OCEAN COUNTY HEALTH DEPARTMENT

P.O. BOX 2191
TOMS RIVER, N.J. 08754-2191
(908) 341-9700

8-28-92
Date

No. 891-414

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to Whispering Hills
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Approved

INDIVIDUAL WATER SYSTEM Approved

Installed at Block No. 99.03

Lot No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 891-414 dated 1-19-92

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.

Lucia A. Wicke

FINAL

H.D. 26

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

OCEAN COUNTY HEALTH DEPARTMENT (201) 341-9700

1. Block 94.03 Lot 5
2. Name of Applicant(print): Whispering Hills
3. Applicant's Address: PO Box 1333, Jackson, NJ 08527
4. Applicant's Phone Number: 908-905-7100
5. Certificate of Compliance: Date of Issuance: 8-28-92

   If no Certificate was issued, indicate approximate age of system: _____

6. Type of Facility:
   - [x] Residential - Indicate Number of Occupants _____
   - [ ] Commercial/Industrial - Specify Type of Establishment: _____
7. Type of Wastes Discharged:
   - [x] Sanitary Sewage Only
   - [ ] Industrial Wastes
   - [ ] Other - Specify: _____
8. Volume of Wastes: Average Flow, gal/day: 650 Maximum Daily Flow, gal: _____
   - [ ] Based on Water Meter Data
   - [x] Assumed, Based on Data Related to Water Usage - Show Data Below:
     - Number of Users (Patrons, Guests, Visitors, etc.) per Day: _____
     - Number of Employees: _____
     - Total Employee Hours per Day: _____
     - Number of fixtures: _____ ; Specify Type: _____
     - Size of Building, ft^2: _____
     - Other - Specify: 4 bedrooms
9. Indicate System Components, Provide What Information is Available
   - [ ] Grease Trap: Capacity, Gals: _____
   - [x] Septic Tank: Capacity, Gals: 1000 Number of Compartments: 1
   - [ ] Dosing Tank: Capacity, Gals: _____ Dosing Device: [ ] Pump [ ] Siphon
   - [x] Disposal Bed: Area, ft^2: 1047
   - [ ] Disposal Trenches: Width, ft: _____ Number: _____ Total length, ft: _____
   - [ ] Seepage Pits: Number: _____ Diameter, ft: _____ Depth, ft: _____
   - [ ] Interceptor Drain
   - [ ] Other - Specify: _____
10. I hereby certify that the information furnished on this form 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 Septic System Inspector _____ Date _____

FOR AGENCY USE ONLY

( ) Application denied - State Reason for Denied _____

(✓) Application approved - License Number 591-0414

Date of Action 8-28-92 Signature of Authorized Agent [signature]

Name & Title Sally A Wickel Sanitary Inspector

8. Indicate Problems Identified During Inspection:

- ___ Septic Tank Not Accessible
- ___ Inlet Baffle Needs Repair
- ___ Outlet Baffle Needs Repair
- ___ Effluent Backs-Up into Septic Tank
- ___ Septic Tank Leaks
- ___ Dosing Tank Not Accessible
- ___ Dosing Tank Leaks
- ___ Solids in Dosing Tank
- ___ Operation/Condition of Pump, Switches, Alarm, Siphon, etc.
- ___ Solids in D-Box
- ___ D-Box Not Level
- ___ Hydraulic Failure of Disposal Field or Seepage Pit
- ___ Settlement or Improper Grading
- ___ Encroachments in Disposal Area
- ___ Improperly Directed Drainage
- ___ Physical Condition of Seepage Pit
- ___ Other—Specify___

9. Observed Malfunctions:

- ___ Back-up into Plumbing
- ___ Seepage of Sewage/Effluent into Bldg.
- ___ Surface Break-out or Ponding
- ___ Contamination of Well Water
- ___ Odors
- ___ Other—Specify___

10. I hereby certify that the information furnished on Form 1 of this application (and 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 Septic System Inspector___ Date___

FOR AGENCY USE ONLY

___ Renewal of License Denied—Reason for Denial___

___ Approval Pending Completion of Repairs—Description of Repairs Required:___

___ License Renewed—Expiration Date of New License___

STANDARD FORMS FOR
CERTIFICATE OF COMPLIANCE

County/Municipality of OCEAN / JACKSON

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 and 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 S91-0414

- ✓ New Construction
- ___ Alteration/No Expansion or Change of Use
- ___ Alteration/Expansion or Change in Use
- ___ Alteration/Malfunctioning System
- ___ Deviation from Standards
- ___ Repairs to Existing System

2. Location of Project: WHISPERING HILLS SUBDIVISION

Municipality JACKSON Lot 5 Block 94.03

Street Address 9 OVERLOOK DRIVE

3. Name and Present Address of Applicant: WHISPERING HILLS INC. P.O. BOX 1333 JACKSON, N.J. 08527

Applicant's Phone Number (908) 905-7100

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:

(Signature)

SEAL

RONALD A. LOTRECCHIO

Name (Type or Print), License # NJPE 26288

Date: AUG 26, 1992

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 ___

Date: ___

For Agency Use Only

Date Received: ___

Form Determined To Be: ___ Complete ___ Incomplete

Date Returned ___

Date Received ___

Date Certification Approved: ___

Authorized Signature: ___

APPENDIX C
UNIFORM PLACEMENT OF PERCOLATION TESTS

Uniform Placement of Percolation Tests

N.J.A.C. 7:9A-6.1(e)7 of these standards requires that percolation tests be spaced uniformly within the area of the disposal field. Acceptable patterns or arrangements for percolation test placement depend upon the size and shape of the disposal field as outlined below. Patterns other than those provided below may be approved provided that it is determined by the Administrative Authority that the test results submitted are representative of the soil conditions throughout the entire area of the disposal field.

Definitions

The following words and terms shall have the following meanings when used within Appendix B of this chapter:

"Center" means the intersection of the two disposal field diagonals.

"Diagonal" means a line connecting opposite corners of the disposal field.

"Elongated disposal field" means a disposal field with a length/width ratio of 3.0-5.0.

"End" means one of the two shorter sides in a disposal field which has a length/width ratio not equal to 1.0.

"Length" means the longest dimension of the disposal field, or the distance between the ends of the disposal field.

OCEAN COUNTY HEALTH DEPARTMENT

8-28-92
Date

P.O. BOX 2191
TOMS RIVER, N.J. 08754-2191
(908) 341-9700

No. S91-414

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to Whispering Hills
(Owner or Contractor)

THIS IS TO CERTIFY That the

~~INDIVIDUAL SEWAGE SYSTEM~~ _____

INDIVIDUAL WATER SYSTEM Approved

Installed at Block No. 94.03

Lot No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. S91-414 dated 1-14-92

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.

Sarah Wilkie

H.D. 26

OCEAN WELL TESTING
P.O. BOX 574
TOMS RIVER, NJ 08754
(908)-240-7004

S91-044

PROPERTY LOCATION	Overlook Dr Jackson, NJ		
MUNICIPALITY	Jackson	REASON	New Well
BLOCK#	94.03	LOT#	5
PROPERTY OWNER	Whispering Hills	ADDRESS	Box 1333 Jackson, NJ
REQUESTOR	builder		

20 WATERFORD WAY
WALLINGFORD, PA 19086
215-872-7966

ocean
environmental
A Division of Ocean Analytical Services

OCEAN ENVIRONMENTAL LABORATORY
N.J.DEP # 77886

CLIENT: OCEAN WELL TESTING
SAMPLER: DINO TOBIA
DATE SAMPLED: 8/11/92 TIME: 6:15 pm
DATE ANALYZED: 8/11/92

LAB LOG #: D1384

[redacted]

Rancocas
Environmental
Laboratories, Inc.
502 Burlington Avenue • Delanco, New Jersey 08075 • Phone: (609) 461-8830 • Fax: (609) 461-4934

REPORT OF ANALYSIS

****

09515.2
CLIENT: Ocean Well Testing
PO Box 574
Toms River, NJ 08754

Analysis Report No.

[redacted]

NEW JERSEY LABORATORIES DEPE# 12128
A.A. LABS DIVISION DEPE# 12660
222 EASTON AVE.
NEW BRUNSWICK, NJ 08901
(908) 249-0148

REPORT TO: OCEAN WELL TESTING
201 SUBURBAN DR.
TOMS RIVER, NJ 08753
ATTN: DINO TOBIA

SAMPLE DATE: 8/11/92
SUBMISSION DATE: 8/12/92
ANALYSIS DATE: 8/13/92
REPORT DATE: 8/14/92

ASSAY NO: 5037-17

SAMPLE ID: D1304

PARAMETERS TESTED: OCEAN COUNTY VOLATILES

UNITS: ug/L

[redacted]

20 WATERFORD WAY
WALLINGFORD, PA 19086
215-872-7966

ocean
environmental
A Division of Ocean Analytical Services

OCEAN ENVIRONMENTAL LABORATORY
N.J.DEP # 77886

CLIENT: OCEAN WELL TESTING
SAMPLER: DINO TOBIA
DATE SAMPLED: 8/13/92 TIME: 3:45 pm
DATE ANALYZED: 8/13/92

LAB LOG #: D1391

[redacted]

20 WATERFORD WAY
WALLINGFORD, PA 19086
215-872-7966

ocean
environmental
A Division of Ocean Analytical Services

OCEAN ENVIRONMENTAL LABORATORY
N.J.DEP # 77886

CLIENT: OCEAN WELL TESTING
SAMPLER: DINO TOBIA
DATE SAMPLED: 8/17/92 TIME: 4:15 pm
DATE ANALYZED: 8/17/92

LAB LOG #: D1400

[redacted]

20 WATERFORD WAY
WALLINGFORD, PA 19086
215-872-7966

ocean
environmental
A Division of Ocean Analytical Services

Rancocas
Environmental
Laboratories, Inc.
502 Burlington Avenue • D

Post-It™ brand fax transmittal memo 7671 | # of pages ▸ 1

To Dixo	From Barbara
Co. Ocean Env.	Co. REL
Dept.	Phone # 461-8830
Fax # 908-240-7004	Fax # 461-4934

4934

REPORT OF ANALYSIS

****

[redacted]

OCEAN COUNTY HEALTH DEPARTMENT
C.N. 2191
TOMS RIVER, N.J. 08754
(201) 341-9700

8-7-92
Date

No. S91-914

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to Whispering Hills
(Owner of Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Rejected

~~INDIVIDUAL WATER SYSTEM~~

Installed at Block No. 94.03

Lot. No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. _____ dated 1-14-92

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.

pending steps.

Law

H.D.26

OCEAN COUNTY HEALTH DEPARTMENT
P.O. BOX 2191
TOMS RIVER, N.J. 08754-2191
(908) 341-9700

7-22-92
Date

No. S91-914

BOARD OF HEALTH OF Jackson

CERTIFICATE OF COMPLIANCE

Issued to Whispering Hills
(Owner or Contractor)

THIS IS TO CERTIFY That the

~~INDIVIDUAL SEWAGE SYSTEM~~

INDIVIDUAL WATER SYSTEM Rejected

Installed at Block No. 94.03

Lot No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems

No. S91-914 dated 1-14-92

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.

871 Water Required

H.D. 26

S-91-0414

OCEAN COUNTY HEALTH DEPARTMENT
CN 2191, Sunset Avenue
Toms River, NJ 08754

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

OCEAN COUNTY HEALTH DEPARTMENT
NO. 92
PLAN REVIEW
DATE
~~Official Use Only~~

Fee Paid

JACKSON
Municipality

Comm Code 15
Official Use Only

Block 94.03

Lot(s) 5

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

Type of Water System
✓ (A) Potable Non-Public
___ (B) Potable Public Non-Community
___ (C) Non-Potable

NAME OF APPLICANT WHISPERING HILLS INC. PHONE NO. 905-7100

ADDRESS PO BOX 1333 CITY JACKSON STATE N.J. ZIP 08527

DIRECTIONS TO LOCATION 571 No. TOLLESVILLE ROAD, RIGHT ONTO OVERLOOK DR.

WELL APPLICATION

TYPE OF CASING: Material DRIVE STEEL Diameter 4" Grade Sch 40 Thickness .250

TYPE AND METHODS OF SEALING JOINTS: Type Threaded Method Threaded

METHOD OF INSTALLATION Cable Tool If Rotary or Auger, size of hole —

GROUTING MATERIAL — Depth & method of grouting: Depth —

Method —

STORAGE TANK CAPACITY 42 Model No. WX202

WELL DRILLER Longman (Print) Lic. # 1438 PUMP INSTALLER Longman (Print) Lic. # 43

DRILLER [signature] Sr. (Signature) INSTALLER [signature] Sr. (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. If any well is installed by more than one (1) licensed individual, then all licensed individuals must sign application.

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~~ PERMEABILITY TEST PERFORMED BY SCOTT WATKINS P.E. Date 8/15/91 Phone

WEATHER CONDITIONS AT TIME OF TEST

ENGINEER'S SIGNATURE AND SEAL [signature]
RICHARD D. FALCO

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. Permit is valid for one (1) year from date of issuance.

H.D.45

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
S91-0414		1-14-91
Signature of inspecting Official	**Municipality**	**Time - (2400 Hours)**
Saw	Jackson	Begin

REG. NO.	REMARKS (Please specify area)
	Septic-Well Permit Review
	Block 94.03, Lot 5 - Approved -
	Stipulations:
	Engineer must certify by signature seal, using Appendix B - Parts A & B, that system has been constructed and installed as per approved plan upon satisfactory inspection by this department (after backfilling of system).
	This department is to be notified 48 hours prior to well installation for witnessing purposes.
	Salli A. Wickel
	Salli A. Wickel

(Attach additional sheets if necessary)

H.D.67

Page 1 of 1 Pages

OCEAN COUNTY HEALTH DEPARTMENT

SOIL DATA WITNESSING REPORT

Pit 2

Municipality: Jackson

Date: 8-12-91

Block: 94.03 Lot: 5

Time (Travel: already at subdivision

Time (On-Site): 10:00

(Off-Site): 11:00

ENG. Firm: Summit

Indiv. Conducting Test: Robert

	Y	N	Number
Soil Pit(s)	X		
Boring(s)			
Perc(S)			
Soil Samples		N/A	

If yes, Type & Depth

Other Test(s)

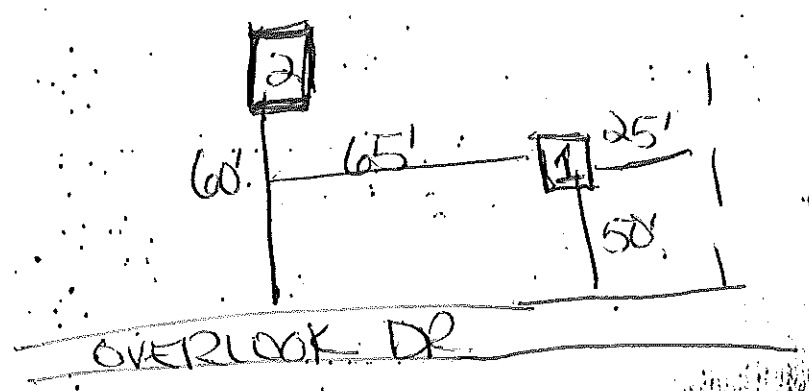
	Y	N	If yes,
Mottling		X	
Depth(s)			
Water Seepage		X	
Depth(s)			
Restrictive Layer(s)		X	
Depth(s)			
Excessively Course	X		
Depth(s)	loose 6-120 sand		loose

Inspectors Notes: Fill enclosed

Weather: Sunny & 85°

Inspector on Site: Lou

Location Diagram



DWR-133
(7/90)

SERIAL # 42328

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
TRENTON, N.J.

11 589-0571

Permit No. 28 29715

Mail to

Water Allocation
CN 029
Trenton, N.J. 08625

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P. COORD #: 28.84.623

Owner: Whispering Hills
Address: Lakehill Rd
Jackson N.J

Driller: Great Water Inc
Address: 634 Port Plains Rd
Howell N.J.

Name of Facility: New Home
Address: Overlook Dr
Jackson N.J

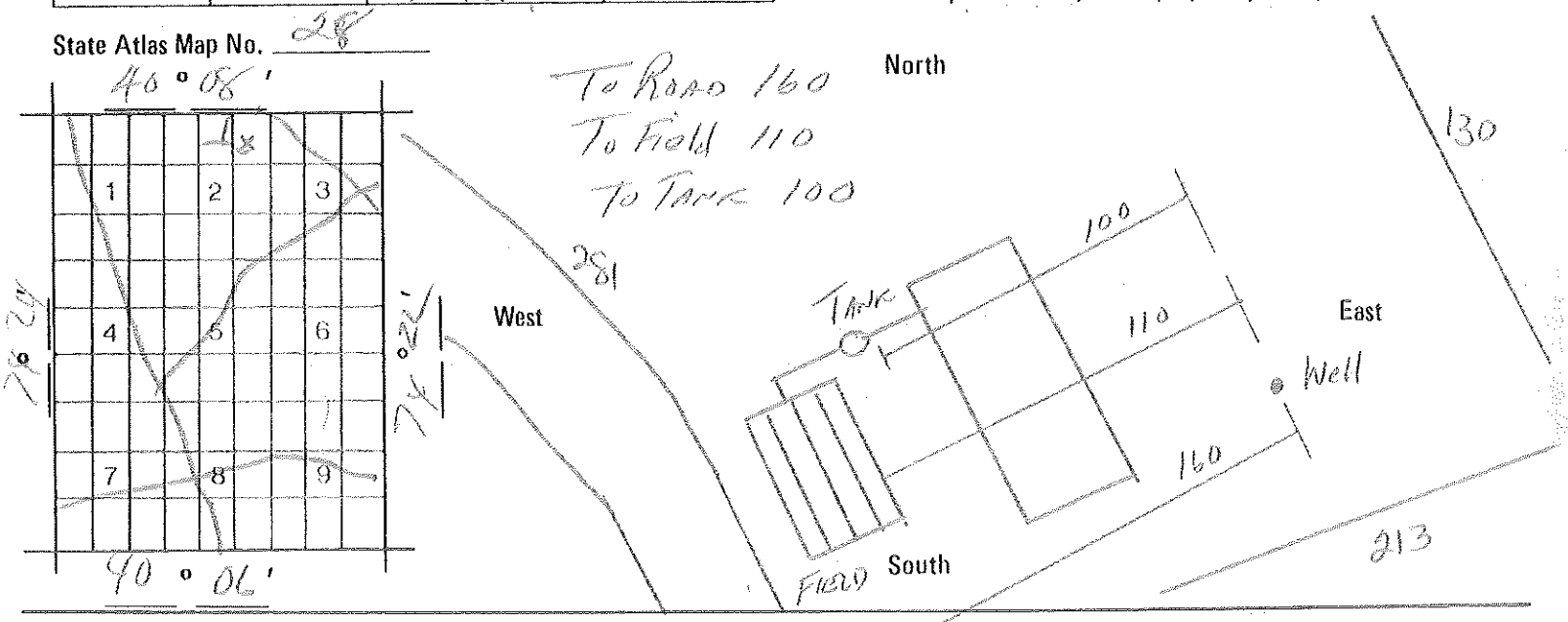
Diameter of Well	4 Inches	Proposed Depth of Well	180 Feet
Proposed Capacity of Pump	8 GPM	Method of Drilling (cable-tool, rotary, etc.)	Rotary
Use of Well (See Reverse)	Domestic		
Drinking Water Supply?	✓ yes (see #6 on reverse)		no

LOCATION OF WELL

Lot #	Block #	Municipality	County
5	94.03	Jackson	Ocean

Draw sketch showing distance and relations of well site to nearest public roads, streets, septic systems, etc.

State Atlas Map No. 28



SEE REVERSE SIDE FOR IMPORTANT PROVISIONS AND REGULATIONS PERTAINING TO THIS PERMIT. APPROVAL OF THIS PERMIT IS MADE SUBJECT TO ACCEPTANCE OF AND COMPLIANCE WITH THE FOLLOWING ADDITIONAL CONDITIONS.

- ☐ **DOMESTIC/PUBLIC NON-COMMUNITY** Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et. seq.
- ☐ **PUBLIC COMMUNITY** Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1et. seq.
- ☐ **DOMESTIC IRRIGATION SUPPLY** - No piping from the well for which the permit applies shall enter any building.
- ☐ **HEAT PUMP WELLS** - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well. A two hour pump test must be performed on the return well at a rate of 1½ times the estimated return flow of water.
- ☐ **INDUSTRIAL SUPPLY** - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et. seq.
- ☐ **REPLACEMENT WELL** - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment.
- ☐ IRRIGATION PURPOSES ONLY ☐ TEST PURPOSES ONLY
- ☐ PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84(a)4.v. are met.
- ☐ GEOPHYSICAL LOGS of this well must be made. Permanent pumping equipment *SHALL NOT* be installed until such logs are made.
- ☐ SAMPLES of cuttings required every _____ feet or change in material.
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:10-12.13 have not been met - see attached additional condition(s).
- ☐ _____

This Space for Approval Stamp

WELL PERMIT APPROVED
Dept. of Environmental Protection
Water Resources/Water Allocation
OCT 1 1991

In compliance with N.J.S.A. 58:4A-14, application is made for a permit to drill a well as described above.

Date: 9-28-91

Signature of Driller: Frank A Rom Jr. License No. 1438

Signature of Owner: S. Katz

COPIES: Water Allocation — White Health Dept. — Yellow Owner — Blue Driller — White

891-0414

OCEAN COUNTY HEALTH DEPARTMENT
CN 2191, Sunset Avenue
Toms River, NJ 08754

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

OCEAN COUNTY HEALTH DEPARTMENT
NO .....
PLAN APPROVE .....
DATE 1-14-92
Official Use Only

Fee Paid _____

JACKSON
Municipality

Comm Code 15
Official Use Only

Block 94.03

Lot(s) 5

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

Type of Water System
___ (A) Potable Non-Public
___ (B) Potable Public Non-Community
___ (C) Non-Potable

NAME OF APPLICANT WHISPERING HILLS INC. PHONE NO. 905-7100
ADDRESS PO BOX 1333 CITY JACKSON STATE N.J. ZIP 08527
DIRECTIONS TO LOCATION 571 No. TO LEESVILLE ROAD, RIGHT ONTO OVERLOOK DR.

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. # _____ PUMP INSTALLER _____ Lic. # _____
(Print) (Print)

DRILLER _____ INSTALLER _____
(Signature) (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. I well is installed by more than one (1) licensed individual, then all licensed individuals must sign application.

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~~ PERMEABILITY TEST PERFORMED BY SCOTT WATKINS P.E. Date 8/15/91 Phone _____

WEATHER CONDITIONS AT TIME OF TEST _____

ENGINEER'S SIGNATURE AND SEAL _____
RICHARD DiFALCO

NOTE: All engineering data relating to soils, percolation & system design must be on engineer's drawing. Engineer's drawings must be sig sealed by the engineer.

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

H.D.45

AGENCY NOTE: The Department is not adopting the forms in proposed Appendix B, as explained in the Summary of Comments. In the interest of clarity, proposed Appendix B is not reproduced herein for deletion. The Department is adopting the following Appendix B.

APPENDIX B

STANDARD FORMS FOR SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY OCEAN / JACKSON

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1—General Information

1. Type of Permit Needed (Check applicable categories):
   - ✓ New Construction
   - ___ Alteration/No Expansion or Change of Use
   - ___ Alteration/Expansion or Change in Use
   - ___ Alteration/Malfunctioning System
   - ___ Deviation from Standards
   - ___ Repairs to Existing System
2. Location of Project:
   Municipality JACKSON Block No. 94.03 Lot No. 5
   Street Address WHISPERING HILLS Zip ___
3. Name of Applicant (print): WHISPERING HILLS, INC.
4. Applicant's Present Address: PO BOX 1333 JACKSON N.J. 08527
5. Applicant's Phone Number: 905-7100
6. Type Of Facility:
   - ✓ Residential
   - ___ Commercial/Institutional
   - Specify Type of Establishment: ___
7. Type of Wastes to be Discharged:
   - ✓ Sanitary Sewage
   - ___ Industrial Wastes
   - ___ Other—Specify Type
8. Other Approvals/Certification/Waivers/Exemptions (Attach to Application):
   - N/A Pinelands Commission
   - N/A U.S. Army Corps of Engineers
   - N/A NJDEP—Bureau of Flood Plain Management
   - N/A Other—Specify:
9. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant [signature] Date 12-26-91

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 ___

Name and Title ___

COUNTY/MUNICIPALITY JACKSON / OCEAN

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a—General Site Evaluation Data Lot 5 Block 94.03

1. Name of Site Evaluator (print): "ROBERT" LUNDGRAN
2. Business Address of Site Evaluator: SUMMIT LAND SURVEYING 4663 RT 9 NO. HOWELL, N.J. 07731
3. Business Phone Number of Site Evaluator: 370-0242
4. Special Site Limitations Identified (Check appropriate Categories): N/A
   - ___ Flood Plains
   - ___ Bedrock Outcrops
   - ___ Wetlands
   - ___ Excessively Stony
   - ___ Disturbed Ground
   - ___ Sink Holes
   - ___ Sand Dunes
   - ___ Steep Slopes
   - ___ Other—Specify ___
5. Soil Logs—Enter on Form 2b—Use one sheet for each soil log.
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 Coarse
   - ___ Proctor Test performed—% Standard Proctor Density = ___
7. Hydraulic Head Test: N/A
   a) Hydraulically Restrictive Horizon: Depth Top 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 PERMEABILITY TEST RESULTS
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 [signature] Date 12/27/91

Signature of Professional Engineer [signature] License # 24343

9. Calculation of Permeability:

K, (in/hr) = 60 min/hr x r^2/R^2 x L(in)/T(min) x ln (H_1/H_2)

= 60 min/hr x ____ / ____ x ____ / ____

x ln (____ / ____) = ____

10. Defects in the Sample (Check appropriate items):

____ None ____ Cracks ____ Worm Channels

____ Root Channels ____ Soil/Tube Contact

____ Large Gravel ____ Large Roots

____ Dry Soil ____ Smearing ____ Compaction

____ Other—Specify_____

11. I hereby certify that the information furnished on Form 3b of this application 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 Site Evaluator_____Date_____

Signature of Professional Engineer_____License #_____

Form 3c. Soil Permeability Class Rating Data SEE ATTACHED REPORT

1. Test Number_____Replicate (Letter)_____

2. Sample Depth_____Soil Pit/Boring Number_____Date Collected_____

3. Coarse Fragment Content:

Total Weight of Sample, W.T., grams_____

Weight of Material Retained on 2mm sieve, W.C.F., grams_____

Wt. % Coarse Fragment (W.C.F./W.T. x 100)_____

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt_____

5. Hydrometer Calibration, Rc_____

6. Hydrometer Reading—40 seconds, grams, R1_____

Temperature of Suspension, °F_____

7. Corrected Hydrometer Reading, grams, R1'_____

8. Hydrometer Reading—2 hours, grams, R2_____

Temperature of Suspension, °F_____

9. Corrected Hydrometer Reading, grams, R2'_____

10. % sand = (Wt. - R1')/Wt. x 100 = (____ - ____)/ ____ x 100 = ____

11. % clay = R2'/Wt. x 100 = ____ / ____ x 100 = ____

12. Sieve Analysis:

a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams_____

b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams_____

c. % Fine Plus Very Fine Sand (b/a)_____

13. Soil Morphology (Natural Soil Samples Only):

Structure of Soil Horizon Tested_____

Consistence of Soil Horizon Tested: Dry_____Moist_____

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples)_____

15. I hereby certify that the information furnished on Form 3c of this application 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 Site Evaluator_____Date_____

Signature of Professional Engineer_____License #_____

Form 3d. Percolation Test Data

1. Test Number_____Replicate (Letter)_____Date Tested_____

2. Depth_____

3. Pre-soak:_____

____ Sandy Textured Soil Only, Shortened Pre-soak—Indicate Time Required for 12 Inches of Water to Drain After Second Filling, Minutes_____

____ Four Hour Pre-soak Completed—Indicate Result:

____ Test Hole Drained Within 16 to 24 Hours After Pre-soak

____ Test Hole Did Not Drain Within 24 Hours After Pre-soak

4. Rate of Fall Data:

a. Time Interval Selected, Minutes_____

b. Record the Drop in Water Level During Each Time Interval to the Nearest 1/10th-Inch On the Lines Below:

Depth of Water, Start of Interval (inches)	Depth of Water, End of Interval (inches)	Drop in Water Level (inches)

5. Percolation Rate:

a. Time, minutes, Required for a Six-inch Drop in Water Level_____

b. Percolation Rate = a/6 = ____ /6 = ____ min/in

6. I hereby certify that the information furnished on Form 3d of this application 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.

Form 3g. Basin Flooding Test Data

1. Test Number____ Reference Soil Log____ Date Tested____

2. Depth of Pit, ft____

3. Area of Pit, ft^2____

4. Description of Rock Substratum Within Test Zone:

Type of Rock____

Name of Formation____

Average Fracture Spacing____

Type of Fractures (Check Appropriate Category):

____ Open (Wide), Clean—Width of Openings, mm____

____ Open (Wide), Infilled with Fines—Width of Openings, mm____

____ Tight (Closed)

Orientation of Fractures:

____ Horizontal (Parallel to Pit Bottom) Or Nearly So

____ Inclined

____ Vertical (Parallel to Sides of Pit) Or Nearly So

Hardness of Rock:

____ Rippable with Hand Tools

____ Not Rippable with Hand Tools, Rippable by Machine

____ Not Rippable by Machine, Explosives Used

5. Time of First Basin Flooding____

Volume of Water Added, Gal____

6. Result of First Basin Flooding:

____ Basin Drained within 24 Hrs.—Indicate Time____

____ Basin Not Drained within 24 Hrs.

7. Time of Second Basin Flooding____

Volume of Water Added, Gal____

8. Result of Second Basin Flooding:

____ Basin Drained within 24 Hrs.—Indicate Time____

____ Basin Not Drained within 24 Hrs.

9. I hereby certify that the information furnished on Form 3g of this application 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 Site Evaluator____ Date____

Signature of Professional Engineer____ License #____

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal 650

✓ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4

____ 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

____ Correct Malfunctioning System ____ Other—Specify____

b) Describe Nature of Alteration or Repairs:____

3. System Components:

a) Grease Trap Capacity, gals____

Show Calculation Used:____

b) Septic Tank Capacities, gals: 1250 First (Single) Compartment____

____ Second Compartment____ ____ Third Compartment____

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: Number 7 Total Length 350 Pipe Size 4" Spacing 3'

f) Connecting Pipe: Size 4" Length 35'

g) Manifold: Size____ Length____

h) Disposal Field: Type of Installation Soil Replacement Fill Bed

Design Permeability (Percolation Rate) 6-20 in/HR

Trenches: Width____ Total Length____ Bed: Area____

i) Seepage Pits: Design Percolation Rate____

Number of Pits____ Total Percolating 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 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 Professional Engineer Richard DiFolco Date 12/30/91

Form 5. Design of Pressure Dosing System

1. Configuration of Distribution Network:

Type of Manifold: ____ End ____ Central

Distribution Laterals: Number ____ Length, ft ____ Spacing, ft ____

Hole Diameter, ins ____ Hole Spacing, ins ____

Diameter of Laterals, ins ____

2. Lateral Discharge Rate:

Design Pressure Head at Supply End of Laterals, H_p, ft ____

Hole Discharge Rate, Q, gpm ____

Number of Holes per Lateral, n ____

Lateral Discharge Rate, (Q x n) gpm ____

8. Indicate Problems Identified During Inspection:

___ Septic Tank Not Accessible
___ Inlet Baffle Needs Repair
___ Outlet Baffle Needs Repair
___ Effluent Backs-Up into Septic Tank
___ Septic Tank Leaks
___ Dosing Tank Not Accessible
___ Dosing Tank Leaks
___ Solids in Dosing Tank
___ Operation/Condition of Pump, Switches, Alarm, Siphon, etc.
___ Solids in D-Box
___ D-Box Not Level
___ Hydraulic Failure of Disposal Field or Seepage Pit
___ Settlement or Improper Grading
___ Encroachments in Disposal Area
___ Improperly Directed Drainage
___ Physical Condition of Seepage Pit
___ Other—Specify_____

9. Observed Malfunctions:

___ Back-up into Plumbing
___ Surface Break-out or Ponding
___ Odors
___ Other—Specify_____
___ Seepage of Sewage/Effluent into Bldg.
___ Contamination of Well Water

10. I hereby certify that the information furnished on Form 1 of this application (and 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 Septic System Inspector_____ Date_____

FOR AGENCY USE ONLY

___ Renewal of License Denied—Reason for Denial_____
___ Approval Pending Completion of Repairs—Description of Repairs Required:_____
___ License Renewed—Expiration Date of New License_____

STANDARD FORMS FOR CERTIFICATE OF COMPLIANCE

County/Municipality of_____

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 and 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_____

___ New Construction
___ Alteration/No Expansion or Change of Use
___ Alteration/Expansion or Change in Use
___ Alteration/Malfunctioning System
___ Deviation from Standards
___ Repairs to Existing System

2. Location of Project:

Municipality_____ Lot_____ Block_____

Street Address_____

3. Name and Present Address of Applicant:

Applicant's Phone Number_____

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.

_____
(Signature)

SEAL

_____
Name (Type or Print), License #

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

Date:_____

For Agency Use Only

Date Received:_____
Form Determined To Be: ___ Complete ___ Incomplete
Date Returned ___
Date Received ___

Date Certification Approved:_____

Authorized Signature:_____

APPENDIX C
UNIFORM PLACEMENT OF PERCOLATION TESTS

Uniform Placement of Percolation Tests

N.J.A.C. 7:9A-6.1(e)7 of these standards requires that percolation tests be spaced uniformly within the area of the disposal field. Acceptable patterns or arrangements for percolation test placement depend upon the size and shape of the disposal field as outlined below. Patterns other than those provided below may be approved provided that it is determined by the Administrative Authority that the test results submitted are representative of the soil conditions throughout the entire area of the disposal field.

Definitions

The following words and terms shall have the following meanings when used within Appendix B of this chapter:

"Center" means the intersection of the two disposal field diagonals.

"Diagonal" means a line connecting opposite corners of the disposal field.

"Elongated disposal field" means a disposal field with a length/width ratio of 3.0-5.0.

"End" means one of the two shorter sides in a disposal field which has a length/width ratio not equal to 1.0.

"Length" means the longest dimension of the disposal field, or the distance between the ends of the disposal field.

COUNTY/MUNICIPALITY Summit Blk 94.03 Lot 5 Jackson Page 1 of 2

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3c. Soil Permeability Class Rating Data

1. Test Number 1 Replicate (Letter) A Tare # B-2

2. Sample Depth 30" Soil Pit/Boring Number S-1 Date Collected 8/12/91

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 208.29
   Weight of Material Retained on 2 mm sieve, W.C.F., grams 22.12
   Wt. % Coarse Fragment (W.C.F./W.T. X 100): 10.69

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt. 39.09

5. Hydrometer Calibration, Rc 5 Beaker # ____ Hydrom.# 13

6. Hydrometer Reading - 40 seconds, grams, R1 6.5/6.5
   Temperature of Suspension, °F 68

7. Corrected Hydrometer Reading, grams, R1' 1.5

8. Hydrometer Reading - 2 hours, grams, R2' 6.5
   Temperature of Suspension, °F 68

9. Corrected Hydrometer Reading, grams, R2' 1.5

10. % sand = Wt. - R1')/Wt. X 100 = (39.09 - 1.5)/39.09 X 100 = 96.2

11. % clay = R2'/Wt. X 100 = 1.5 / 39.09 X 100 = 3.8

12. Sieve Analysis: Tare # A-12
    a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams 32.94
    b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 1.76
    c. % Fine Plus Very Fine Sand (b/a) 4.63

    Gravel ____ %
    Sand ____ %
    Clay ____ %
    Silt ____ %
    VC-M Sand ____ %
    F+VF Sand ____ %

13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested ____
    Consistence of Soil Horizon Tested: Dry:____ Moist:____

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) KS Sand > 20 in/hr

15. I hereby certify that the information furnished on Form 3c of this application 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 [signature] Date: 8/15/91

Signature of Professional Engineer [signature]

Date: 8/15/91 Scott D. Watkins, P.E. License No. 29173

COUNTY/MUNICIPALITY Summit Blk 94.03 Lot 5 Jackson

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3c. Soil Permeability Class Rating Data

1. Test Number 1 Replicate (Letter) B Tare # _____

2. Sample Depth 30" Soil Pit/Boring Number S-1 Date Collected 8/12/91

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 209.92
   Weight of Material Retained on 2 mm sieve, W.C.F., grams 14.13
   Wt. % Coarse Fragment (W.C.F./W.T. X 100): 6.74

4. Oven Dry Weight (24 hrs, 105°C) of 40 Gram Air Dry Sample, grams, Wt. 39.09

5. Hydrometer Calibration, Rc 5 Beaker # _____ Hydrom.# 14

6. Hydrometer Reading - 40 seconds, grams, R1 6.5 / 6.5
   Temperature of Suspension, °F 68

7. Corrected Hydrometer Reading, grams, R1' 1.5

8. Hydrometer Reading - 2 hours, grams, R2 6.5
   Temperature of Suspension, °F 68

9. Corrected Hydrometer Reading, grams, R2' 1.5

10. % sand = Wt. - R1')/Wt. X 100 = (39.09 - 1.5)/39.09 X 100 = 96.2

11. % clay = R2'/Wt. X 100 = 1.5 / 39.09 X 100 = 3.8

12. Sieve Analysis: Tare # 6-36
    a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams 38.12
    b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 1.74
    c. % Fine Plus Very Fine Sand (b/a) 4.56

    Gravel _____%
    Sand _____%
    Clay _____%
    Silt _____%
    VC-M Sand _____%
    F+VF Sand _____%

13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested _____
    Consistence of Soil Horizon Tested: Dry:_____ Moist:_____

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) 1/5 Sand > 20 hr/in

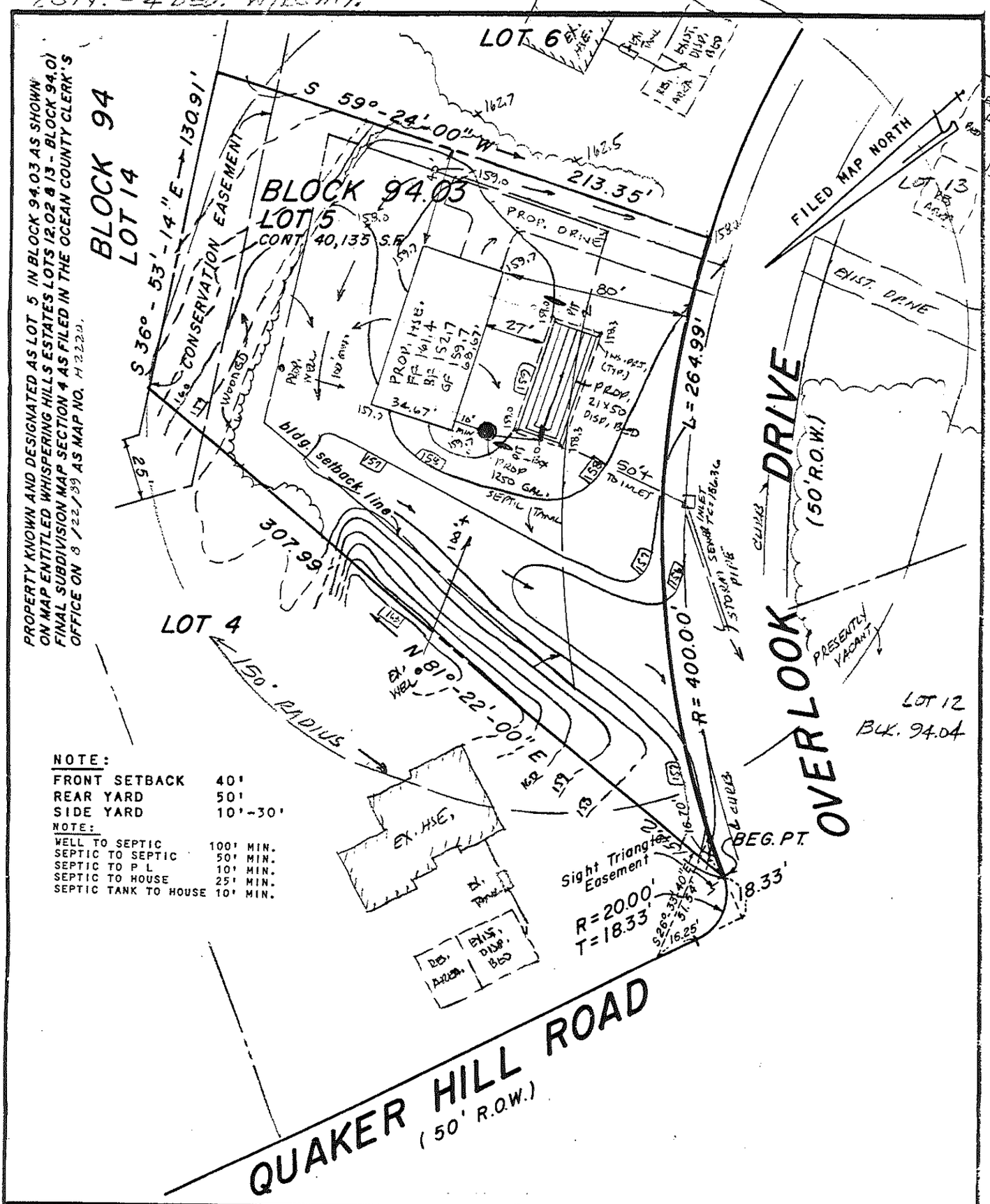
15. I hereby certify that the information furnished on Form 3c of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator [signature] Date: 8/15/91

Signature of Professional Engineer [signature]

Date: 8/15/91 Scott D. Watkins, P.E. License No. 29173

2 STY. - 4 BED. W/BSMT.



NOTE:

FRONT SETBACK	40'
REAR YARD	50'
SIDE YARD	10'-30'

NOTE:

WELL TO SEPTIC	100' MIN.
SEPTIC TO SEPTIC	50' MIN.
SEPTIC TO P L	10' MIN.
SEPTIC TO HOUSE	25' MIN.
SEPTIC TANK TO HOUSE	10' MIN.

PLOT PLAN AND
SEPTIC SYSTEM DESIGN
LOT 5 BLOCK 94.03
(WHISPERING HILLS)
SITUATED IN
JACKSON TWP., OCEAN CO., N.J.

Richard DiFolco 12/27/91
RICHARD DiFOLCO DATE
PROFESSIONAL ENGINEER
N.J. LIC. NO. 24343

PROFESSIONAL
LAND SURVEYING
AND PLANNING

SUMMIT
LAND SURVEYING

MONMOUTH OFFICE PLAZA
4463 ROUTE 9 NORTH
HOWELL, N.J. 07731
(908) 370-0242

ROBERT J. LUDWIGSON
N.J. LIC. NO. 28531 (LAND SURVEYOR)
N.J. LIC. NO. 2840 (PROFESSIONAL PLANNER)

PETER T. CLEVELAND
N.J. LIC. NO. 29180 (LAND SURVEYOR)
N.J. LIC. NO. 2839 (PROFESSIONAL PLANNER)

DATE: DEC. 27, 1991 | SCALE: 1" = 50' | FILE: OC-610

SHEET 1 OF 2

3. Manifold Length, ft ____ Manifold Diameter, ins ____

4. System Discharge Rate, gpm ____

5a. Pump Selection:

Diameter of Delivery Pipe ____ Length of Delivery Pipe ____

Friction Loss in Delivery Pipe, H_f, ft ____

Elevation of Dosing Tank Low Water Level ____

Elevation of Lateral Invert ____

Elevation Head, H_e, ft ____

Total Operating Head, H_t ($H_p + H_f + H_e$), ft ____

Pump Model ____ Rated Horsepower ____

Pump Discharge Rate at Total Operating Head, gpm ____

5b. Siphon Elevation:

Diameter of Delivery Pipe ____ Length of Delivery Pipe ____

Friction Loss in Delivery Pipe, H_f, ft ____

Velocity Head, H_v, ft ____

Total Operating Head, H_t ($H_p + H_f + H_v$), ft ____

Elevation of Lateral Invert ____

Elevation of Siphon Invert ____

6. Dose Volume:

Design Volume of Sewage, gal/day ____

Design Permeability, in/hr ____ or Percolation Rate, min/in ____

Internal Volume of Distribution Network ____

Dose Volume ____

7. I hereby certify that the information furnished on Form 4 of this application (and 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 Professional Engineer_____Date_____

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1. General Information

1. Municipality_____Block No_____Lot No_____

2. Name of Applicant (print):_____

3. Applicant's Address:_____

4. Applicant's Phone Number:_____

5. Certificate of Compliance: Date of Issuance_____

If no Certificate Was Issued, Indicate Approximate Age of System_____

6. Type of Facility: ____ Residential—Indicate Number of Occupants_____

____ Commercial/Institutional—Specify Type of Establishment_____

7. Type of Wastes Discharged: ____ Sanitary Sewage Only

____ Industrial Wastes

____ Other—Specify Type_____

8. Volume of Wastes: Ave. Flow, gal/day ____ Max. Daily Flow, gal ____

____ Based On Water Meter Data

____ Assumed Based On Data Related to Water Usage—Show Data Below

—Number of Users (Patrons, Guests, Visitors, etc.) per Day____

—Number of Employees ____

Total Employee Hours per Day ____

—Number of Fixtures ____, Specify Type_____

—Size of Building, ft^2 ____

—Other—Specify_____

9. Indicate System Components, Provide What Information is Available:

____ Grease Trap: Capacity, gals ____

____ Septic Tank: Capacity, gals ____ No. of Compartments ____

____ Dosing Tank: Capacity, gals ____ Dosing Device:

____ Pump ____ Siphon

____ Disposal Bed: Area, ft^2 ____

____ Disposal Trenches: Width, ft ____ Number ____

Total Length, ft ____

____ Seepage Pits: Number ____ Diameter, ft ____ Depth, ft ____

____ Interceptor Drain

____ Other—Specify_____

10. I hereby certify that the information furnished on Form 1 of this application (and 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 Septic System Inspector_____Date_____

FOR AGENCY USE ONLY

____ Application Denied—State Reason for Denial_____

____ Application Approved—License Number_____

Date of Action_____Signature of Authorized Agent_____

Name and Title_____

RENEWAL OF LICENSE TO OPERATE AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1. Report of Septic System Inspection/Maintenance

1. Municipality_____ Block No_____ Lot No_____

2. Name of Applicant (print):_____

3. Applicant's Address:_____

4. Applicant's Phone Number:_____

5. Expiration Date of Current License_____ License Number_____

6. Maintenance Performed at Time of Inspection: ____ Septic Tank Pumped

____ Other—Specify_____

7. If the Septic Tank Was not Pumped, Provide Following Information:

Date of Last Pump Out_____ Record Vertical Distance in inches:	1st Comp	2nd Comp	3rd Comp
Bottom of Scum Layer to Bottom of Outlet Baffle	____	____	____
Top of Sludge Layer to Bottom of Outlet Baffle	____	____	____

ENVIRONMENTAL PROTECTION

Signature of Site Evaluator_____ Date_____

Signature of Professional Engineer_____ License #_____

Form 3e. Piezometer Test Data

1. Test Number_____ Reference Soil Log_____ Date Tested_____
2. Diameter of Soil Auger, in_____ Depth of Test Hole, in_____
   Inside Radius of Pipe, R, in_____
3. Depth to Apparent Static Water Level, in_____
4. Measure and Record:

Water Depth, Start of Interval inches, d_1	Time at Start of Interval,	Water Depth, End of Interval inches, d_2	Time at End of Interval,	Length of Interval, min, t

5. Depth to Water Level After 24 Hour Stabilization Period, D_{water} in_____
6. Value of A-parameter_____
7. Calculation of Permeability:

K, in/hr = $[(3.14R^2)/(A \times t)] \times [\ln(d_1 - D_{water}/d_2 - D_{water})] \times 60$ min/hr

= [(3.14 ____)/(____ x ____)] x [ln(____ - ____ / ____ - ____)]

x 60 min/hr = _____

8. I hereby certify that the information furnished on Form 3e of this application 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 Site Evaluator_____ Date_____

Signature of Professional Engineer_____ License #_____

Form 3f. Pit-Bailing Test Data

1. Test Number_____ Reference Soil Log_____ Date Tested_____
2. Using the reference level established, measure and record the following:
   - —Depth to Bottom of Pit, ft, D_{pit}_____
   - —Depth to Water Level after 2 hr. Stabilization Period, ft, D_{water}_____
   - —Depth to Impermeable Stratum, ft, $D_{stratum}$_____
     (If depth is unknown assume it to be 1.5 times the depth of the pit.)
   - —Height of Water Level Above Impermeable Stratum, ft, H_____
     ($H = D_{stratum} - D_{water}$)
   - —Length of Time Interval, T, in minutes_____
3. At the interval chosen, record the following data in the table below:
   - —Time of Measurement, t_n, minutes
   - —Depth of Water Level Below Reference Level, d_n, inches
   - —Water Surface Dimensions, ft: l,w
4. Calculate the following values and enter in the table below:
   - —Water Surface Area, ft², A_n
   - —Water level Risem h_{rise} (Subtract current value of d_n from previous valu
   - —Ave. Water Surface Area, ft², A_{av} (Take average of A_n and previous A_n)
   - —Ave. Height of Water Level Above Impermeable Stratum, ft, h (Take ave. of d_n and previous value of d_n, convert to ft., and subtract from $D_{stratum}$)
   - —Permeability, in/hr, K_n (Calculate using formula):
     $K_n = [h_{rise}/T] \times [A_{av}/2.27(H^2-h^2)] \times 60$ min/hr

t_n	d_n(in.)	l,w (ft.)	A_n(ft²)	h_{rise}(in.)	A_{av}(ft²)	h (ft)
t_0				XXXX	XXXX	XXXX
t_1						
t_2						
t_3						
t_4						
t_0				XXXX	XXXX	XXXX
t_1						
t_2						
t_3						
t_4						
t_0				XXXX	XXXX	XXXX
t_1						
t_2						
t_3						
t_4						

5. Record the Following Data:
   - —Final Depth of Pit, D_{pit}, ft_____
   - —Depth to Impermeable Stratum, ft, $D_{stratum}$_____
     (If no impermeable stratum is encountered assume $D_{stratum} = D_{pit}$)
   - —Height of Standpipe Above Reference Level, ft, h_{pipe}_____
   - —Depth to Water Level after 24 hr. Stabilization Period, ft, D_{water}_____
     (Take measurement from top of standpipe. Subtract h_{pipe})
   - —Height of Static Water Level Above Impermeable Stratum, ft, H_____
     ($H = D_{stratum} - D_{water}$)
   - —Average Height of Water Level Above Impermeable Stratum, ft, h_____
     (Take average of d_n from beginning and end of last time interval reco in section 4, convert this to ft., subtract from $D_{stratum}$)
6. Re-calculation of K using data from section 5 above and from final time in of section 4:

   $K = [h_{rise}/t] \times [A_{av}/2.27(H^2-h^2)] \times 60$ min/hr

   = [____ / ____] x [____ /2.27

   (____ - ____)] x 60 min/hr = _____
7. I hereby certify that the information furnished on Form 3f of this applica true and accurate. I am aware that falsification of data is a violation of the \ Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penali prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator_____ Date_____

Signature of Professional Engineer_____ License #_____

COUNTY/MUNICIPALITY_____

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b—Soil Log and Interpretation Lot 5 Block 94.03

1. Log Number_____ Method (Check One): ___ Profile Pit ___ Boring

2. Soil Log

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present
	SEE ATTACHED SHEET 2 of 2

3. Ground Water Observations:

___ Seepage—Indicate Depth_____

___ Pit/Boring Flooded—Depth after ___ Hours_____

4. Soil Limiting Zones (Check Appropriate Categories):

___ Fractured Rock Substratum—Depth to Top_____

___ Massive Rock Substratum—Depth to Top_____

X Excessively Coarse Horizon—Depth Top to Bottom_____

___ Excessively Coarse Substratum—Depth to Top_____

___ Hydraulically Restrictive Horizon—Depth Top to Bottom_____

___ Hydraulically Restrictive Substratum—Depth to Top_____

___ Perched Zone of Saturation—Depth Top to Bottom_____

___ Regional Zone of Saturation—Depth to Top_____

5. Soil Suitability Classification: II Hc

6. I hereby certify that the information furnished on Form 2b of this application 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 Site Evaluator [signature] Date 12/27/91

Signature of Professional Engineer [signature] License # 24363

COUNTY/MUNICIPALITY_____

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3a. Soil Permeability Data Lot_____ Block_____

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

1. Summary of Data—Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
SEE ATTACHED REPORT BY SCOTT WATKINS PE				

*For tube permeameter, pit-bailing and piezometer tests report results in inches per hour. For Soil permeability class rating give soil permeability class number. For percolation test report result in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number_____

___ Average of Test Replicates ___ Single Replicate

___ Slowest of Replicates

3. Type of Limiting Zone Identified — Test Number

4. Attachments (Check items included):

___ Form 3b—Tube Permeameter Test Data—Number of Sheets_____

✓ Form 3c—Soil Permeability Class Rating Test Data—Number of Sheets 2

___ Form 3d—Percolation Test Data—Number of Sheets_____

___ Form 3e—Pit-Bailing Test Data—Number of Sheets_____

___ Form 3f—Piezometer Test Data—Number of Sheets_____

___ Form 3g—Basin Flooding Test Data—Number of Sheets_____

5. I hereby certify that the information furnished on Form 3a 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 SEE ATTACHED Date_____

Signature of Professional Engineer SEE ATTACHED License #_____

Form 3b. Tube Permeameter Test Data

1. Test Number_____ Replicate (Letter)_____ Date Collected_____

2. Material Tested: ___ Fill ___ Test in Native Soil—Indicate Depth___

3. Type of Sample: ___ Undisturbed ___ Disturbed

4. Sample Dimensions: Inside Radius of Sample Tube, R, in cm_____

Length of Sample, L, in inches_____

5. Bulk Density Determination (Disturbed Samples Only):

Sample Weight (Wt. Tube Containing Sample—Wt. of Empty Tube), grams_____

Sample Volume (L x 2.54cm./inch x 3.14R²), cc_____

Bulk Density (Sample Wt./Sample Volume), grams/cc_____

6. Standpipe Used: ___ No ___ Yes

—Indicate Internal Radius, cm_____

7. Height of Water Level Above Rim of Test Basin, in inches:

At the Beginning of Each Test Interval, H_1_____

At the End of Each Test Interval, H_2_____

8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, T_1	Time, End of Test Interval, T_2	Length of Test Interval, T, minutes

COUNTY HEALTH DEPARTMENT
C.H. 2191
Toms River, N.J. 08754
201-341-9700

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

Summit Land Surveying
4663 Route # 9 North
Howell, NJ 07731

Date: 8/14/91

See below

Blk _____ Lot _____
Twp Jackson
Time: From _____ To _____

Dear Sir,

This agency has recently witnessed soil tests, performed by your firm, on the above stated parcel. Ocean County Health Department Ordinance #90-1 requires that the fee of $25.00 per hour be charged for this witnessing.

Please remit, $ 133.25 for the service that has been rendered by this agency. Failure to remit this fee will result in the plans not being accepted for review.

Checks should be made out to the "Ocean County Health Department" and shall include name of municipality and block and lot designation.

Respectfully,

Robert J. Iugenitz
Chief Sanitary Inspector

RJI:lgn

8/12/91	Block 94.04	Lot 12	From 0840 To 10:00 -- Total - 1.33 hr.
	Block 94.03	Lot 15	From 10:00 To 11:00 - Total - 1 hr.
	Block 94.02	Lot 6	From 11:00 To 13:00 - Total - 2 hr.
	Block 94.02	Lot 7	From 13:50 To 14:50 - Total - 1 hr

Total - 5.33 hrs

Sallie

SUMMIT LAND SURVEYING
MONMOUTH OFFICE PLAZA
4663 ROUTE 9 NORTH
HOWELL, N.J. 07731
(908) 370-0242

July 30, 1991

Ocean County Health Department
C.N. 2191
Toms River, New Jersey 08754

ATTN: JOE GALLOS

Dear Mr. Gallos,

Confirming our conversation of today, please be advised that I would like to schedule the witnessing of soil profile pits for the following lots at Whispering Hills, Jackson Township.

Lot 6	Block 94.02
Lot 7	Block 94.02
Lot 5	Block 94.03
Lot 12	Block 94.04

According to your schedule, these pits will be dug Monday, August 12, 1991 at 9:00 AM.

Thank you for your cooperation

Leesville Rd.

Very truly yours,

Robert J. Ludwigson

Form DWR-138
11/85

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

391-0414

WELL RECORD

Well Permit No. [illegible] — [illegible]
Atlas Sheet Coordinates [illegible] : [illegible] : [illegible]

OWNER IDENTIFICATION - Owner [illegible]
Address [illegible]
City [illegible] State [illegible] Zip Code

WELL LOCATION - If not the same owner please give address. Owner's Well No. 1
Address DUNKLOOK DR
County OCEAN Municipality [illegible] Lot No. [illegible] Block No. [illegible]

WELL USE WITHDRAWL Status IN USE

WATER USE DOMESTIC Average 100 gals. daily Maximum 200 gals. daily

WELL CONSTRUCTION Date well completed 7 / 14 / 92
BOREHOLE DIMENSIONS Depths: Total 168 ft. Finished 168 ft.
Diameter: Top 4 in. Bottom 4 in.
Land Surface Elevation at well 180 ft. Elevation was determined using MAP
Casing Height (stick-up) above land surface 1 ft.

	DEPTH TO TOP (FT.)	LENGTH (FT.)	DIAMETER (IN.)	TYPE AND MATERIAL *Screens: Note Slot Size(s)*
Casing 1		154	4	DRIVE STEEL .025
Casing 2				
Casing 3				
Screen 1	153	4	4	STAINLESS STEEL .012
Screen 2				
Tail Piece		11	4	
Gravel Pack				
Grout				
Grouting Method				

WELL FLOWS NATURALLY _____ gals. per min. at _____ ft. above the land surface.
Water rises to _____ ft. above the land surface.

RECORD OF TEST Test Date 7 / 21 / 92
Static water-level before pumping 35 ft. below land surface. Water level 120 ft. below land surface after 2 hrs. of pumping.
Water level was measured using TAPE Drawdown 85 ft.
Discharge rate measured using WATER METER Discharge Rate 15 gals. per min.
Well was pumped using AIR Specific Capacity 15 gals. per min. per ft. of drawdown
Observed effects on nearby wells NONE
Water Quality (taste, odor, color, etc.) GOOD

PERMANENT PUMPING EQUIPMENT Installed by GREAT WATER Pump Type SUB
Mfrs. Name MYERS Model [illegible]
CAPACITY: Pump delivers 12 GPM at 70 PSI pressure.
POWER: 1 HP at 3450 RPM Power Source 220
DEPTHS: Pump 140 ft. Footpiece — ft. Airline — ft.
FLOW METER: Model — installed on — in. diameter pipe.

CONTRACTOR - Name of Drilling Contractor [illegible]
Address 654 FORT PLAINS RD
City HOWELL State NJ Zip Code 07731
Name of Driller FRANK LONGMAN License No. [illegible]

Signature of Contractor [signature] Date 5 / 3 / 93

COPIES: White - DEP Canary - Driller Pink - Owner Goldenrod - Health Dept.

Form DWR-138
11/85

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

WELL RECORD

Well Permit No. [illegible] – [illegible]

Driller: Please use the space below for the log description. Note water bearing zones or geological formation.

Are samples available? ☐ Yes ☒ No

Drilling Method Cable Tool

Type of Rig Cable Tool

Aquifer/Geo. Fm. Green clay, Black sand, shell Traces

DEP USE ONLY

Stored Hydrogeo Code

USGS Hydrogeo Code

Depth to Bedrock ft.

Bedrock Lith. Code

Bedrock Fm. Code

Completed by

Date / /

LOG	Thick.	Lith.	Fm.
0-55 Yellow sand & Gravel			
55-60 " " & CLAY			
60-72 BLACK CLAY			
72-110 Green SAND			
110-115 " " & shell Traces			
115-158 Green CLAY & SAND			
158-165 Green clay, Black sand & shell Traces			

GWPI No. – NJPDES No. –

Latitude ° ' " Longitude ° ' "

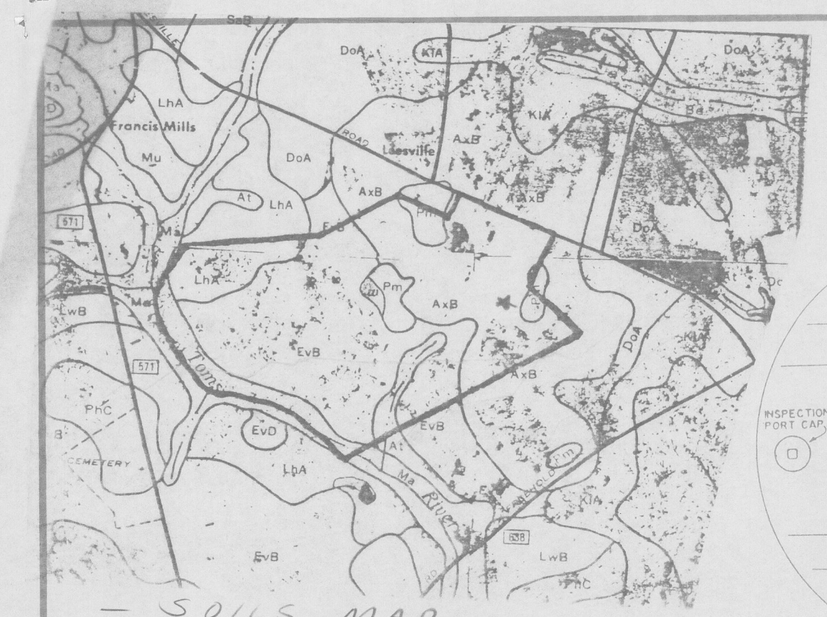
Lat-Long Accuracy ☐ 1" ☐ 5" ☐ 10" ☐ 20"

USGS Quadrangle

Drainage Basin Code County/Municipality Code

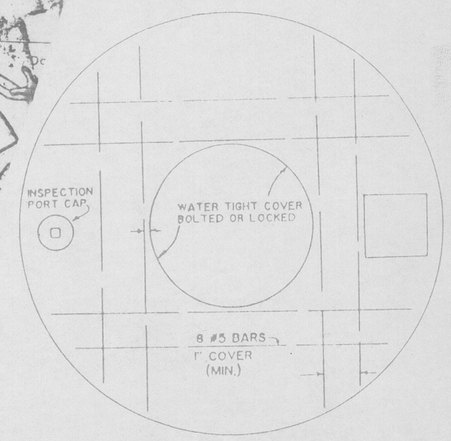
OTHER FILES: ☐ Lithologic Log ☐ Samples Available ☐ Aquifer Test ☐ Water Level Data
☐ Geophysical Logs ☐ Water Chemistry ☐ Pollution Case

Checked by Date / /

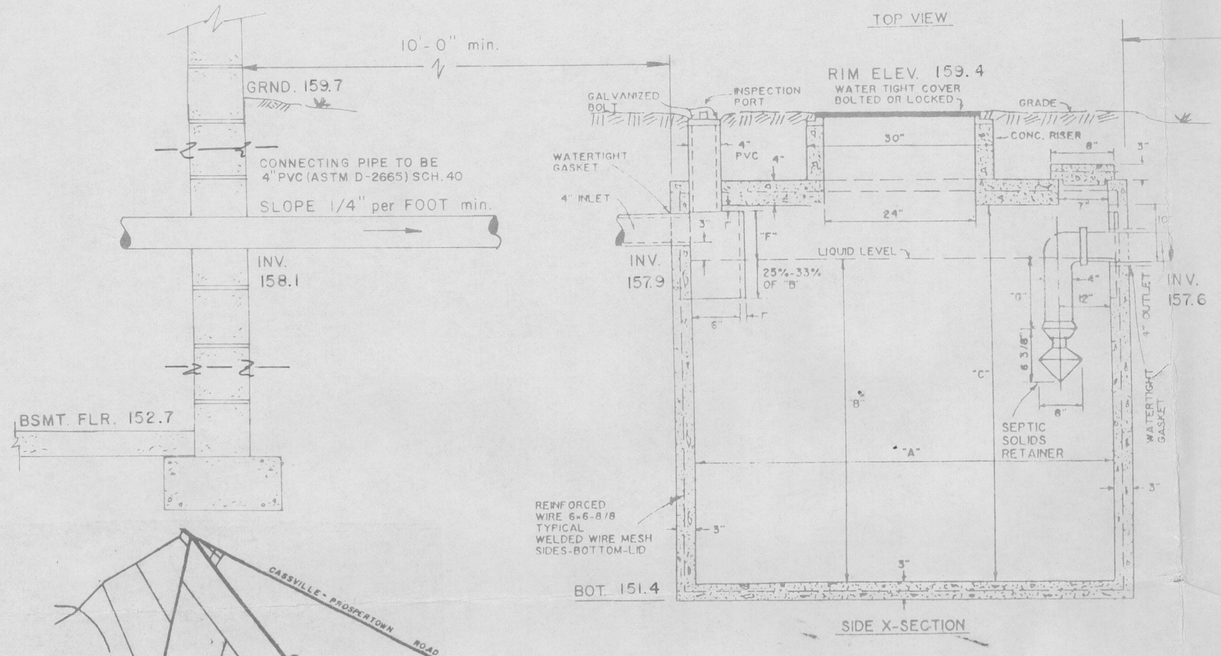


NOTE:
SOIL TYPE AxB, PER THE OCEAN COUNTY SOILS MAP.

— SOILS MAP —



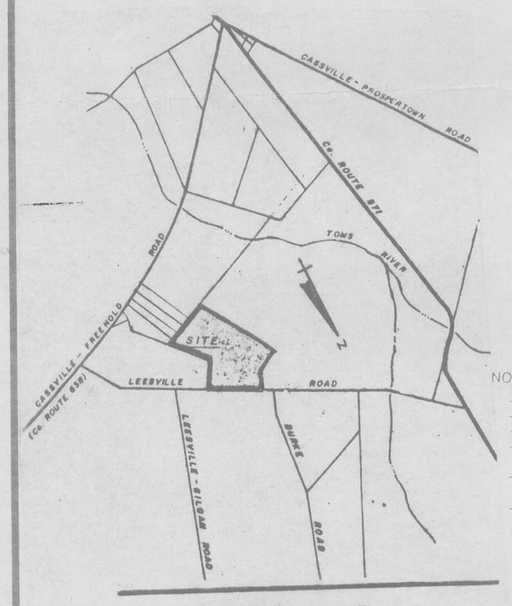
TOP VIEW



SIDE X-SECTION

SEPTIC TANK

NOT TO SCALE
(CIRCULAR TANK)



KEY MAP
N.T.S.

NOTES:
- 4000# CONCRETE - 28 DAYS
- REINFORCING 6x6 - 8/8 MESH #5 RODS
- INLET & OUTLET PIPES BY OTHERS
- ALL INSIDE CONCRETE SURFACES SHALL BE SEALED WITH 2 COATS OF COOPER-BLACK No. 760
- CONCRETE CERTIFIED TO CONFORM WITH ACI 318-16-4.5.1 AND ACI 318-16-4.52
- ALL SECTIONAL JOINTS TO BE SEALED WITH BUTUL GASKET AND MORTAR

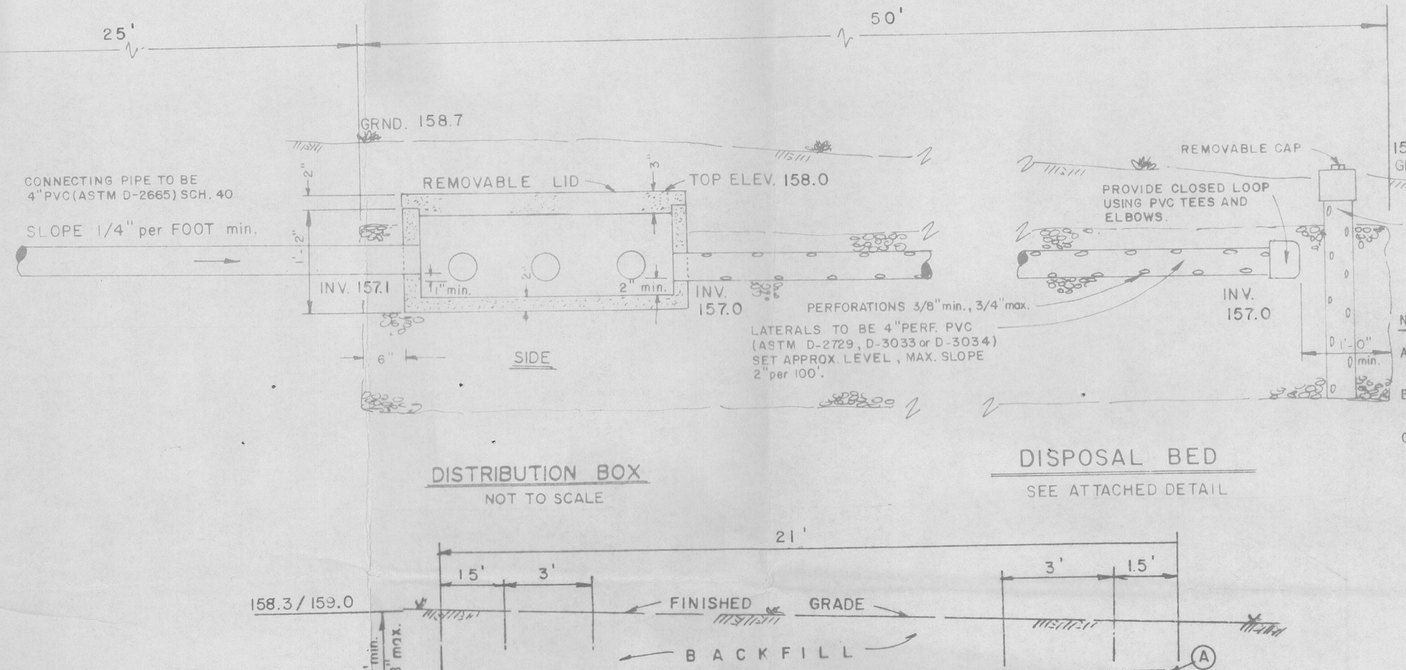
- CAST IRON COVER TO BE USED WITH CONCRETE RISER
- USE SEPTIC SOLIDS RETAINER AS APPROVED BY NATIONAL SANITATION FOUNDATION (SEAL PROVIDED)

MODEL#	GALLONS	"A"	"B"	"C"			"F"	"G"		MODEL#
#5	1000	6'-0"	4'-9"	6'-1"			11"			#5
#6	1250	6'-0"	5'-11"	6'-9"			11"			#6
#7	1500	7'-11"	4'-3"	5'-2"			11"	25%-40% OF "B"		#7
#8	1750	7'-11"	4'-9½"	6'-1"			11"			#8
#9	2000	7'-11"	5'-6"	7'-0"			11"			#9

DOUGLAS F. VOGEL
PRECAST CONCRETE
SEPTIC TANKS
1509 PROSPECT STREET
LAKEWOOD NEW JERSEY
PHONE (201) 363-2133

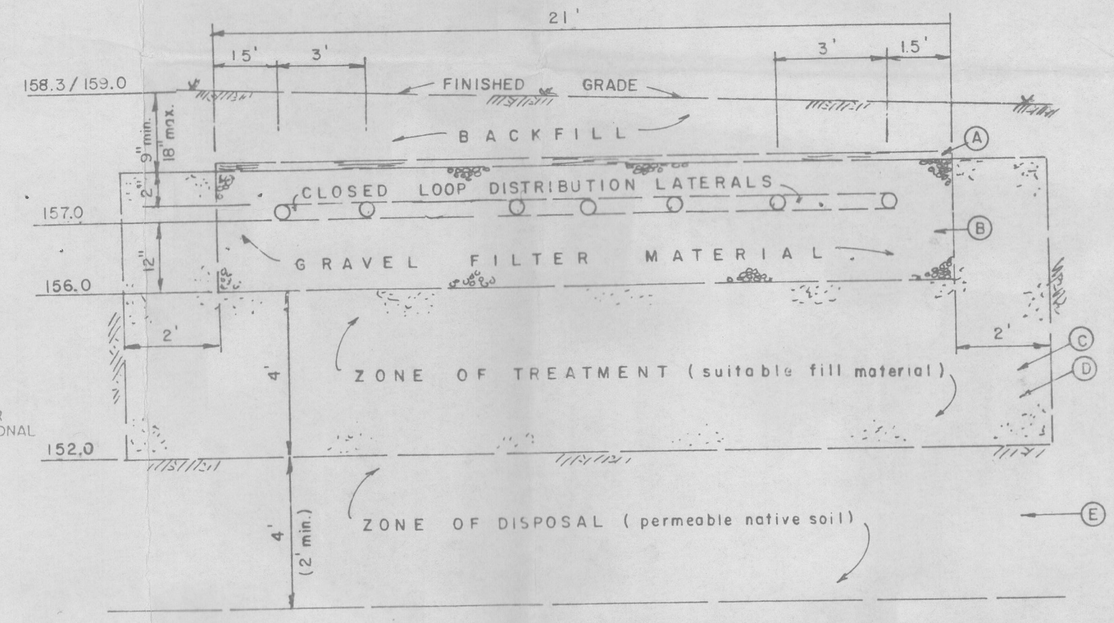
DOUGLAS F. VOGEL
PRECAST CONCRETE
DISTRIBUTION BOX
1509 PROSPECT STREET
LAKEWOOD NEW JERSEY 08701
PHONE (201) 363-2133

NOTES:
- BOX SHALL BE CONSTRUCTED IN A WATER-TIGHT MANNER
- CONCRETE TO BE 4000 psi @ 28 DAYS
- BOX TO BE SET PERFECTLY LEVEL
- DISPOSAL BED: INSTALLATION DIRECTLY ON FILTER MATERIAL WITHIN THE DISPOSAL BED
- DISPOSAL TRENCH: INSTALL ON GRAVEL LAYER OR CONCRETE FOOTING EXTENDING BELOW FROST LINE. GRAVEL IF USED TO EXTEND 6" TO SIDES
- INSTALL BAFFLE OR ELBOW AT INLET FOR ENTRANCE VELOCITIES GREATER THAN 3 FEET PER SECOND
- A SEPERATE OUTLET SHALL BE PROVIDED FOR EACH DISTRIBUTION LATERAL
- ACCESS OPENINGS SHALL BE EXTENDED TO WITHIN 12"-18" OF THE FINISHED GRADE SURFACE



DISTRIBUTION BOX
NOT TO SCALE

DISPOSAL BED
SEE ATTACHED DETAIL



SOIL REPLACEMENT FILL ENCLOSED DISPOSAL FIELD

(21' x 50', 1050 sq ft.) per NJAC 7:9-10.1(b)3 & 7:9-10.4(c 1)

NOT TO SCALE

SOIL EVALUATION AND PROFILE PIT REPORT OF LOT 5 IN BLOCK 94.03, JACKSON TOWNSHIP

DATE OF TEST: AUGUST 12, 1991, WITNESSED BY SALLY WICKEL OF THE O.C.H.D.
WEATHER: FAIR & WARM
EXISTING GROUND ELEVATION: 154.9

PROFILE PIT NO. 1

0" - 6"	TOPSOIL, FINE ROOTS, HUMUS
* 6" - 32"	BROWNISH YELLOW (10 YR 6/3) MEDIUM LOOSE SAND
32" - 120"	YELLOW (10 YR 8/3) MEDIUM LOOSE SAND

PROFILE PIT NO. 2

0" - 6"	TOPSOIL, FINE ROOTS, HUMUS
6" - 26"	BROWNISH YELLOW (10 YR 6/3) MEDIUM LOOSE SAND
26" - 120"	YELLOW (10 YR 8/3) MEDIUM LOOSE SAND

WATER TABLE

1) STATIC WATER TABLE: NONE
2) MOTTLING: NONE
3) SEASONAL HIGH WATER TABLE: GREATER THAN 10 FEET

SOIL SAMPLE COLLECTION DATA

* SAMPLE COLLECTED 8/12/91 AT A DEPTH OF 30" (ELEV. 152.4) RESULTS: K-5 SAND, GREATER THAN 20 IN/HR

COMMENTS:

PROVIDE FILL ENCLOSED, SOIL REPLACEMENT INSTALLATION

NOTES:

A) DRAINAGE FABRIC, UNTREATED BUILDING PAPER OR A 4"-8" THICKNESS OF SALTHAY OR STRAW.
B) FILTER MATERIAL, WASHED GRAVEL OR CRUSHED STONE NJDOT SIZE NUMBER 24, 3 OR 4.
C) ZONE OF TREATMENT

EXISTING EXCESSIVELY COARSE SOIL TO BE EXCAVATED TO A MINIMUM DEPTH OF 4' BELOW BOTTOM OF DISPOSAL BED AND REPLACED WITH SUITABLE FILL MATERIAL MEETING THE FOLLOWING REQUIREMENTS OF NJAC 7:9A-10.1 (F) (4.1 TO 4.111)

1) COARSE FRAGMENT CONTENT LESS THAN 15 PERCENT BY VOLUME OR LESS THAN 25 PERCENT BY WEIGHT
2) TEXTURAL ANALYSIS (COMPOSITION, BY WEIGHT, OF SIZE FRACTION PASSING THE TWO MILLIMETER SIEVE): FROM 85 TO 95 PERCENT SAND, FROM 5 TO 15 PERCENT SILT PLUS CLAY, MINIMUM 2 PERCENT CLAY
3) PERMEABILITY FROM TWO TO 20 INCHES PER HOUR OR PERCOLATION RATE FROM 3 TO 30 MINUTES PER INCH

D) FILL MATERIAL TO BE COMPACTED IN ACCORDANCE WITH NJAC 7:9A-10.4(F) (1-3V)

1) FILL MATERIAL SHALL BE SPREAD AND COMPACTED IN LAYERS ONE FOOT OR LESS IN THICKNESS
2) COMPACTION MAY BE ACCOMPLISHED MANUALLY OR MECHANICALLY, BY TAMPING OR ROLLING OR BY DRIVING OVER THE FILLED AREA IN A CONTROLLED PATTERN USING TRACKED OR RUBBER-TIRED VEHICLES. COMPACTION MAY ALSO BE ACCOMPLISHED BY PUDDLING.
3) WHEN HEAVY EXCAVATING EQUIPMENT IS OPERATED WITHIN THE EXCAVATION FOR THE PURPOSE OF PLACEMENT OF COMPACTION OF THE FILL MATERIAL, THIS EQUIPMENT SHALL NOT BE DRIVEN DIRECTLY ON THE EXPOSED BOTTOM OF THE EXCAVATION. A MINIMUM OF ONE FOOT OF FILL MATERIAL SHALL BE MAINTAINED BELOW THE VEHICLE TRACKS OR WHEELS AT ALL TIMES.

E) ZONE OF DISPOSAL

EXISTING NATIVE SOIL, WHICH HAS A PERMEABILITY RATE OF >20 IN/HR AND A DEPTH GREATER THAN 4' EXISTS BELOW BOTTOM OF DISPOSAL BED, MAINTAIN A MINIMUM OF 2' IN DEPTH PER NJAC 7:9A-10.1(E) (2).

SEPTIC SYSTEM DESIGN CRITERIA

4 BEDROOMS

(1st BEDROOM @ 200 GAL/DAY + 3 ROOMS @ 150 GAL EACH/DAY = 650 GALLONS/DAY)

650 GAL X 1.61 = 1047 SQ FT-REQUIRED DISPOSAL FIELD
PROVIDED: 1050 SQUARE FOOT SOIL REPLACEMENT, FILL ENCLOSED DISPOSAL FIELD

4 ROOMS @ 250 GAL/RM = 1000 GALLON SEPTIC TANK (REQ.)
1250 " " " (PROV.)

(SEPTIC TANK PER NJAC 7:9A - 8.2)
(DISTRIBUTION BOX PER NJAC 7:9A - 9.4)
(DISTRIBUTION LATERALS PER NJAC 7:9A - 9.5)
(CONNECTING PIPES PER NJAC 7:9A - 9.3)
(SUITABLE FILL PER NJAC 7:9A -10.1 (f))
(USE OF GARBAGE DISPOSAL PROHIBITED UNDER THIS APPLICATION)

PLOT PLAN AND SEPTIC SYSTEM DESIGN
LOT 5 BLOCK 94.03
(WHISPERING HILLS)
SITUATED IN
JACKSON TWP., OCEAN CO., N.J.

Richard DiFolco 12/27/91
RICHARD DiFOLCO — DATE
PROFESSIONAL ENGINEER
N.J. LIC. NO. 24343