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 #: 058778

CERTIFICATE OF COMPLIANCE

Issued to: Daniel + Nora Hirschfeld

THIS IS TO CERTIFY THAT THE:

Individual Sewage System: Septic Abandonment Engineer Certification

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 #: 058778 Dated: 11/8/2023

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 _____

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.

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

058778 1/18/2023

Jackson
MUNICIPALITY

Comm. Code 15
Official Use Only

Block Old: 98.02 New 3801

Lot(s) Old: 20.01 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
___ (D) To construct or alter a septic system
___ (E) To replace or repair a septic system
X (F) Abandonment

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 Cabain 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 residntial Dwelling Unit: No. of Bedrooms 2

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

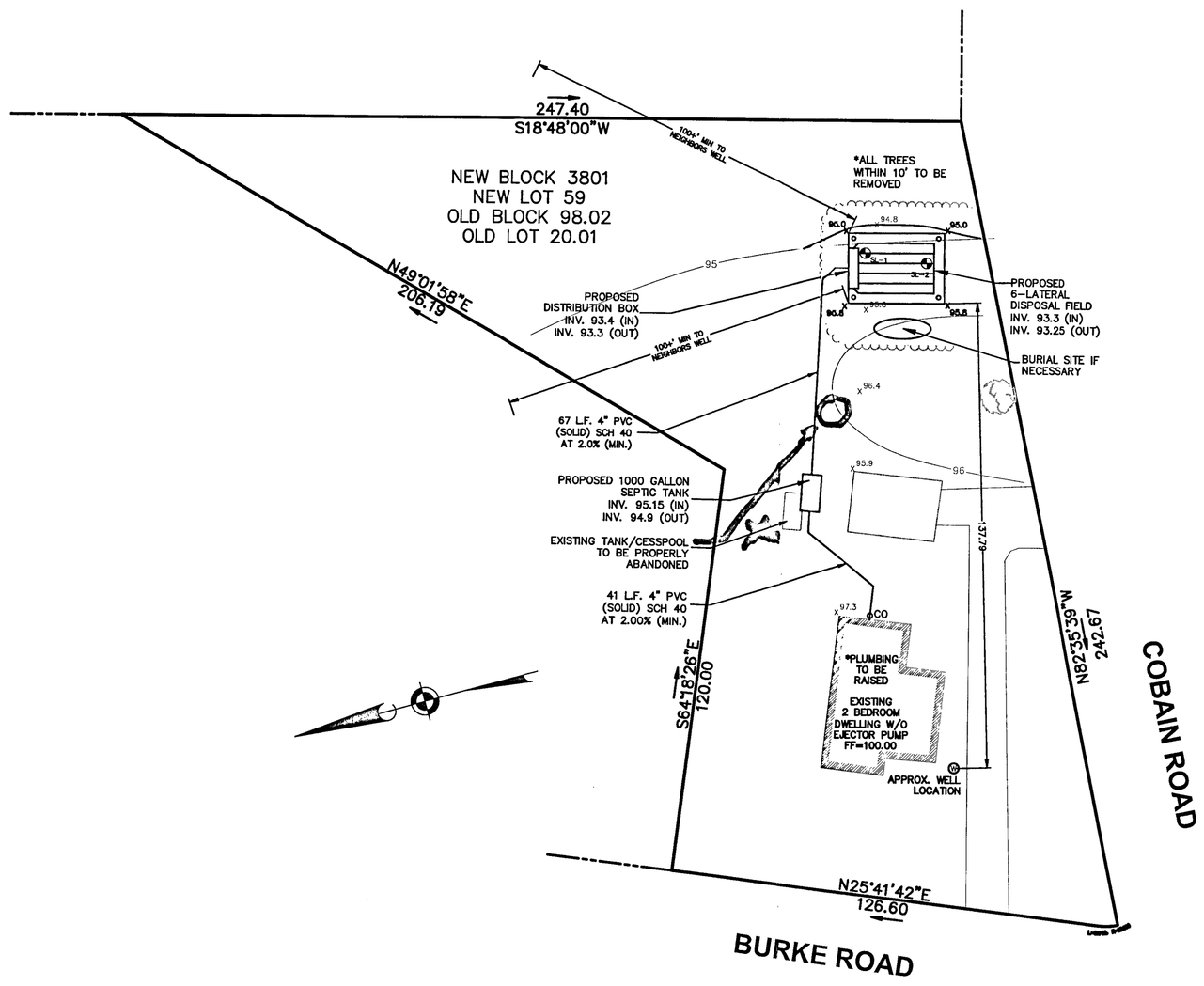
PERCOLATION TEST PERFORMED BY Carol L. Smith, P.E. Date 12-20-22 Phone 732-866-0111

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.

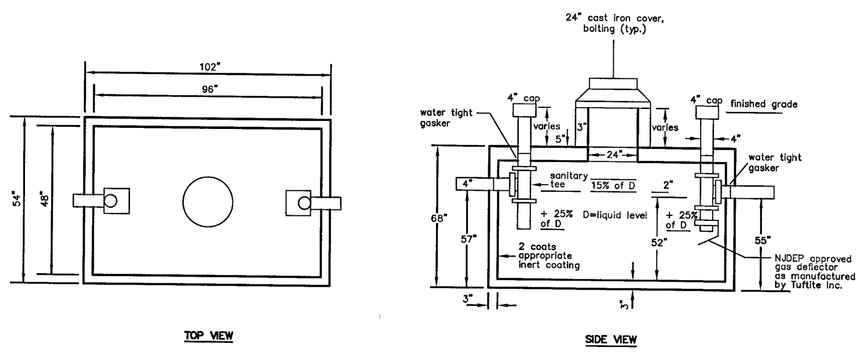
STATEMENT: Submit four (4) complete legible copies of applications, including engineer's & well driller's submissions. Final approval will only be granted after all inspections are completed, "as-built" drawings are submitted (where required) and satisfactory water analysis received, and all fees are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



GRAPHIC SCALE

30 0 15 30 60 120

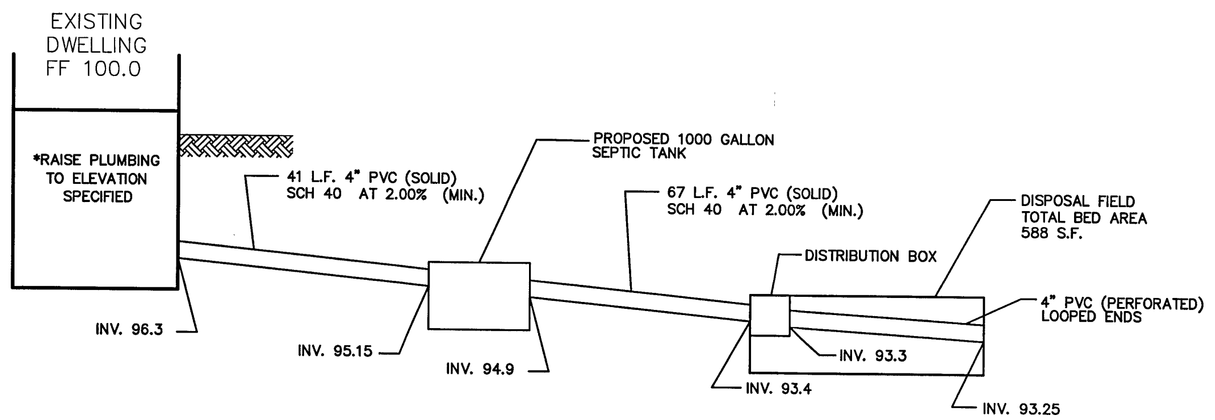
(IN FEET)
1 inch = 30 ft.



1000 GALLON SEPTIC TANK

N.T.S.

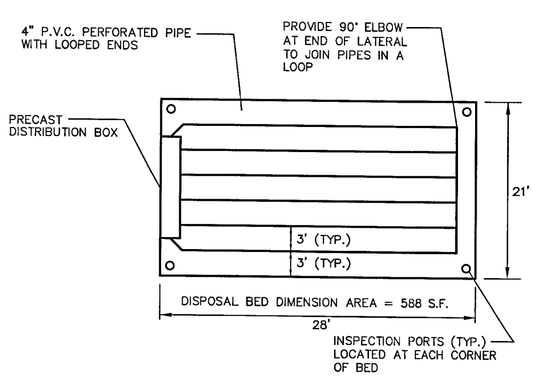
NOTE: SEPTIC TANK SHALL HAVE AN NSF#46 EFFLUENT FILTER AND NEEDS TO BE TESTED FOR WATER TIGHTNESS.



SEPTIC SYSTEM PROFILE

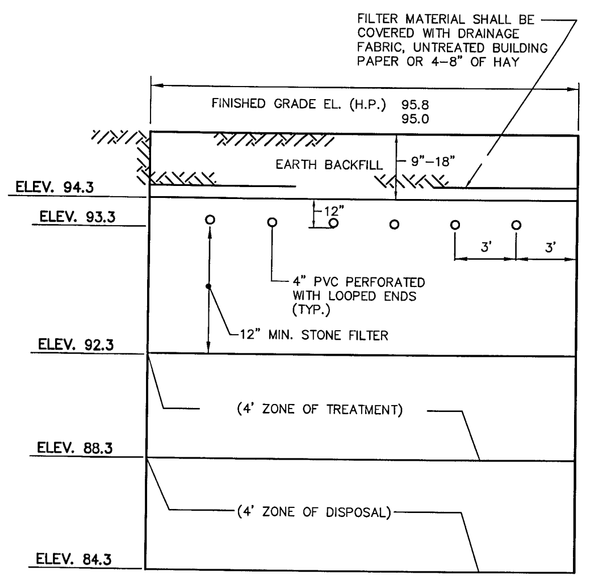
NOTE: PERFORATED P.V.C. PIPE TO BE A.S.T.M. RATED D-2729, D-3033, OR D-3034, AS IN ACCORDANCE WITH N.J.A.C. 7:9A-9.5.

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 FIELD

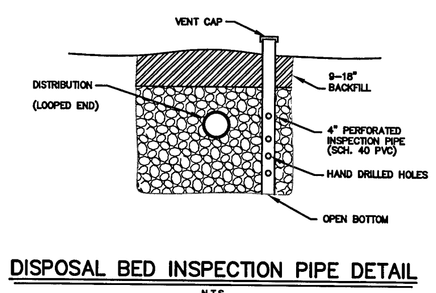
N.T.S.



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 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).

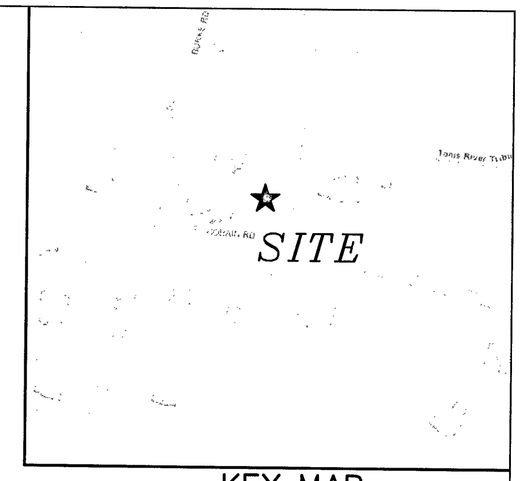
NOTE: EFFLUENT FILTERS ARE REQUIRED ON ALL OUTGOING SEPTIC TANK LINES.

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.

Approved 1/18/2023

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)

REV.	DATE	DESCRIPTION

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

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

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