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: 3/27/2023 FILE #: 058777

CERTIFICATE OF COMPLIANCE

Issued to: Daniel & Nora Hirschfeld

THIS IS TO CERTIFY THAT THE:

Individual Sewage System: As Per Engineer (ext.

Individual Water System: N/A

Located in: Jackson
Municipality

At Block: 3801 Lot: 59 Is in compliance with the application for permit to locate, construct and/or alter such systems.

File #: 058777 Dated: 1/18/2023

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

H.D. 79

Certificate Of Compliance

County/Municipality: **Ocean County / Jackson 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 an 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: 058777
___ New Construction
___ Alteration/No Expansion or Change of Use
___ Alteration/Expansion or Change in Use
_X__ Alteration/Malfunctioning System
___ Deviation from Standards
___ Repairs to Existing System
2. Location of Project:
Municipality: **Jackson Township** Old Lot 20.01 Old Block 98.02
New Lot 59 New Block 3801

Street Address: 557 Burke Road
3. Name and Present Address of Applicant:
Daniel and Nora Hirschfeld
557 Burke Road
Jackson, NJ 08527

Applicant's Phone Number: (732) 552-5273

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.

Cara L. Smith, P.E. N.J.P.E. # 37929

3-13-23
Date

Part C—Certification by Administrative Authority

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.

Authorized Signature Type of License Held _____

Name (Typed or Printed) License Number _____

05977

Atlantic Septic & Sewer, Inc DBA Atlantic Sitton Services
647 Herman Road
Unit No. 4
Jackson, NJ 08527
(732) 928-6688
atlanticsitton@gmail.com

Invoice

Daniel & Nora Hirschfeld
557 Burke Rd
Jackson Township, NJ 08527

Invoice Number I20912
Invoice Date Jan 30, 2023
Paid $0.00

Customer ID	P.O. Number	Clerk	Terms	Due By
C9828	---	SM	Contract Signing Incentive	**Jan 30, 2023**

Site: S9343, 557 Burke Rd, Jackson Township, NJ 08527

#	Service	Qty	Description	Rate	Amount	Tax	Amount w/ Tax
1	Jackson Pump out	1	(J156321: 1/30/2023) Septic Pump Out	$0.00	$0.00	$0.00	$0.00
						Subtotal	$0.00
						Tax	$0.00
						Total	**$0.00**

Thank You! Paid

Convenience Payments: You may pay this invoice online by cutting and pasting the following link into your browser: https://securepayment.link/atlanticsepticsewer/. The Invoice Number must be inputted otherwise your account may not be properly credited.

Any balance owed after 30 days will accrue interest at the rate of 2% per month. Any returned check for insufficient funds will incur a service charge of $75.00 plus applicable bank charges. Any sums that go to collection will incur a administrative collection fee of 35%, attorney fees (if applicable) and costs of suit.

DISCLAIMER: Atlantic Septic & Sewer, Inc. is not responsible for any damage occurring to the lawn, trees, shrubs, sidewalks, sprinkler system, driveway, gas line, water lines, electric lines, phone lines, etc. We are not responsible for sink holes. Atlantic Septic & Sewer, Inc. will do their best to protect the owner's property.

Tell us how we did.

https://forms.gle/CcFRw2e2f8WDmaj98

From
Daniel & Nora Hirschfeld
557 Burke Rd
Jackson Township, NJ 08527

To
Atlantic Septic & Sewer, Inc DBA Atlantic Sitton Services
647 Herman Road
Unit No. 4
Jackson, NJ 08527

Customer ID	**C9828**
Invoice Number	**I20912**
Invoice Date	Jan 30, 2023
Subtotal	$0.00
New JerseySales Tax (6.625%)	$0.00
Payments	($0.00)
Amount Due	**$0.00**

Certificate # 16381

SEPTIC TANK
WATER TIGHTNESS TEST CERTIFICATION

Township: Jackson County: Ocean Block: _____ Lot: _____

Street Address: 557 Burke Rd

Purchaser: Atlantic Septic & Sewer Inc.

I, John Nevius Jr, certify that the Septic Tank installed on the above referenced block and lot has passed the Water tightness test as described by the ASTM C-1227 as set by "Standards for Individual Subsurface Disposal Systems".

Signature

1/31/23
Date of Test

Type of Tank: X Concrete _____ Polyethylene

Type of Test: X Vacuum Testing

John Nevius Jr
Name of Tester (Please Print)

Signature of Tester

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
Toms River, NJ 08754-2191
(732) 341-9700 ext. 7480
Fax: (732) 286-1495
www.ochd.org

1/18/2023

Daniel and Nora Hirschfeld
557 Burke Road
Jackson, NJ 08527

RE: Septic Design Application
OCHD File 058777
Block 3801 Lot 59
Jackson Township, NJ 08527

Dear Applicant:

Based upon information submitted on 1/13/2023 regarding the above mentioned proposed plan, this agency hereby **approves** the septic/well design as submitted. Should the use change for the above property, it may be necessary to provide engineering redesign to accommodate any other use than a residence. Prior to issuance of a certificate of compliance, furnish a statement indicating that the septic system proposed is not within 100' of the neighbor across Cobain Road.

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 the well has been installed as per the requirements of NJAC 7:9D.

Should you have any questions, please feel free to contact me at (732) 341-9700, extension 7480 or at jprotonentis@ochd.org.

Sincerely,

John P. Protonentis
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
Prevent Promote Protect

OCEAN COUNTY
HEALTH DEPARTMENT
NO
FEE
DATE
058777 1/18/2023

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

Jackson
MUNICIPALITY

Comm. Code 15
Official Use Only

Block Old: 98.02 New: 3801

Lot(s) Old: 20101 New: 59

___ (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
X (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 Daniel + Nora Hirschfeld PHONE NO. 732-552-5273

ADDRESS 557 Burke Rd CITY Jackson STATE NJ ZIP 08527

DIRECTIONS TO LOCATION Cobain Rd to Burke Rd

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 2

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

PERCOLATION TEST PERFORMED BY Cara L. Smith, P.E. Date 12-2-22 Phone 732-866-0111

WEATHER CONDITIONS AT TIME OF TEST Sunny 45°

ENGINEER'S SIGNATURE AND SEAL

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.

N.J.A.C. 7:9A – Appendix B Forms

Form 1
General Information

Old: 20.01 Old: 98.02
New Lot: 59 Block: 3801

1. Type of Permit Needed (check applicable categories):
   _____ New Construction
   _____ Alteration/Expansion or Change in Use
   X Alteration/Malfunctioning System
   _____ Deviation from Standards
   _____ Alteration/No Expansion or Change of Use
   _____ Repairs to Existing System

2. Location of project:
   Municipality: Jackson
   Street Address: 557 Burke Road
   Zip Code: 08527
   Block No.: Old: 98.02 New 3801
   Lot No.: Old: 20.01 New 59
   New Jersey State Plane Feet Coordinates: (optional) X-Coord.: _____ Y-Coord: _____

3. Name of Applicant: Daniel + Nora Hirschfeld
   Present Address: 557 Burke Rd Jackson NJ 08527

4. Estimated Cost of Project: (optional) _____

5. Applicants Phone Number: 732-552-527? (second tel. no.) _____

6. Type of facility:
   ✓ Residential
   _____ Commercial/Industrial
   Specify type of establishment: _____

7. Type of waste to be discharged:
   ✓ Sanitary Sewage
   _____ Industrial Wastes
   _____ Other-(specify): _____

8. Other approvals/certification/waivers/exemptions (attach to application): w/n
   _____ Pinelands Commission
   _____ U.S. Army Corps of Engineers
   _____ NJDEP – Bureau of Flood Plain Management
   _____ Other – (specify): _____

9. I hereby certify that the information furnished on Form 1 of this application (and the attachments thereto) is true. I am aware that false swearing is a crime in this State and subject to prosecution.

   Signature of Applicant: [signature] Date: 1-4-23

County: Ocean Municipality: Jackson

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: _____
Printed Name and Title: _____

N.J.A.C. 7:9A – Appendix B Forms

Form 2a
General Site Evaluation Data

Old 20.01 Old 98.02
Lot: 59 Block: 3801

1. Name of Site Evaluator: Cara L. Smith
2. Business Address of Site Evaluator: P.O. Box 155, Colts Neck NJ 07722
3. Business Phone Number of Site Evaluator: (732) 866-0111
4. Special site limitations identified (check appropriate categories): N/A

Flood Plains ____	Bedrock Outcrops ____	Wetlands ____
Excessively Stony ____	Disturbed Ground ____	Steep Slopes ____
Sand Dunes ____	Sink Holes ____	

5. Soil logs – Enter on Form 2b – Use one sheet for each soil log. See pln
6. Considerations relating to disturbed ground: N/A

a. Type of disturbance (check appropriate categories)

Filled Area ____	Excavated Area ____	Re-graded Area ____
Subsurface Drains ____	Other-Specify ____	

b. Pre-existing Natural Ground Surface
Elevation relative to existing ground surface ____
Method of identification ____

c. Suitability of disturbed ground:
Unsuitable, objects subject to disintegration or change in volume ____
Excessively course ____
Proctor text performed ____ % Standard proctor density = ____

7. Hydraulically head test: N/A

a. Hydraulically restrictive horizon, Depth 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)

Site plan: ✓
Key map showing location of site on U.S.G.S. Quadrangle or Other Accurate map: ✓
Key map showing location of site on U.S.D.A. Soil Survey map: ____
Other – Specify ____

9. I hereby certify that the information furnished on Form 2a of this application (and the 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: 1-4-23
Signature of Professional Engineer: ____ License #: 37929

County: ____ Municipality: ____

N.J.A.C. 7:9A – Appendix B Forms

Form 3c

Soil Permeability Class rating Data

OLd: 20.01 Old: 98.02

Lot: 59 Block: 3801

1. Test Number: 1 Replicate (letter): A
2. Sample Depth: 48 Boring Number: SL-1 Date Collected: 12-20-22
3. Course Fragment Content:
   Total weight of sample. W..T, grams 217.38
   Weight of material retained on 2mm sieve, W.C.F., grams 17.04
   Wt. % Coarse Fragment (W.C.F./ W.T. x 100, grams 7.84%
4. Oven dry weight (24 hrs., 105° C) of 40 gram air dry sample, grams, Wt 39.87
5. Hydrometer Calibration, Rc: 5.0
6. Hydrometer reading – 40 seconds, grams, R1: 8.5/8.5
   Temperature of suspension, °F: 72°
7. Corrected hydrometer reading, grams, R1': 8.5-5.0+0.8 = 4.3
8. Hydrometer reading – 2 hours, grams, R2: 6.5
   Temperature of suspensions, °F: 70
9. Corrected hydrometer reading, grams, R2': 6.5-5.0+0.4=1.9
10. % sand = (Wt. – R1') / Wt. x 100 = 39.87-4.3)39.87 x 100 = 89.21%
11. % clay = R2'/Wt. x 100 = 1.9 39.87 x 100 = 4.77%
12. Sieve Analysis:
    a. Oven dry Wt. (2hrs., 105°C) Total sand fraction (soil retained in .047 mm sieve), grams: 35.79
    b. Wt. of fine plus very fine sand fraction (Sand passing .25 mm sieve), grams: 8.51
    c. % fine plus very fine sand (b/a): 23.78%
13. Soil morphology (Natural soil samples only):
    Structure of soil horizon tested: SG
    Consistence of soil horizon tested: Dry: _____ Moist: ✓
14. Soil permeability class rating (Based upon average textural analysis of this replicate and other replicate samples):
    K Value= 12-4
15. I hereby certify that the information furnished on Form 3c of this application (and the 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: 1-4-23

Signature of Professional Engineer: _____ License #: 37929

County: _____ Municipality: _____

N.J.A.C. 7:9A – Appendix B Forms

Form 3c

Soil Permeability Class rating Data

OU: 20.01 OD: 98.02

Lot: 59 Block: 3801

1. Test Number: 1 Replicate (letter): B
2. Sample Depth: 48 Boring Number: SL-1 Date Collected: 12-20-22
3. Course Fragment Content:
   Total weight of sample. W_T, grams 217.38
   Weight of material retained on 2mm sieve, W.C.F., grams 17.04
   Wt. % Coarse Fragment (W.C.F./ W.T. x 100, grams 7.84%
4. Oven dry weight (24 hrs., 105° C) of 40 gram air dry sample, grams, Wt. 39.87
5. Hydrometer Calibration, Rc: 5.0
6. Hydrometer reading – 40 seconds, grams, R1: 8.5/8.5
   Temperature of suspension, °F: 72°
7. Corrected hydrometer reading, grams, R1': 8.5-5.0+0.8=4.3
8. Hydrometer reading – 2 hours, grams, R2: 6.5
   Temperature of suspensions, °F: 70°
9. Corrected hydrometer reading, grams, R2': 6.5-5.0+0.4=1.9
10. % sand = (Wt. – R1') / Wt. x 100 = (39.87 - 4.3) / 39.87 x 100 = 89.21%
11. % clay = R2'/Wt. x 100 = 1.9 / 39.87 x 100 = 4.77%
12. Sieve Analysis:
    a. Oven dry Wt. (2hrs., 105°C) Total sand fraction (soil retained in .047 mm sieve), grams: 35.89
    b. Wt. of fine plus very fine sand fraction (Sand passing .25 mm sieve), grams: 8.64
    c. % fine plus very fine sand (b/a): 24.07%
13. Soil morphology (Natural soil samples only):
    Structure of soil horizon tested: SG
    Consistence of soil horizon tested: Dry: ____ Moist: L
14. Soil permeability class rating (Based upon average textural analysis of this replicate and other replicate samples):
    K Value= 16.4
15. I hereby certify that the information furnished on Form 3c of this application (and the 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: 1-4-23

Signature of Professional Engineer: _____ License #: 37929

County: _____ Municipality: _____

N.J.A.C. 7:9A – Appendix B Forms

Form 4
General Design Data

old: 20.01 old: 98.02
Lot: 59 Block: 3801

1. Volume of sanitary sewage, gal: 350 gpd
   ✓ Residential: number of dwelling units: 1 Total number if bedrooms: 2
   _____ 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
   a) Reason for alteration or repair (check appropriate categories):
   _____ Expansion or change in use _____ Upgrade existing facilities
   X Correct malfunctioning system _____ Other (specify): _____
   b) Describe nature of alteration or repairs: _____

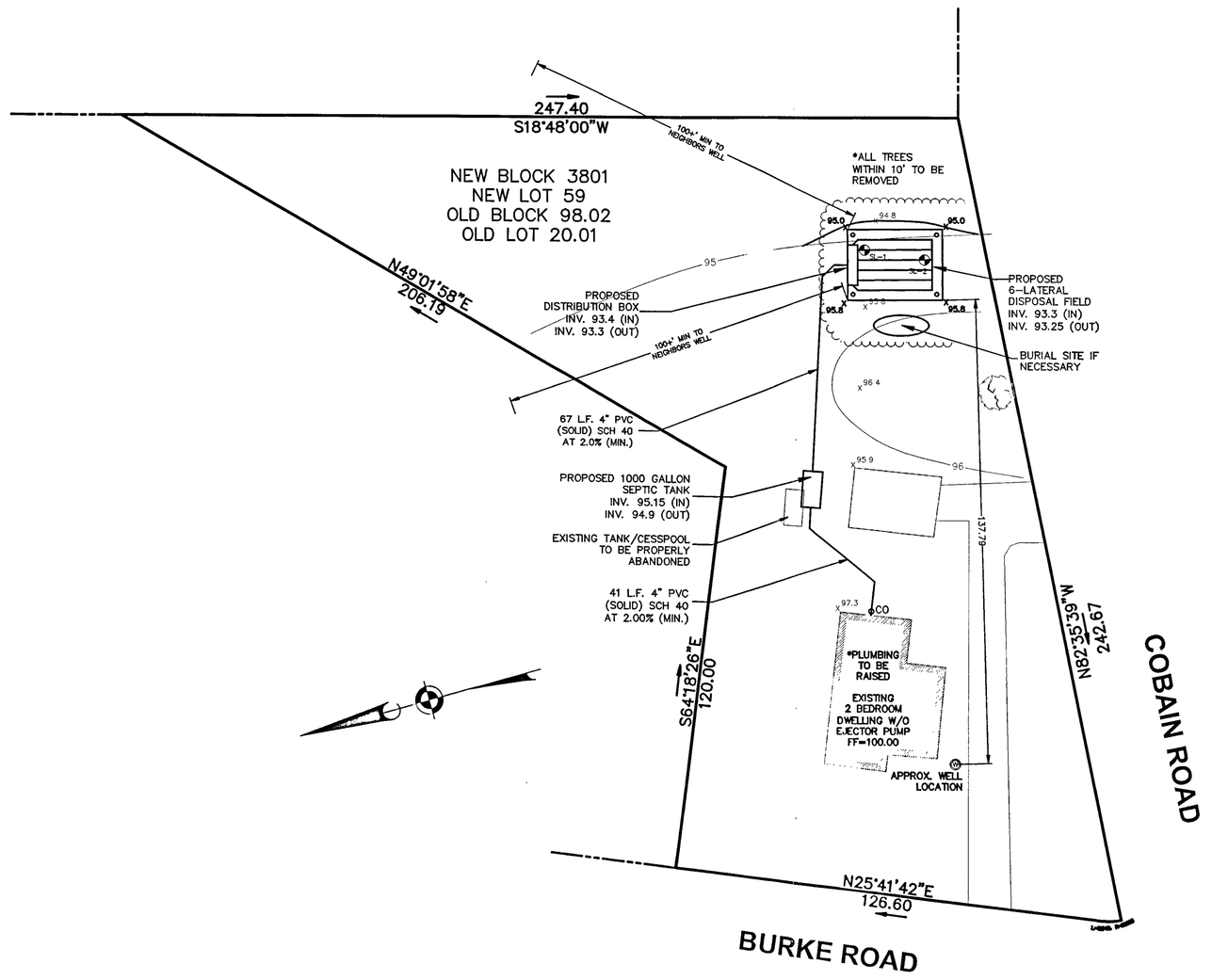
3. System components:
   a) Grease trap capacity, gals: _____
   Show calculation used: 1000 Gal
   b) Septic tank capacities, gals: 1000 First compartment gals: _____ Second gals. _____ Third gals: _____
   c) Effluent distribution
   Method: _____ Gravity flow: _____ Gravity dosing: _____ Pressure dosing: _____
   Dosing device: Pump: _____ Siphon _____
   d) Dosing tank capacities, gals.: Total capacity: _____ Dose volume: _____ Reserve capacity: _____
   e) Laterals: Total length: 168' Pipe size: 4" Spacing: 3' Total Number: 6
   f) Connecting pipe: Size: 4" Length: 87'
   g) Manifold: Size: _____ Length: _____
   h) Disposal field: Type of installation: Conventional
   Design permeability (percolation rate): K-4
   Trenches: Width: _____ Total length: _____ Bed Area: 588
   i) Seepage pits: Design percolation rate: _____
   Number of pits: Total percolation area provided: _____

4. Attachments: (check items included):
   ✓ General plan of system showing location of all system components
   ✓ X-Sections of each system component including grease trap, septic tank, dosing tank, disposal field, seepage pits and interceptor drains
   _____ Pump performance curve
   _____ Other (specify) _____

5. I hereby certify that the information furnished on Form 4 of this application (and the 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: 1-4-23
Signature of Professional Engineer: _____ License #: 37929

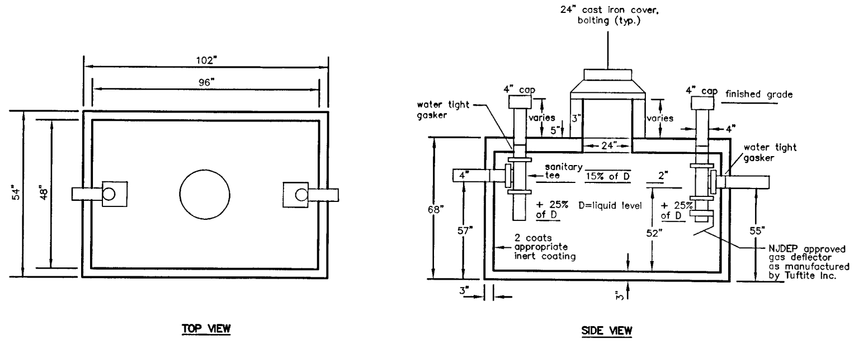
County: _____ Municipality: _____



GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)
1 inch = 30 ft.

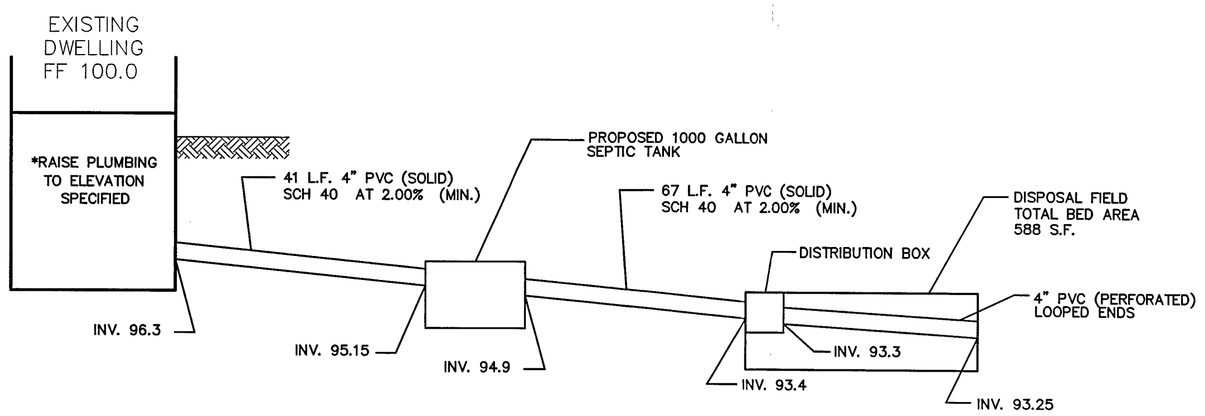


TOP VIEW SIDE VIEW

1000 GALLON SEPTIC TANK

N.T.S.

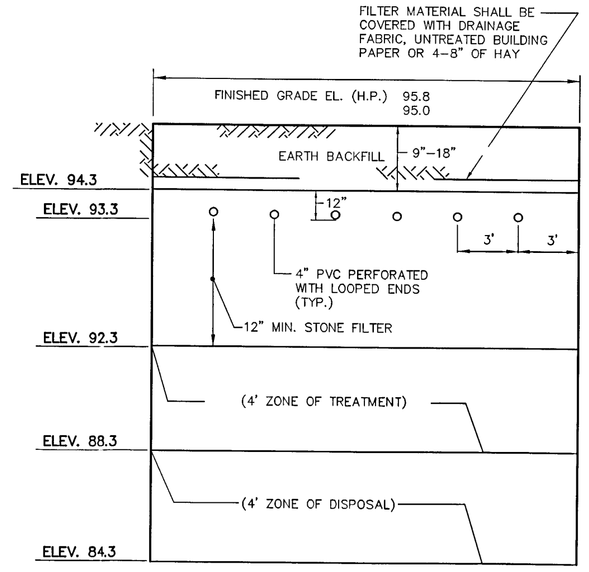
NOTE: SEPTIC TANK SHALL HAVE AN NSF#46 EFFLUENT FILTER AND NEEDS TO BE TESTED FOR WATER TIGHTNESS.



SEPTIC SYSTEM PROFILE

NOTE: PERFORATED P.V.C. PIPE TO BE A.S.T.M. RATED D-2729, D-3033, OR D-3034, AS IN ACCORDANCE WITH N.J.A.C. 7:9A-9.5.

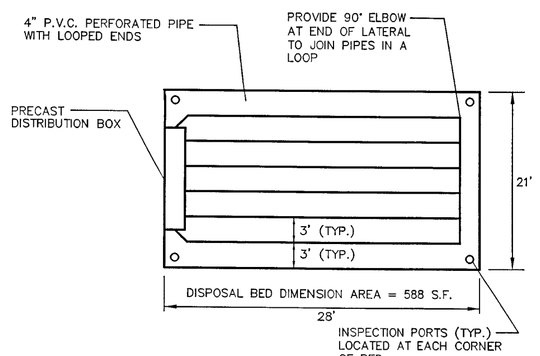
NOTES:
1. CONTRACTOR/HOMEOWNER TO CONFIRM ALL OUTGOING LINES FROM DWELLING GO TO PROPOSED SEPTIC TANK. IF NOT, CONTACT BELOW SIGNED ENGINEER PRIOR TO CONSTRUCTION.
2. NO WELLS WITHIN 100' OF PROPOSED DISPOSAL FIELD.
3. ALL STRUCTURES ASSOCIATED WITH EXISTING SEPTIC SYSTEM TO BE PROPERLY ABANDONED AS NECESSARY.
4. CONTRACTOR TO VERIFY THAT WATER SOFTENER DISCHARGE IS NOT TIED INTO SEPTIC SYSTEM.
5. DESIGN MEETS ALL SETBACK REQUIREMENTS



DISPOSAL BED CROSS-SECTION

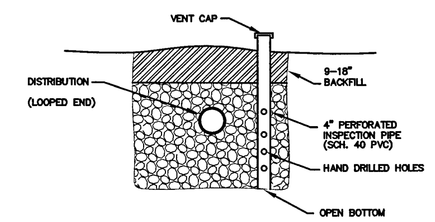
N.T.S.

CONTRACTOR TO NOTIFY HEALTH OFFICER AND UNDERSIGNED PROFESSIONAL ENGINEER AT THE TIME OF EXCAVATION SO THE BOTTOM OF THE BED CAN BE WITNESSED AND APPROVED



DISPOSAL FIELD

N.T.S.



DISPOSAL BED INSPECTION PIPE DETAIL

N.T.S.

GENERAL CONSTRUCTION NOTES

1. BOUNDARY INFORMATION TAKEN FROM A PLAN PROVIDED BY, WILLIAM P. SCHEMEL, P.L.S. 36275
2. DO NOT SCALE DRAWINGS. ADJACENT AND SURROUNDING PHYSICAL CONDITIONS, BUILDINGS, STRUCTURES, ETC., ARE SCHEMATIC ONLY EXCEPT WHERE DIMENSIONS ARE SHOWN THERETO.
3. THIS PLAN IS NOT A SURVEY OR PLOT PLAN. IT IS TO BE UTILIZED FOR THE CONSTRUCTION OF THE INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM ONLY.
4. BOTTOM OF THE BED AND DISTRIBUTION LINES SHALL HAVE A RELATIVELY LEVEL GRADE. MAXIMUM SLOPE OF 2" IN 100 FEET.
5. STONE SHALL BE WASHED GRAVEL OR CRUSHED STONE, FREE OF FINES, DUST, ASHES OR CLAY. THE FILTER MATERIAL SHALL CONFORM TO NJDOT STANDARD SIZES FOR COARSE AGGREGATES IN SIZE AND GRADATION TO SIZE NO. 24, SIZE NO. 3 OR SIZE NO.4.
6. UNDER NO CONDITION SHALL MECHANICAL EQUIPMENT BE USED TO BACKFILL THE BED.
7. BED SHOULD BE CONSTRUCTED AFTER ALL DANGER FROM MECHANICAL EQUIPMENT HAS PASSED.
8. CONSTRUCTION OF THIS BED SHALL TAKE PLACE WHEN SOIL IS DRY.
9. MINIMUM DIAMETER OF DISTRIBUTION LINES IS 4 INCHES.
10. SEEPAGE AREA REQUIREMENTS MUST CONFORM TO THE CURRENT NEW JERSEY D.E.P. MANUAL "STANDARDS FOR THE CONSTRUCTION OF INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS."
11. SEPTIC TANK SHALL BE A MINIMUM OF 10 FEET FROM DWELLINGS.
12. DISPOSAL FIELD SHALL BE A MINIMUM OF 25 FEET FROM THE DWELLING AND 10 FEET FROM PROPERTY LINES.
13. THE CONTRACTOR SHALL NOTIFY THE UNDERSIGNED PROFESSIONAL IF ANY TOPOGRAPHIC OR OTHER FEATURES DIFFER IN THE FIELD THAN WHAT IS SHOWN ON THE PLAN.
14. PERMANENT MARKERS SHALL BE PROVIDED OVER THE DISTRIBUTION BOX.
15. MARK 4 CORNERS OF DISPOSAL FIELD TO PREVENT MACHINERY RUNNING OVER INSTALLED AREAS.
16. CONTRACTOR TO MULCH DISPOSAL FIELD TO PREVENT SOIL EROSION OVER WINTER MONTHS. DISPOSAL FIELD TO BE SEEDED BY OWNER AFTER SPRING THAW.
17. SOIL LOGS 1 & 2 SHOWN HEREON IS BASED UPON ON-SITE FIELD INSPECTION BY CARA L. SMITH, P.E. ON DECEMBER 20, 2022.
18. THE CONTRACTOR SHALL NOTIFY THE UNDERSIGNED PROFESSIONAL IMMEDIATELY IF ANY FIELD CONDITIONS ENCOUNTERED DIFFER MATERIALLY FROM THOSE PRESENTED HEREON. THE UNDERSIGNED PROFESSIONAL SHALL BE GRANTED ACCESS TO REVIEW SAID CONDITION, AND/OR RENDER THE DESIGN SHOWN HEREON TO THE APPROPRIATE MUNICIPAL, COUNTY OR STATE OFFICIAL'S AND/OR THE UNDERSIGNED PROFESSIONAL'S SATISFACTION.
19. THE CONTRACTOR SHALL NOTIFY THE UNDERSIGNED PROFESSIONAL IN WRITING APPROXIMATELY 48 HOURS PRIOR TO COMPLETION OF THE EXCAVATION OF THE DISPOSAL FIELD AND GRANT THE UNDERSIGNED PROFESSIONAL ACCESS TO THE SITE DURING ALL CONSTRUCTION PHASES TO VERIFY SITE CONDITIONS AND OBSERVE CONSTRUCTION. THE CONTRACTOR SHALL NOT POSTPONE, ALTER, AND/OR DELAY THE CONSTRUCTION SCHEDULE OF THE DISPOSAL FIELD PENDING SITE VISITATION FROM THE UNDERSIGNED PROFESSIONAL.
20. THIS SYSTEM HAS BEEN DESIGNED TO ACCOMMODATE FLOWS FROM A 2 BEDROOM PRIVATE RESIDENTIAL BUILDING WITHOUT AN EJECTOR PUMP OR A DOMESTIC GARBAGE GRINDER.
21. THE CONTRACTOR IS RESPONSIBLE FOR VERIFYING THE LOCATION OF ALL UNDERGROUND UTILITIES.
22. THE SEPTIC SYSTEM INSTALLER IS TO BE FULLY AWARE OF ALL REQUIREMENTS AND SPECIFICATIONS WITHIN THE CURRENT STANDARDS FOR INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS (NJAC 7:9A ET, SEQ).

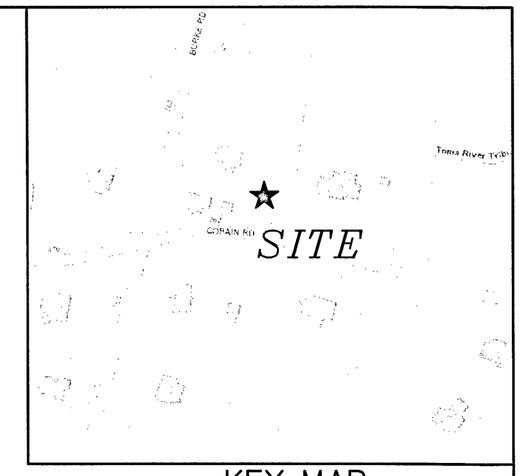
NOTE: EFFLUENT FILTERS ARE REQUIRED ON ALL OUTGOING SEPTIC TANK LINES.

NOTE: WATER TIGHTNESS TEST ON ALL NEW SEPTIC TANKS MUST BE DONE AND CERTIFIED

NOTE: PRIOR TO EXCAVATION, CONTRACTOR TO CONTACT OWNER TO VERIFY LOCATION OF ALL UNDERGROUND SPRINKLERS, ELECTRICAL CONDUITS AND PRIVATE UTILITIES.

NOTE: PRIOR TO EXCAVATION, CONTRACTOR TO CALL FOR A UTILITY MARK OUT FOR ALL UNDERGROUND UTILITIES.

NOTE: ALL MANHOLE COVERS MUST BE AT GRADE WITH LOCKING COVERS. AN INFORMATION MARKER MUST BE PROVIDED INSIDE THE LID WITH THE NAME OF THE LOCAL HEALTH DEPARTMENT, PERMIT NUMBER, DATE OF INSTALLATION, TYPE OF SYSTEM, AND TOTAL DESIGN FLOW IN GPD. MARKER MUST BE ATLEAST 6", SQUARE, AND MADE OF NON-CORROSIVE MATERIAL.



KEY MAP

DISPOSAL BED CALCULATIONS

NO. OF BEDROOMS = EXISTING 2 BEDROOM

DESIGN PERMEABILITY K-4 (6-20 IN./HR.)

FIRST BEDROOM	200 GALS./DAY
ADDITIONAL 1 BEDROOM	150 GALS./DAY
TOTAL VOLUME	350 GALS./DAY

350 GALS./DAY x 1.61 SQ. FT./GAL/DAY = 564 SQ. FT.
TOTAL BED SIZE REQUIRED = 564 SQUARE FEET
TOTAL BED SIZE PROVIDED = 588 SQUARE FEET (21' x 28')

NOTE:
CALCULATIONS ARE BASED ON A 2 BEDROOM DWELLING WITH NO PROVISIONS FOR ADDITIONAL BEDROOMS AND NO EJECTOR PUMP OR GARBAGE GRINDER.

SEPTIC TANK CALCULATIONS

NO. OF BEDROOMS = 2
250 GALS. PER BEDROOM
2 X 250 = 500 GALLONS
USE NEW 1000 GALLON SEPTIC TANK

NOTE:
ACCORDING TO N.J.A.C. 7:9A-3.3(C)2 "ALTERATIONS ARE MADE IN SUCH A WAY THAT THOSE COMPONENTS OF THE SYSTEM ALTERED ARE IN CONFORMANCE WITH THE REQUIREMENTS OF THIS CHAPTER OR ARE CLOSER TO BEING IN CONFORMANCE WITH THIS CHAPTER THAN ORIGINAL COMPONENTS PRIOR TO THE ALTERATION". IT IS THE INTENT OF THIS PLAN TO IMPROVE THE EXISTING MALFUNCTIONING SYSTEM. NO WARRANTIES OR GUARANTEES ARE ASSOCIATED WITH THIS PLAN.

Agreed w/stipulation DD 11/8/2023

REV.	DATE	DESCRIPTION

TWO RIVER ENGINEERING
■ Engineers ■ Surveyors ■ Planners ■ Environmental Consultants
www.tworivereng.com
P.O. Box 155, Colts Neck, N.J. 07722 Tel: 732.866.0111 Fax: 732.866.4348

PROJECT NO.: 22180
DATE: DECEMBER 21, 2022
DRAWING NO.: 22180SP
DRAWN BY: ERI
CLIENT: HIRSCHFELD
SCALE: AS SHOWN

PLAN PREPARED FOR:
DANIEL & NORA HIRSCHFELD
557 BURKE ROAD
JACKSON, NJ 08527
PHONE: 732-552-5273
EMAIL: NORADANIAN@AOL.COM

OLD BLOCK 98.02, LOT 20.01
NEW BLOCK 3801, LOT 59
DECEMBER 20, 2022
SITE EVALATOR: CARA L. SMITH, P.E.

SOIL LOG #1 & #2 (ELEV. 95.0)

0-3"	ORGANIC
3-24"	SAND AND GRAVEL, YELLOW BROWN (10YR 5/6), SINGLE GRAIN, LOOSE, MOIST
24-120"*	SAND, YELLOW BROWN (10YR 5/6), SINGLE GRAIN, LOOSE, MOIST

NO GROUND WATER ENCOUNTERED
NO SEASONAL HIGH WATER TABLE ENCOUNTERED
*SAMPLE FROM SL-1 (K-4)

SEPTIC DESIGN PLAN
FOR
NEW BLOCK 3801
NEW LOT 59
OLD BLOCK 98.02
OLD LOT 20.01
TOWNSHIP OF JACKSON
OCEAN COUNTY
NEW JERSEY

CARA L. SMITH
12-21-2022
DATE
N.J. Professional Engineer
License No. 24GE03792900

SHEET NO. 1 OF 1