OCEAN COUNTY HEALTH DEPARTMENT

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

6/23/10
Date

No. 042127

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to Mike Walla
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Approved - Repair

INDIVIDUAL WATER SYSTEM N/A

Installed at Block No. 21801

Lot No. 27 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 042127 dated 6/22/2010

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

Rpt. Rec

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

OCEAN COUNTY HEALTH DEPARTMENT
NO
PLAN APPROVED 6/22/10
DATE

Official Use Only

Fee Paid 04217

JACKSON
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 58.02 - 21801

Lot(s) 2524 - 27

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

Type of Water System

___ (A) Potable Non-Public
___ (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. ___

ADDRESS 2524/2526 Lexington CT CITY Jackson STATE NJ ZIP ___

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 RES Dwelling Unit: No. of Bedrooms ___

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

PERCOLATION TEST PERFORMED BY Affordable Pumping Date 6-22-10 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.

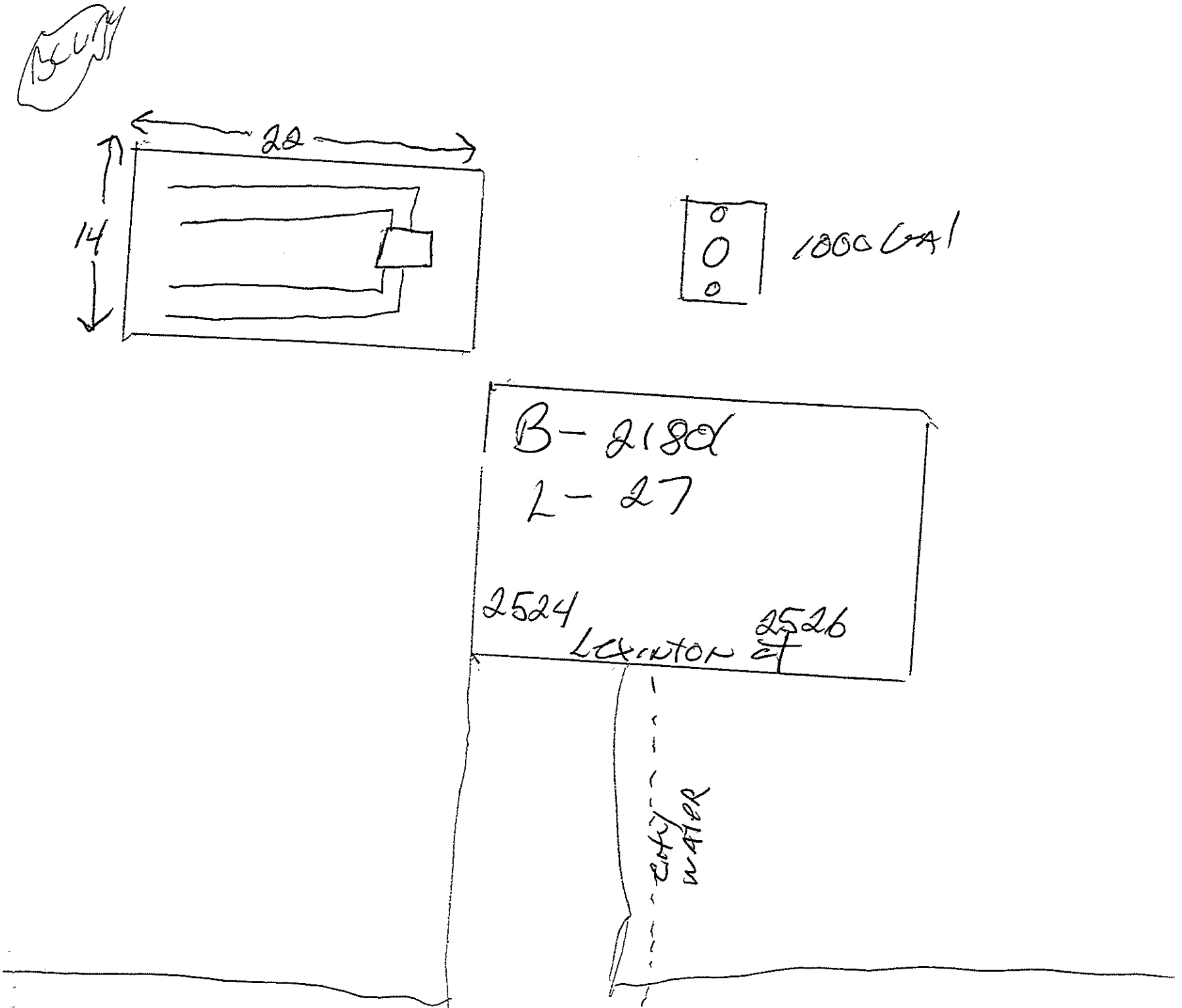
STATEMENT: Submit four (4) complete legible copies of applications, including engineer's & well driller's submissions. Final approval will only be granted after all inspections are completed, "as-built" drawings are submitted (where required) and satisfactory water analysis received, and all fees are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

Repair - 14 x 22

[redacted]

___ INSPECTION REQUIRED PRIOR TO BACKFILL
___ ANY DEVIATION FROM THIS APPROVED PLAN WILL REQUIRE ENGINEERING DESIGN AND SUBMITTAL OF NEW PLANS

H.D. 45


22
14
1000 GAL
B-218d
L-27
2524
LEXINGTON ST
2526
CITY WATER