4. Attachments (Check Items Included):

X Form 3b - Tube Permeameter Test Data - No. of Sheets: **6**

____ Form 3c - Soil Permeability Class Rating Test Data
Number of Sheets:

____ Form 3d - Percolation Test Data - No. of Sheets _____

____ Form 3e - Pit-Bailing Test Data - No. of Sheets _____

____ Form 3f - Piezometer Test Data - No. of Sheets _____

____ Form 3g - Basin Flooding Test Data - No. of Sheets _____

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 Soil Evaluator: Date:

1/4/22

Brian P. Murphy

New Jersey Professional Engineer - License No. 42000 Date:

TUBE PERMEAMETER
TEST SHEET

JOB NO.: 3195.0007

TEST HOLE NO.: TP-1 TUBE NO.: 19 DEPTH OF SAMPLE: 24"

LOTS: 1 & 2 BLOCK: 99.159 TOWNSHIP: MANCHESTER COUNTY: OCEAN

L (in.) = 5.0

HEIGHT (in.)		BEG. TIME	END TIME	DESCRIPTION OF ANY FLAWS WITHIN SAMPLE
H1: 4	H2: 3	00:00:00	00:01:29	
H1: 4	H2: 3	00:00:00	00:01:33	
H1: 4	H2: 3	00:00:00	00:01:47	

PERMEABILITY RATE (in./hr.) AT TIME INTERVAL:

H1/H2: 66.90

H2/H3: 64.89

H3/H4: 58.71

K = permeability of soil sample
L = length of soil core (inches)
t = time (minutes) for water to drop from H1/H2
r = radius of stand pipe (inches)
R = radius of soil core (inches)
H1 = height of water above rim of test basin at the beginning of test interval (inches)
H2 = height of water above rim of test basin at the end of test interval (inches)
$K = 60 \text{ min./hr.} \times L/t \times r^2/R^2 \times \ln. (H1/H2)$

MEASURED PERMEABILITY: 63.50

SOIL PERMEABILITY CLASS: K-5

FWH ASSOCIATES, P.A. CONSULTING ENGINEERSLAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	PROJECT: ROOSEVELT CITY ROAD		
	Sampled By: AS	Witnessed By:	Tested By: BA
1856 ROUTE 9 TOMS RIVER, NEW JERSEY 08755 (732) 797-3100	Date: 12-15-21	Date:	Date: 12-22-21

TUBE PERMEAMETER
TEST SHEET

JOB NO.: 3195.0007

TEST HOLE NO.: TP-1 TUBE NO.: 22 DEPTH OF SAMPLE: 24"

LOTS: 1 & 2 BLOCK: 99.159 TOWNSHIP: MANCHESTER COUNTY: OCEAN

L (in.) = 5.0

HEIGHT (in.)		BEG. TIME	END TIME	DESCRIPTION OF ANY FLAWS WITHIN SAMPLE
H1: 4	H2: 3	00:00:00	00:01:14	
H1: 4	H2: 3	00:00:00	00:01:21	
H1: 4	H2: 3	00:00:00	00:01:30	

PERMEABILITY RATE (in./hr.) AT TIME INTERVAL:

H1/H2: 75.71

H2/H3: 71.33

H3/H4: 66.39

K = permeability of soil sample
L = length of soil core (inches)
t = time (minutes) for water to drop from H1/H2
r = radius of stand pipe (inches)
R = radius of soil core (inches)
H1 = height of water above rim of test basin at the beginning of test interval (inches)
H2 = height of water above rim of test basin at the end of test interval (inches)
$K = 60 \text{ min./hr.} \times L/t \times r^2/R^2 \times \ln. (H1/H2)$

MEASURED PERMEABILITY: 71.14

SOIL PERMEABILITY CLASS: K-5

FWH ASSOCIATES, P.A. CONSULTING ENGINEERSLAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	PROJECT: ROOSEVELT CITY ROAD		
	Sampled By: AS	Witnessed By:	Tested By: BA
1856 ROUTE 9 TOMS RIVER, NEW JERSEY 08755 (732) 797-3100	Date: 12-15-21	Date:	Date: 12-22-21

TUBE PERMEAMETER
TEST SHEET

JOB NO.: 3195.0007

TEST HOLE NO.: TP-1 TUBE NO.: 25 DEPTH OF SAMPLE: 90"

LOTS: 1 & 2 BLOCK: 99.159 TOWNSHIP: MANCHESTER COUNTY: OCEAN

L (in.) = 4.5

HEIGHT (in.)	BEG. TIME	END TIME	DESCRIPTION OF ANY FLAWS WITHIN SAMPLE
H1: 4 H2: 3	00:00:00	00:05:37	
H1: 4 H2: 3	00:00:00	00:05:59	
H1: 4 H2: 3	00:00:00	00:06:32	

PERMEABILITY RATE (in./hr.) AT TIME INTERVAL:

H1/H2: 14.46

H2/H3: 13.90

H3/H4: 12.29

K = permeability of soil sample
L = length of soil core (inches)
t = time (minutes) for water to drop from H1/H2
r = radius of stand pipe (inches)
R = radius of soil core (inches)
H1 = height of water above rim of test basin at the beginning of test interval (inches)
H2 = height of water above rim of test basin at the end of test interval (inches)
$K = 60 \text{ min./hr.} \times L/t \times r^2/R^2 \times \ln. (H1/H2)$

MEASURED PERMEABILITY: 13.55

SOIL PERMEABILITY CLASS: K-4

FWH ASSOCIATES, P.A. CONSULTING ENGINEERSLAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	PROJECT: ROOSEVELT CITY ROAD		
	Sampled By: AS	Witnessed By:	Tested By: BA
1856 ROUTE 9 TOMS RIVER, NEW JERSEY 08755 (732) 797-3100	Date: 12-15-21	Date:	Date: 12-22-21

TUBE PERMEAMETER
TEST SHEET

JOB NO.: 3195.0007

TEST HOLE NO.: TP-1 TUBE NO.: 33 DEPTH OF SAMPLE: 90"

LOTS: 1 & 2 BLOCK: 99.159 TOWNSHIP: MANCHESTER COUNTY: OCEAN

L (in.) = 4.5

HEIGHT (in.)	BEG. TIME	END TIME	DESCRIPTION OF ANY FLAWS WITHIN SAMPLE
H1: 4 H2: 3	00:00:00	00:05:49	
H1: 4 H2: 3	00:00:00	00:06:17	
H1: 4 H2: 3	00:00:00	00:06:54	

PERMEABILITY RATE (in./hr.) AT TIME INTERVAL:

H1/H2: 14.15

H2/H3: 12.59

H3/H4: 11.88

K = permeability of soil sample
L = length of soil core (inches)
t = time (minutes) for water to drop from H1/H2
r = radius of stand pipe (inches)
R = radius of soil core (inches)
H1 = height of water above rim of test basin at the beginning of test interval (inches)
H2 = height of water above rim of test basin at the end of test interval (inches)
$K = 60 \text{ min./hr.} \times L/t \times r^2/R^2 \times \ln. (H1/H2)$

MEASURED PERMEABILITY: 12.87

SOIL PERMEABILITY CLASS: K-4

FWH ASSOCIATES, P.A. CONSULTING ENGINEERSLAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	PROJECT: ROOSEVELT CITY ROAD		
	Sampled By: AS	Witnessed By:	Tested By: BA
1856 ROUTE 9 TOMS RIVER, NEW JERSEY 08755 (732) 797-3100	Date: 12-15-21	Date:	Date: 12-22-21

TUBE PERMEAMETER
TEST SHEET

JOB NO.: 3195.0007

TEST HOLE NO.: TP-2 **TUBE NO.: 7** **DEPTH OF SAMPLE: 100"**

LOTS: 1 & 2 **BLOCK: 99.159** **TOWNSHIP: MANCHESTER** **COUNTY: OCEAN**

L (in.) = 5.0

HEIGHT (in.)		BEG. TIME	END TIME	DESCRIPTION OF ANY FLAWS WITHIN SAMPLE
H1: 4	H2: 3	00:00:00	00:02:20	
H1: 4	H2: 3	00:00:00	00:02:11	
H1: 4	H2: 3	00:00:00	00:02:46	

PERMEABILITY RATE (in./hr.) AT TIME INTERVAL:

H1/H2: 39.23

H2/H3: 40.90

H3/H4: 35.08

K = permeability of soil sample
L = length of soil core (inches)
t = time (minutes) for water to drop from H1/H2
r = radius of stand pipe (inches)
R = radius of soil core (inches)
H1 = height of water above rim of test basin at the beginning of test interval (inches)
H2 = height of water above rim of test basin at the end of test interval (inches)
$K = 60 \text{ min./hr.} \times L/t \times r^2/R^2 \times \ln. (H1/H2)$

MEASURED PERMEABILITY: 38.41

SOIL PERMEABILITY CLASS: K-5

FWH ASSOCIATES, P.A. CONSULTING ENGINEERSLAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	PROJECT: ROOSEVELT CITY ROAD		
	Sampled By: AS	Witnessed By:	Tested By: BA
1856 ROUTE 9 TOMS RIVER, NEW JERSEY 08755 (732) 797-3100	Date: 12-15-21	Date:	Date: 12-22-21

TUBE PERMEAMETER
TEST SHEET

JOB NO.: 3195.0007

TEST HOLE NO.: TP-2 TUBE NO.: 57 DEPTH OF SAMPLE: 100"

LOTS: 1 & 2 BLOCK: 99.159 TOWNSHIP: MANCHESTER COUNTY: OCEAN

L (in.) = 5.0

HEIGHT (in.)	BEG. TIME	END TIME	DESCRIPTION OF ANY FLAWS WITHIN SAMPLE
H1: 4 H2: 3	00:00:00	00:02:33	
H1: 4 H2: 3	00:00:00	00:02:53	
H1: 4 H2: 3	00:00:00	00:03:21	

PERMEABILITY RATE (in./hr.) AT TIME INTERVAL:

H1/H2: 37.04

H2/H3: 34.11

H3/H4: 39.05

K = permeability of soil sample
L = length of soil core (inches)
t = time (minutes) for water to drop from H1/H2
r = radius of stand pipe (inches)
R = radius of soil core (inches)
H1 = height of water above rim of test basin at the beginning of test interval (inches)
H2 = height of water above rim of test basin at the end of test interval (inches)
$K = 60 \text{ min./hr.} \times L/t \times r^2/R^2 \times \ln. (H1/H2)$

MEASURED PERMEABILITY: 36.73

SOIL PERMEABILITY CLASS: K-5

FWH ASSOCIATES, P.A. CONSULTING ENGINEERSLAND SURVEYORS * SITE PLANNERS LANDSCAPE ARCHITECTS ENVIRONMENTAL CONSULTANTS	PROJECT: ROOSEVELT CITY ROAD		
	Sampled By: AS	Witnessed By:	Tested By: BA
1856 ROUTE 9 TOMS RIVER, NEW JERSEY 08755 (732) 797-3100	Date: 12-15-21	Date:	Date: 12-22-21

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal.: **500 GPD**

X Residential: No. of Dwelling Units: Total No. of Bedrooms: **3**

____ 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 Alterations or Repair (Check appropriate categories)

____ Expansion or Change in Use ____ Upgrade Existing Facilities

____ Correct Malfunctioning System ____ Other-Specify:

b) Describe Nature of Alteration or Repairs:

3. System Components

a) Grease Trap Capacity, gals:

Show Calculations Used:

b) Septic Tank Capacities, gals: **2,000 gal Anoxic tank**
1,000 gal Clear Well tank

Second Compartment____ Third Compartment____

c) Effluent Distribution

Method: Gravity Flow __X__ Gravity Dosing ____Pressure Dosing_____

Dosing Device: __X__ Pump ___ Siphon

d) Dosing Tank Capacities, gals: Total Cap._____ Dose Vol.

Reserve Capacity:

e) Laterals: Number: **8** Total Length: **312** Pipe Size: **4"** Spacing: **3'**

f) Connecting Pipe: Size: **4"** Length: **5'**

g) Manifold: Size: Length:

h) Disposal Field: Type installation: **SRB**
Design Permeability (Percolation Rate): **6-20 IN/HR**

Trenches: Width Total Length Bed Area: **39 x 21 = 819 SF**

i) Seepage Pits: Design Percolation Rate:

Number of Pits_____Total Percolating Area Provided_____

4. Attachments (Check items included):

X General Plan of System Showing Location of All System Components

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

N/A Pump Performance Curve

N/A 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.

1/4/22

Brian P. Murphy
New Jersey Professional Engineer - License No. 42000 Date:

State of New Jersey
THE PINELANDS COMMISSION
PO Box 359
NEW LISBON, NJ 08064
(609) 894-7300
www.nj.gov/pinelands

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor

General Information: Info@pinelands.nj.gov
Application Specific Information: AppInfo@pinelands.nj.gov

LAURA E. MATOS
Chair
SUSAN R. GROGAN
Acting Executive Director

May 10, 2022

Kristine Novakowski (via email)
Northern Ocean Habitat for Humanity
1620 Route 37 East
Toms River NJ 08753

NOTIFICATION OF REVIEW OF LOCAL AGENCY APPROVAL(S)

DETERMINATION: **CONSISTENT** – APPROVAL(S) MAY TAKE EFFECT

APPLICATION #	**2021-0060.002**
Agency Approval(s) Reviewed	Final Minor Subdivision Approval granted by the Ocean County Planning Board to combine two lots
Applicant	Northern Ocean Habitat for Humanity
Parcel	Block 99.159, Lots 1 & 2 Manchester Township Pinelands Town, WTR-40 Zoning District: 1.65 acres
Proposed Development	Single family dwelling
Plans reviewed	Plot Plan, consisting of 1 sheet, prepared by FWH Associates, P.A., dated 12/27/2021 and last revised 4/19/2022

CONDITIONS FOR DEVELOPMENT:

1. Each proposed single family dwelling shall utilize an alternate design wastewater system currently authorized by the Pinelands Comprehensive Management Plan for use on lots of at least 1.0 acre.

2. Prior to issuance of a municipal Certificate of Occupancy for the proposed dwelling, the municipality must receive a Certificate of Compliance for the alternate design wastewater system from the county health department. Prior to issuance of a county Certificate of Compliance for the septic system, all items listed on the attached checklist must be submitted to the Pinelands Commission and the county health department.

3. Each septic system shall be located where the seasonal high water table is at least five feet below the natural ground surface.

If you have any questions, please contact Ernest M. Deman of our staff.

Sincerely,

for Charles M. Horner, P.P.
Director of Regulatory Programs

enc: Checklist for Completion of Alternate Design Septic System Post-Installation Requirements
(Above form(s) may be found at nj.gov/pinelands/appli/tools/.)

c: Secretary, Manchester Township Planning Board (via email)
Manchester Township Construction Code Official (via email)
Manchester Township Environmental Commission (via email)
Secretary, Ocean County Planning Board (via email)
Ocean County Health Department (via email)
Brian Murphy, PE (via email)

State of New Jersey
THE PINELANDS COMMISSION
PO BOX 359
NEW LISBON, NJ 08064
(609) 894-7300
www.nj.gov/pinelands

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor

LAURA E. MATOS
Chair
SUSAN R. GROGAN
Executive Director

General Information: Info@pinelands.nj.gov
Application Specific Information: AppInfo@pinelands.nj.gov

August 21, 2023

Kristine Novakowski (via email)
Northern Ocean Habitat for Humanity
1620 Route 37 East
Toms River NJ 08753

NOTIFICATION OF REVIEW OF LOCAL AGENCY APPROVAL(S)

DETERMINATION: **CONSISTENT** – APPROVAL(S) MAY TAKE EFFECT

APPLICATION #	**2021-0060.002**
Agency Approval(s) Reviewed	• Alternate Design Septic System (Amphidrome) Permit issued on 4/4/2022 by the Ocean County Health Department • Construction Permit issued on 8/11/2022 by the Manchester Township Construction Code Official
Applicant	Northern Ocean Habitat for Humanity
Parcel	Block 99.159, Lots 1 & 2 Manchester Township Pinelands Town, WTR-40 Zoning District: 1.65 acres
Proposed Development	Single family dwelling
Plans reviewed	Septic Plan, consisting of 2 sheets, prepared by FWH Associates and dated as follows: Sheets 1 & 2 dated 12/27/2021 last revised 3/15/2022

CONDITIONS FOR DEVELOPMENT:

1. Prior to issuance of a municipal Certificate of Occupancy for the proposed dwelling, the municipality must receive a Certificate of Compliance for the alternate design wastewater system from the county health department. Prior to issuance of a county Certificate of Compliance for the septic system, all items listed on the attached checklist must be submitted to the Pinelands Commission and the county health department.

2. Each septic system shall be located where the seasonal high water table is at least five feet below the natural ground surface.

3. The municipal land use ordinance and/or the Pinelands Comprehensive Management Plan require that all minor residential (1-4 dwelling units) development demonstrate consistency with stormwater management standards. To meet these standards, "green infrastructure" measures (e.g. drywells, pervious pavement, small scale infiltration basin, etc.) must be designed in accordance with the New Jersey Stormwater BMP Manual and installed for the minor residential development subject of this application.

The "green infrastructure" must retain and infiltrate runoff generated from the total roof area of the dwelling(s) by a 10-year, 24-hour storm.

If you have any questions, please contact Bethany Williams of our staff.

Sincerely,

for Charles M. Horner, P.P.
Director of Regulatory Programs

enc: Checklist for Completion of Alternate Design Septic System Post-Installation Requirements
(Above form(s) may be found at nj.gov/pinelands/appli/tools/.)

c: Manchester Township Construction Code Official (via email)
Ocean County Health Department (via email)
Kathy Campbell (via email)

State of New Jersey
THE PINELANDS COMMISSION
PO Box 359
NEW LISBON, NJ 08064
(609) 894-7300
www.nj.gov/pinelands

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor

General Information: Info@pinelands.nj.gov
Application Specific Information: AppInfo@pinelands.nj.gov

LAURA E. MATOS
Chair
SUSAN R. GROGAN
Executive Director

August 23, 2023

Kristine Novakowski (via email)
Northern Ocean Habitat for Humanity
1620 Route 37 East
Toms River NJ 08753

Re: Application # 2021-0060.002
Block 99.159, Lots 1 & 2
Manchester Township

Dear Ms. Novakowski:

We have received a partial submission of the items required prior to issuance of a county health department Certificate of Compliance and municipal Certificate of Occupancy for Block 99.59, Lots 1 & 2, which proposes to use an Amphidrome alternate design septic system. The following items remain outstanding:

1. Professional Engineer's certification from the NJDEP/County Health Department Certificate of Compliance Form: Part B - Professional Certification;

2. Professional Engineer's certification letter that pumps (if applicable) and alarms are installed and functioning in compliance with NJDEP and Pinelands Commission requirements;

3. A copy of the as-built plan of the system which labels the sample collection port and provides the dimensions (distance) from the port to two fixed locations (i.e., two different corners of the dwelling);

4. GPS Northing and Easting coordinates for the sample collection port; and

5. A copy of the recorded (or stamped, receipted) deed notice containing Pinelands-approved Alternate System Pilot Program Language. Please see attached sample.

This information has not been provided to the Commission. Until such time as this information is provided, no County Health Department Certificate of Compliance and municipal Certificate of Occupancy may be issued for Block 99.159, Lots 1 & 2. Please submit the above information as quickly as possible.

Please submit all application-related materials, including large reports and plans, in digital format to appinfo@pinelands.nj.gov. All plans must be in .pdf format and multiple plan sheets must be consolidated into one .pdf.

Please include your application number on any submitted information. If you have any questions, please contact the Regulatory Programs staff.

Sincerely,

Kenneth S. Carter
Environmental Specialist 1

enc: Deed Notice Language for Nitrogen Reducing Residential Septic Systems
(Above form(s) may be found at nj.gov/pinelands/appli/tools/.)

c: Samantha Olsen, Ocean County Health Department (via email)
Brian Murphy, PE (via email)
Vincent Hatt (via email)
Kathy Campbell (via email)
Katherine Elliott (via email)