OCEAN COUNTY HEALTH DEPARTMENT

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

4/25/03
Date

No. 028727

BOARD OF HEALTH OF Dover

CERTIFICATE OF COMPLIANCE

Issued to Mike Fratta
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Repair

INDIVIDUAL WATER SYSTEM N/A

Installed at Block No. 58.02

Lot No. 23.24 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 028727 dated 4/24/03

The issuance of this certification shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

Final

H.D. 26

4/22/03 Emergency Septic approved

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

OCEAN COUNTY HEALTH DEPARTMENT
NO _____
PLAN APPROVED _____
DATE _____

Official Use Only

Fee Paid #058727

Emergency
JACKSON
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 58.02

Lot(s) 25.24

___ (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
Restone 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 Mike Walla PHONE NO. 732 886 8962

ADDRESS 2524/2526 Lexington CT CITY JACKSON STATE NJ ZIP 08527

DIRECTIONS TO LOCATION _____

WELL APPLICATION

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

TYPE AND METHODS OF SEALING JOINTS: Type _____ Method _____

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

GROUTING MATERIAL _____ Depth & Method of grouting: Depth _____

Method _____

STORAGE TANK CAPACITY _____ Model No. _____

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

DRILLER _____ State Well Permit # _____
(Signature)

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

SEPTIC APPLICATION

TYPE OF BUILDING TO BE SERVED Residential Dwelling Unit: No. of Bedrooms 4

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

PERCOLATION TEST PERFORMED BY A-All-In-One Const. Date 4/21/03 Phone 732-928-3800

WEATHER CONDITIONS AT TIME OF TEST _____

ENGINEER'S SIGNATURE AND SEAL Kevin Wickham

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.

*No changes in size or location. Bury all wastestone on site. All work to be inspected by the Ocean County Board of Health when completed. Required on site: waste burial before backfilling any repair area. Any variation plan will be considered an alteration and require egineering data. No wells within 100' of repair.

S Wickham

H.D. 45

Location-Address 2524/2526 Lexington CT 5802 Blk#: Lot#: 2524

Owner(Print): Mike WALLA

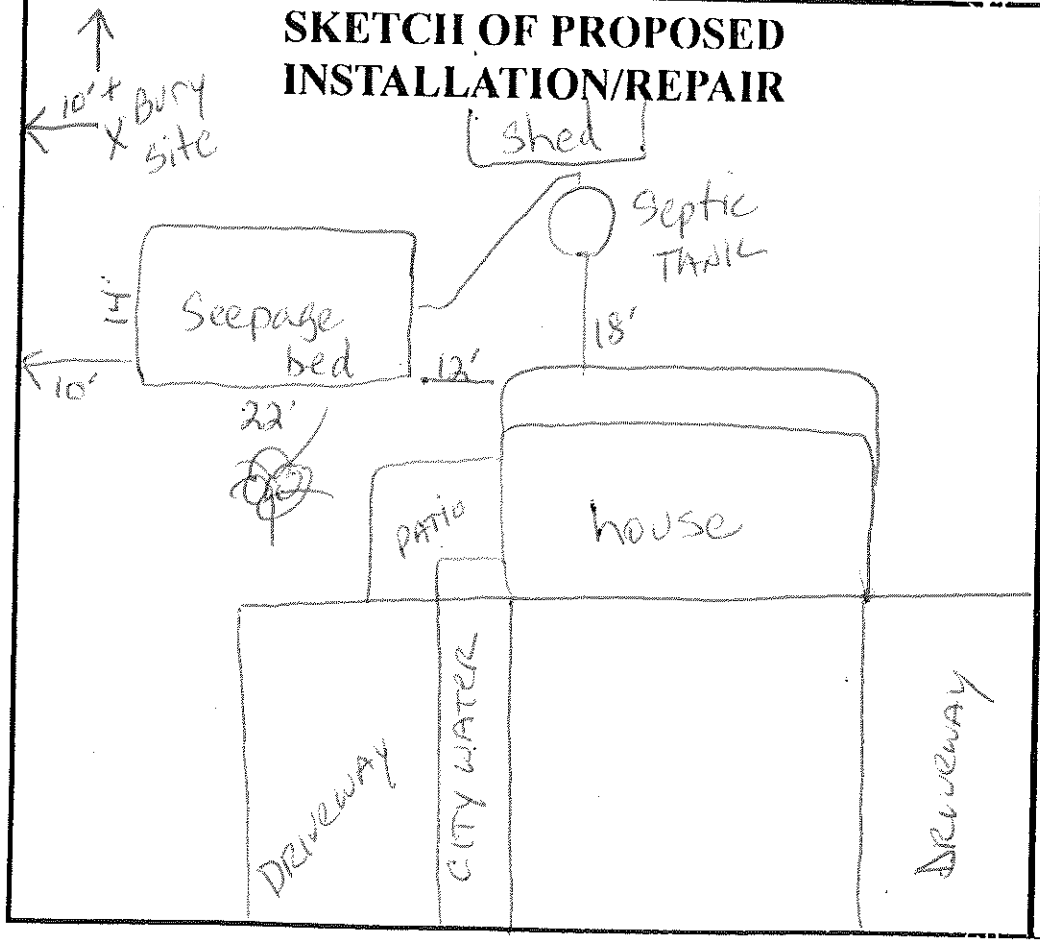
Present Address: Same

A-ALL-IN-ONE CONSTRUCTION (732) 928-3800
885 Lakehurst Avenue Jackson, N. J. 08527 (732) 928-5474 FAX

Type of Building to be Served Residential Use: Yearly ✓ Summer
Dwelling Unit: No. of Bedrooms 4 Expansion Attic: Yes No ✓
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.)

SKETCH OF PROPOSED INSTALLATION/REPAIR



ESTIMATED S.H.W.T. @

NOTE:
CITY WATER
WELL WATER