OCEAN COUNTY HEALTH DEPARTMENT

2/26/09
Date

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

No. 040281

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to Mr. + Mrs. Behm
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Approved - Repair

INDIVIDUAL WATER SYSTEM N/A

Installed at Block No. 1101

Lot No. 13 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 040281 dated 2/26/09

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

H.D. 26

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

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

Approved
OCEAN COUNTY HEALTH DEPARTMENT
NO 8
PLAN APPROVED
DATE 8/10/01

Official Use Only

Fee Paid 340.00

Jackson
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 132 New 1101

Lot(s) 26.10 New 13

___ (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
X (E) To replace or repair a septic system
Replace 15x55 bed

Type of Water System

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

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

NAME OF APPLICANT Mr + Mrs. Behm PHONE NO (732) 961-1099

ADDRESS 21 Rivers Edge Dr CITY Jackson STATE NJ ZIP 08527

DIRECTIONS TO LOCATION Farmingdale Rd to Rivers Edge Dr

WELL APPLICATION

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

TYPE AND METHODS OF SEALING JOINTS: Type _____ Method _____

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

GROUTING MATERIAL _____ Depth & Method of grouting: Depth _____

Method _____

STORAGE TANK CAPACITY _____ Model No. _____

WELL DRILLER _____ Lic. # _____ Driller Phone # _____
(Print)

DRILLER _____ State Well Permit # _____
(Signature)

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

SEPTIC APPLICATION

TYPE OF BUILDING TO BE SERVED Residental Dwelling Unit: No. of Bedrooms 3

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

PERCOLATION TEST PERFORMED BY All-Ways 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.

Inspection Move building up

H.D. 45

Location-Address 21 Riveredge Dr. (new 1101) Blk#: 132 (new 13) Lot#: 26.01

Owner(Print): Mr. Behm

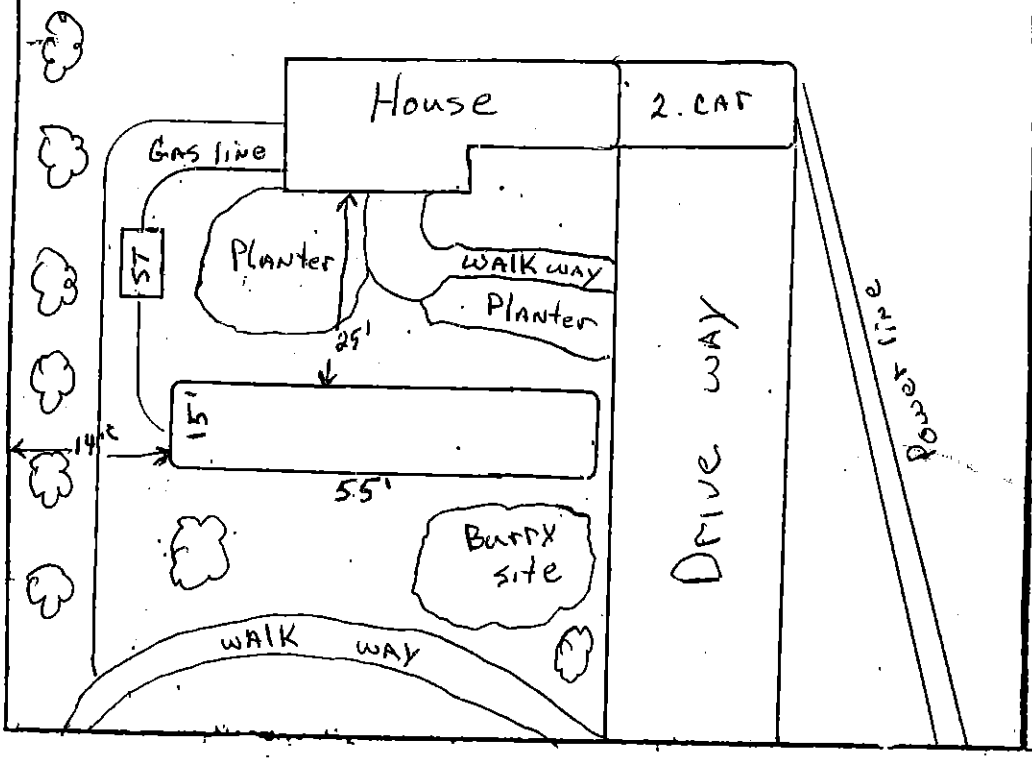
Present Address: same

ALWAYS TRUCKING
889 Lakehurst Avenue Jackson, N. J. 08527
(~~908~~ 732) 928-5862

Type of Building to be Served: House Use: Yearly X Summer
Dwelling Unit: No. of Bedrooms 3 Expansion Attic: Yes No X
Other: Type of Business No Plumbing Units
Size of Lot: Area Sq. Ft.

PRIMARY TREATMENT (For Definitions See Other Side)
Septic Tank: Shape Rectangular Cylindrical Material
Width Length Liquid Depth Total Depth
Diameter (if cylindrical) Capacity(Gals.) 1000

SKETCH OF PROPOSED INSTALLATION/REPAIR



ESTIMATED S.H.W.T. @

no water 16' +

NOTE:
CITY WATER
WELL WATER

Ann NB