OCEAN COUNTY HEALTH DEPARTMENT

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

12/23/98
Date

No. 01838

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to M. Stewart
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Repair

INDIVIDUAL WATER SYSTEM ~~WATER SYSTEM~~ _____

Installed at Block No. 83

Lot No. 16.01 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 01838 dated 12/23/98

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

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

12/22/98
Approved
OCEAN COUNTY HEALTH DEPARTMENT
Official Use Only
Fee Paid 018381

SOPUASIONS

JACKSON TWP
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 83

Lot(s) 16.01

___ (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 Mr. Stappert PHONE NO. 928-2655

ADDRESS 287 East Pleasant Grove CITY Jackson STATE NJ ZIP

DIRECTIONS TO LOCATION Off 527 North Right turn of Pleasant Grove

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 Home Dwelling Unit: No. of Bedrooms 3

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~~ Louis Lauro

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.

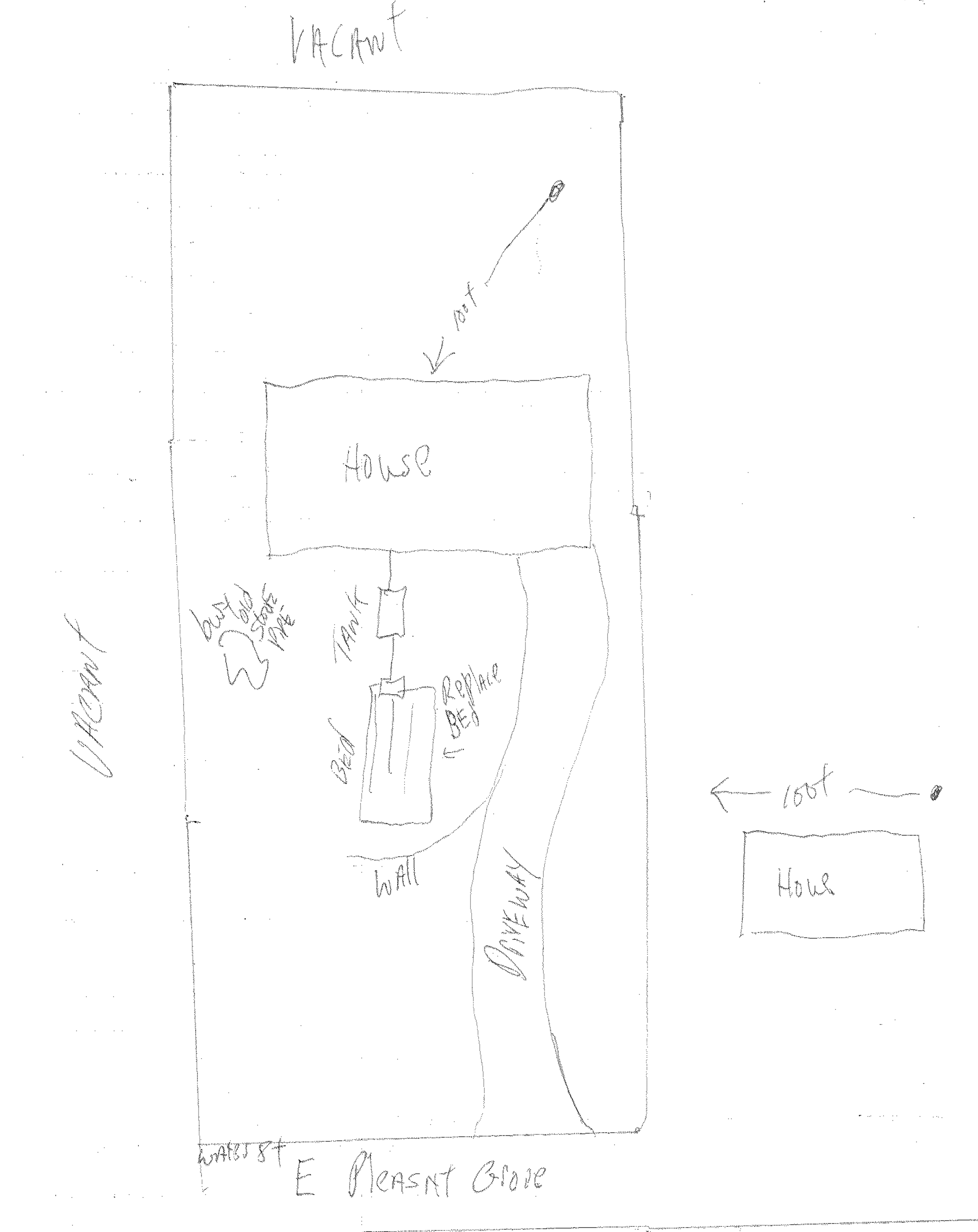
STATEMENT: Submit four (4) complete legible copies of applications, including engineer's & well driller's submissions. Final approval will only be granted after all inspections are completed, "as-built" drawings are submitted (where required) and satisfactory water analysis received, and all fees are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

SOPUASIONS

1) Dos of the must inspect this repair
2) Any deviation from Dos approved plan will be considered an alteration and require engineering data.

H.D. 45

X Louis Lauro



Old septic will be bury onsite