FIRE PREVENTION BUREAU
BOROUGH OF OAKLAND
1 MUNICIPAL PLAZA
OAKLAND, N.J. 07436

201-337-9616 OFFICE

JOHN WITTEKIND
FIRE OFFICIAL

2003/13

201-337-9212 FAX

CERTIFICATE OF CONTINUED OCCUPANCY
SMOKE DETECTOR / CO ALARM COMPLIANCE

Issued by: Borough of Oakland
Fire Prevention Bureau
1 Municipal Plaza
Oakland, New Jersey 07436
Phone: (201) 337-9616
LEA Code # 0242-001

Date: 08/25/2021 21-0175

Issued to: Richard J. & Ruth A. Rudd
163 W. Oakland Ave
Oakland, NJ 07436
Fee Paid: 175.00

EXPIRATION SHALL BE SIX MONTHS FROM THE ABOVE DATE.

TAKE NOTICE THAT THE AFOREMENTIONED LOCATION HAS BEEN INSPECTED BY THE DULY APPOINTED LOCAL ENFORCING AGENCY FOR THE ABOVE JURISDICTION.

TAKE FURTHER NOTICE THAT THIS LOCATION CONFORMS TO THE APPLICABLE REGULATIONS OF THE UNIFORM FIRE CODE IN REGARDS TO SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR REQUIREMENTS IN A RESIDENCE AT THE TIME OF A CHANGE OF OCCUPANCY.

SMOKE\CO DETECTOR:

FLOOR LEVEL:	DETECTOR TYPE:	LOCATION:	OPERABLE?
Basement	10yr Smoke	Basement	✓
Den	10yr Smoke / CO	Den	✓✓
1st Floor	10yr Smoke	(4) each floor	✓✓✓✓
2nd Fl	Hallway	10yr Smoke	✓

Den Hunt
Fire Official / Fire Inspector

Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Date Issued 8-9-21
Control Number C-20-0233
Permit Number 20-0193
Permit Issue Date 5/12/2020
Certificate Number 20-0193

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 163 W OAKLAND AVE Oakland Borough, NJ Block: 2003 Lot: 13 Qual:

Owner In Fee: RUDD, RICHARD J & RUTH A

Owner Address: 163 W OAKLAND AVE OAKLAND NJ 07436

Telephone:

Contractor BOBBY VAN-PLUMBING

Address 98 LINCOLN AVE HAWTHORNE NJ

Telephone: (973) 423-4395 Fax: Federal Emp. Number: 208148452

License Number or Builders Registration Number: 6174

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT BOILER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/9/2021

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5/12/20

Permit # 20-0193

IDENTIFICATION Block 2005 Lot 13 Qualification Code 011

Work Site Location 163 W. Cuniard Ave

Owner in Fee Richard Rudd

Address Same

Tel. (551) 580-2257

Contractor Robert Van Pida

Address 28 LINCOLN AVE

Haworth NJ 07506

Tel. (973) 423 4595

Lic. No. or Bldrs. Reg. No. 6174

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [X] OTHER Roof

DESCRIPTION OF WORK: Roof

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 20,000

Construction Official

5/12/20
Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection 65

Elevator Devices

Other

DCA State Permit Fee 4.40

Cert. of Occupancy

Other

Total 69.40

Check No. 12827

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

~~PLUMBING~~ SUBCODE
TECHNICAL SECTION

Date Received 5/12/20
Control #
Date Issued
Permit # 20-0193

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2015 Lot 5 Qualification Code
Work Site Location 163 W. Oakland Ave
Owner in Fee Richard Rudd
Tel. (201) 580-3257 e-mail
Address Same
street municipality zip code
Contractor Bobby Van Plbg Tel. (973) 423-4395
Address 98 Lincoln Ave e-mail
Hawthorne NJ 07506
Contractor License No. 6174 Exp. Date 6/22
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 20 8148452 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 6000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 5/12/20 Approved by: LP
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/12/20
Approved by: LP
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Robert VanVlaanderen
Print name here: R VanVlaanderen
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Hot Wtr. boiler

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 163 W. Oakland Ave

Owner In Fee Richard Budd

Verifying Individual Robert VanVliet Company Bobby VanPlbg

Address 98 LINCOLN AVE (Street) Hawthorne (City) NJ (State) 07506 (Zip Code)

Tel: (973) 423 4395 Fax: (973) 423 3321

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [✓] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size 8X8

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [✓] Chimney-Exterior
- [✓] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	HOT WATER BOILER	Oil / Gas / Other: GAS	140,000
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Robert VanVliet _____ Signature _____ Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Date Issued 1/4/2017
Control Number C-16-0897
Permit Number 16-0810
Permit Issue Date 11/22/2016
Certificate Number 16-0810

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 163 W OAKLAND AVE Oakland Borough, NJ Block: 2003 Lot: 13 Qual:

Owner in Fee: RUDD, RICHARD J & RUTH A

Owner Address: 163 W OAKLAND AVE OAKLAND NJ 07436

Telephone:

Contractor BOBBY VAN PLUMBING

Address 98 LINCOLN AVE HAWTHORNE NJ

Telephone: (973) 423-4395 Fax:

License Number or Builders Registration Number: 6174 Federal Emp. Number: 208148452

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT WATER HEATER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

0897

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/22/16

Permit # 16-0896

IDENTIFICATION Block 2002 Lot 13 Qualification Code

Work Site Location 163 W. Oakland Ave. Oakland

Owner in Fee Richard Rudd

Address 163 W. Oakland Ave. Oakland

Tel. (551) 580-2257

Contractor Bobby Van Plumbing

Address 98 Lincoln Ave. Hawthorne NJ 07506

Tel. (973) ~~914~~ 423-4325

Lic. No. or Bldrs. Reg. No. 6174

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1800

Construction Official

11/10/16
Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 60

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 3

Cert. of Occupancy

Other 10

Total 60

Check No. 1503

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/22/16

Date Issued / Permit # 16-0810

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 208 Lot 3 Qualification Code

Work Site Location 163 W. Oakland Ave. Oakland

Owner in Fee: Richard Rudd

Tel. (551) 580-2257 e-mail

Address 163 W. Oakland Ave. Oakland 07436 (street / municipality / zip code)

Contractor: Bobby Van Plumbing Tel. (973) 423-4395

Address 98 Lincoln Ave. Hawthorne, NJ 07506 e-mail

Contractor License No. 6174 Exp. Date 06/30/2017

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 20 8148452 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1800

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Robert Van Maanderen

Print name here: Robert Van Maanderen

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 41 gall. indirect hot water heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	25
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: 11/28/16 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/28/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Administrative Surcharge	$
Minimum Fee	$ 25
State Permit Surcharge Fee	$ 3
TOTAL FEE	$

Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Date Issued 11/10/2009
Control Number C-09-0482
Permit Number 09-0383
Permit Issue Date 7/31/2009
Certificate Number 09-0383

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 163 W OAKLAND AVE Oakland Borough, NJ Block: 2003 Lot: 13 Qual:

Owner in Fee: RUDD, RICHARD J & RUTH A

Owner Address: 163 W OAKLAND AVE OAKLAND NJ 07436

Telephone:

Contractor RUDD, RICHARD J & RUTH A

Address 163 W OAKLAND AVE OAKLAND NJ 07436

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOFING (VISUAL PARTS ONLY)

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/10/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7/31/09

Permit # 09-0383

IDENTIFICATION Block 2003 Lot 13 Qualification Code

Work Site Location 163 W. OAKLAND AVE

Owner in Fee RICHARD RUDD

Address 163 W OAKLAND AVE
OAKLAND NJ 07436

Tel. (201) 337-3586

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

REMOVE & REPLACE SECTION OF ROOFING

NOTE: If construction does not commence within one (1) year of date of Issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1200

Construction Official

7/30/09
Date

PAYMENTS (Office Use Only)

Building CK
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 3
Cert. of Occupancy
Other 15
Total 105
Check No. 8205
Cash
Collected by MB

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/31/09
Control #
Date Issued
Permit # 09-0382

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2003 Lot 13 Qualification Code

Work Site Location 163 W OAKLAND AVE
OAKLAND NJ 07436

Owner in Fee: RICHARD RUDD

Tel. (201) 337-3586 e-mail RICH@NATRUDD.COM

Address 163 W. OAKLAND AVE (street) OAKLAND (municipality), NJ 07436 (zip code)

Contractor: [signature] Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	[illegible]	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ [illegible]
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE AND REPLACE SECTION OF ROOFING.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$ [illegible]

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ [illegible]

BOROUGH OF OAKLAND

CERTIFICATE

Date Issued 10/04/03
Control #
Permit # 03-0492

IDENTIFICATION

Block 2302 Lot 15
Work Site Location 163 WEST OAKLAND AVENUE
OAKLAND, N.J. 07436
Owner in Fee/Occupant CELTE HAMBURGER
Address SAME

Tele. ( ) 201-337-0371
Contractor STERLING ENVIRONMENTAL
Address 79 IRVING AVENUE
LIVINGSTON, NJ
Tele. ( ) 973-994-7454 Fax ( )
Lic. No. or Bldrs. Reg. No. –
Federal Emp. No. 22-3406091

Home Warranty No.
Type of Warranty Plan: [ ] State – [ ] Private
Use Group R-3 RES SINGLE FAMILY DWELLING
Maximum Live Load –
Construction Classification –
Maximum Occupancy Load –
Description of Work/Use:

REMOVE 550 GAL. #2 OIL UST

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

XXX ☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Fee $
Paid [ ] Check No NO ADDITIONAL CHARGE
Collected by:

CONSTRUCTION OFFICIAL

JOSEPH MONTEMARANO

U.C.C. F260
(rev. 12/99)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

Sterling
ENVIRONMENTAL SERVICES

79 Irving Avenue • Livingston, NJ 07039
Ph: 973-994-7454 • Fx: 973-994-7456
www.sterlingenviro.com

October 1, 2003

Ms. Celie Hamburger
167 West Oakland Avenue
Oakland, NJ 07436

Re: UST Decommissioning
163 West Oakland Avenue, Oakland NJ

Dear Ms. Hamburger,

Sterling Environmental Services decommissioned a 550-gallon #2 fuel oil UST at the above referenced site on August 26, 2003 in accordance with EPA, NJDEP, and local regulations and recommended procedures. The tank was properly excavated and cleaned. The tank was inspected by the township inspector and approved. After the inspections were performed, the tank was then filled with clean fill material. I have enclosed a copy of the permit, waste disposal receipt, and backfill receipt for your records. Please note that while Sterling warrants that the tank was properly cleaned to inert steel, Sterling makes no representation as to the condition of the soils surrounding the tank.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Mara DaSilva

Mara DaSilva
Office Manager
Sterling Environmental Services

mds
Enclosures

cc: Borough of Oakland, Building Department (with enclosures)

STRAIGHT BILL OF LADING **Original—Not Negotiable—Domestic** Shipper's # 162

Carrier Agent's No.

VED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

at 8/24/03 from Sterling Env. - 163 W. Oakland Ave Oakland, NJ

e property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to International Petroleum Inc. (Mail or street address of consignee—For purposes of notification only.)

Destination Bayonne Facility (Street) (City) State of NJ Zip Code _____ County of _____

Routing BEST Delivering Carrier _____ Vehicle or Car Initial _____ No. 160

Collect On Delivery

$ _____ and remit to: _____

C. O. D. charge to be paid by { Shipper ☐ Consignee ☐

_____ Street _____ City _____ State

No. Packages	Description of Articles, Special Marks, and Exceptions	*Weight (Sub. to Cor.)	Class or Rate	Check Column
1	151 gal. #2 Oil / Sludge DOT Non-Haz. Emergency #: 973-994-7454 Manifest #: 2003-12			

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "TO BE PREPAID."

Received $_____ to apply to prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(the signature here acknowledges only the amount Prepaid.)

Charges Advanced:

$ _____

f the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent n value, shippers are required to state specifically in writing the agreed or declared value of the property.

he agreed or declared value of the property is hereby pecifically stated by the shipper to be not exceeding _____ per _____

_____ Shipper, Per Celie Hamburger Agent, Per _____

ermanent post-office address of shipper,

1

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

Bill of Lading

CUSTOMER COPY 1

TILCON

TILCON NEW YORK INC.

162 OLD MILL ROAD, WEST NYACK, NY 10994

NEW YORK ORDERS 800 TRAP ROC 872-7762

NEW JERSEY ORDERS 800 789 ROCK 789-7625

SCALE NO.	TICKET NO.	DATE	TIME
3	41336654	08/25/03	15:46

WM	ORDER NO.
Gene Osborne	1059

SOURCE CODE	CONTRACT NUMBER	PURCHASE ORDER	TRUCK CODE
			X3891U

SHIPPING PLANT: 419 MT HOPE RECYCLE

CUSTOMER CODE	CUSTOMER NAME	PROJECT CODE	HAULER
85385	STERLING ENVIRONMENTAL		888888 FOB TRUCK

DELIVERY METHOD	ZONE CODE
2 Pick Up	

DRIVER PRINT NAME (NO INITIALS)

DRIVER SIGNATURE

DELIVERY ADDRESS: BERNARDSVILLE

INSTRUCTIONS

ITEM CODE	DESCRIPTION
2014093	SOIL CLEAN FILL

GROSS	74580lb	37.290UT
TARE	26600lb	13.300UT
NET	47980lb	23.990UT

# OF LOADS	US TONS TODAY	METRIC TONS TODAY
1	23.99	21.76

CUSTOMER SIGNATURE

TILCON NEW YORK INC. ISSUES THIS RECEIPT SOLELY FOR THE PURPOSE OF ESTABLISHING WEIGHT. OPERATION OF THIS VEHICLE IN EXCESS OF ALLOWABLE LEGAL PERMITS MAY RESULT IN DELAY OF THE VEHICLE AND/OR ARREST OF ITS OPERATOR. WE ARE NOT RESPONSIBLE FOR DAMAGE WHEN DELIVERY IS ORDERED OFF PUBLIC ROADS. ANY DAMAGE WILL BE CHARGED TO THE CUSTOMER.
OSHA M.S.D.S. AVAILABLE UPON REQUEST

CONTROL NO. C1836190

ON JOB : AM / PM

OFF JOB : AM / PM

Printed in the U.S. by MORRIS FORMS CORP. NJ, Cedar Knolls (973) 829-1200 TIA1481/03 STONETKT (SCALE TABLE)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8.1.03
Control #
Permit # 03-0492

IDENTIFICATION Block 2302 Lot 15
Work Site Location 1103 West Oakland Ave.
Oakland NJ 07436
Owner in Fee Celie Hamburger
Address (Same)
Tel. (201) 337-0371

Contractor Sterling Environmental
Address 79 Irving Avenue
Livingston, NJ 07039
Tel. (973) 994-7454
Lic. No. or Bldrs. Reg. No. US01108

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [✓] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
Remove 550 gal. #2 oil UST

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1000.-

Construction Official

8.1.03
Date

PAYMENTS (Office Use Only)

Building 150
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No. 2052
Cash
Collected by

(see reverse side)

U.C.C. F170
(rev. 5/2K)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/11/03
Control #
Permit # 03-0492

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2302 Lot 15
Work Site Location 103 West Oakland Avenue
Oakland, NJ 07436
Owner in Fee Celie Hamburger
Address (Same)

Tele. (201) 337-0371
Contractor Sterling Environmental Services
Address 79 Irving Avenue
Livingston, NJ 07039
Tele. (973) 994-7454 Fax (973) 994-7456
Lic. No. or Bldrs. Reg. No. US 01105
Federal Emp. No. [redacted] 22-3406091

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Mara Valeiras
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 550 gallon #2 oil UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other	7/31/03	
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [ ] Other _____
- [✓] Demolition

FEE (Office Use Only)

$	
	50
	50

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 50
TOTAL FEE	$ 100

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 10000.-

Classic Septic Inspections, LLC

August 17, 2021

Mr. Richard Rudd

Re: Septic System Inspection
163 West Oakland Avenue – Block: 2003 Lot: 13
Oakland, NJ

Dear Mr. Rudd:

Thank you for choosing **Classic Septic Inspections** to conduct your septic system inspection. Per your request a representative of this group has inspected the individual on-site waste disposal system at the above referenced property. The following report summarizes that effort and also provides some important information that may impact your decisions regarding the system and future maintenance or repair issues.

CSI Inspectors are "**guided**" by information presented in the "Technical Guidance for Inspections of Onsite Wastewater Treatment and Disposal Systems" prepared by the New Jersey Department of Environmental Protection. Although certain conditions found during these inspections are clear malfunctions, other may merely be indications of operating conditions that are not in conformance with either accepted standards or the intents of the original design.

In any case, **Classic Septic Inspections** strictly adheres to 'any concern or unsatisfactory conclusion reached regarding an onsite system that requires further action must be resolved or negotiated between the buyer and the seller.' (Technical Guidance for Inspection of Onsite Wastewater Treatment and Disposal Systems)

Throughout the report you will find a number of terms in **bold**. These terms are defined in detail elsewhere in the document and you are encouraged to read these definitions and understand the language used. In addition you have received a copy of a Homeowner's Manual for Septic Systems provided by the New Jersey Department of Environmental Protection. If this manual was not provided at the inspection, please contact our office to receive your copy.

445 Godwin Avenue, Midland Park, New Jersey 07432
201-857-3011 • 201-857-2886 • 973-900-1330
F: 201-857-3631
classicseptic@optonline.net

On the date of the inspection, Monday, August 16th, the weather was clear. During the immediate antecedent days similar weather was found throughout the area. While the function of septic systems is not generally impacted by the weather, severe conditions may inhibit the access to the individual system elements.

At the time of inspection our representative was advised that there is more than one person currently living in the house. **A hydraulic load test was explained and discussed with the homeowner at the time of the inspection. When a house has been vacant or minimally used, Classic Septic Inspections LLC suggests a hydraulic load test may be performed to better evaluate the disposal area. A hydraulic load test determines the amount of clean water an absorption area can absorb in a 24-hour period. The designated flow rate for a three-bedroom home is 500 gallons.**

While at the site we inspected a septic system that was installed in 2004 and serves a three-bedroom home. (Age of the system is per the attached Board of Health paperwork provided by the homeowner.) Although there may appear to be three bedrooms in the dwelling, the size of the septic system is a function of the number of **permitted** bedrooms. **Our representative noted that the indicated number of bedrooms for this property is three (3) by using the attached Board of Health paperwork.**

An anaerobic septic tank and a pump tank** were opened and inspected. The manhole covers, inlet and outlet baffles and the integrity of the tanks appear to be satisfactory. Going forward, the septic tank must be pumped at regular intervals, usually every two to three years, to properly maintain the system. Although the guidelines state that "no inspection is complete until every tank is pumped and its condition evaluated", CSI explained why they do not require pumping at every inspection unless the inspector has reason to believe that pumping will expose defects that cannot be identified through other means. Under no condition will the tanks be pumped during an inspection if the disposal area is determined to be unsatisfactory.

A flow test was conducted whereby water from the house was discharged into the system for a period of twenty (20) minutes. The effluent level remained unchanged for the duration; this would be considered the operating level of this septic tank. The pump in the pump tank activated once during the flow test.

Our representative inspected the inlet and outlet conveyance lines with a fiber optic camera and found them to be in satisfactory condition.

The aerobic portion of the system consists of a disposal field, which was located and probed from the surface. The top of the distribution system material (gravel) was encountered approximately 20" to 22" below the surface. The disposal field was probed to a depth of 45" from the surface and found to be clean and dry before and after the flow test. No evidence of partially treated waste or ground water was encountered. As stated in the guidance, "if there are six or more inches dry aggregate below the invert of the laterals, the absorption area is satisfactory." Four inspection ports were located and found to be in satisfactory condition. As discussed with the homeowner at the time of the inspection, a hydraulic load test, described above, may be used to further evaluate the disposal field.

Conclusions

Based on today's findings, this septic system is operating in an acceptable manner and therefore receives an inspection certification of SATISFACTORY.

****The components of the pump tank were inspected and tested. The alarm box for the pump is located in the garage next to the electrical panel. The pump system was functioning at the time of the inspection. CSI does not certify the proper functioning of the pump system for any period of time after the inspection.**

Disclaimer: Based on today's observations and the information provided by the owner(s) or their agent, CSI submits this sub-surface sewage disposal system inspection report. The inspection is based on the current condition of the onsite sewage disposal system. CSI makes no representation that the system was designed, installed or meets N.J.A.C. 7:9A-1.1 et seq. CSI has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of numerous factors (usage, soil type, installation, maintenance, etc.) which affect the proper operation of a sub-surface disposal system, as well as the inability of CSI to supervise or monitor the use and maintenance of the system, this report shall not be construed as a warranty by CSI that the system will function properly for any prospective buyer. CSI disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.

ERVE. CAPACITY 705 GAL
ALARM ELEV. 91.46
IIGH WATER ELEV. 91.13
LOW WATER ELEV. 90.56
IMP INLET ELEV. 90.06
IK INVERT ELEV. 89.06

BED DESIGN CRITERIA

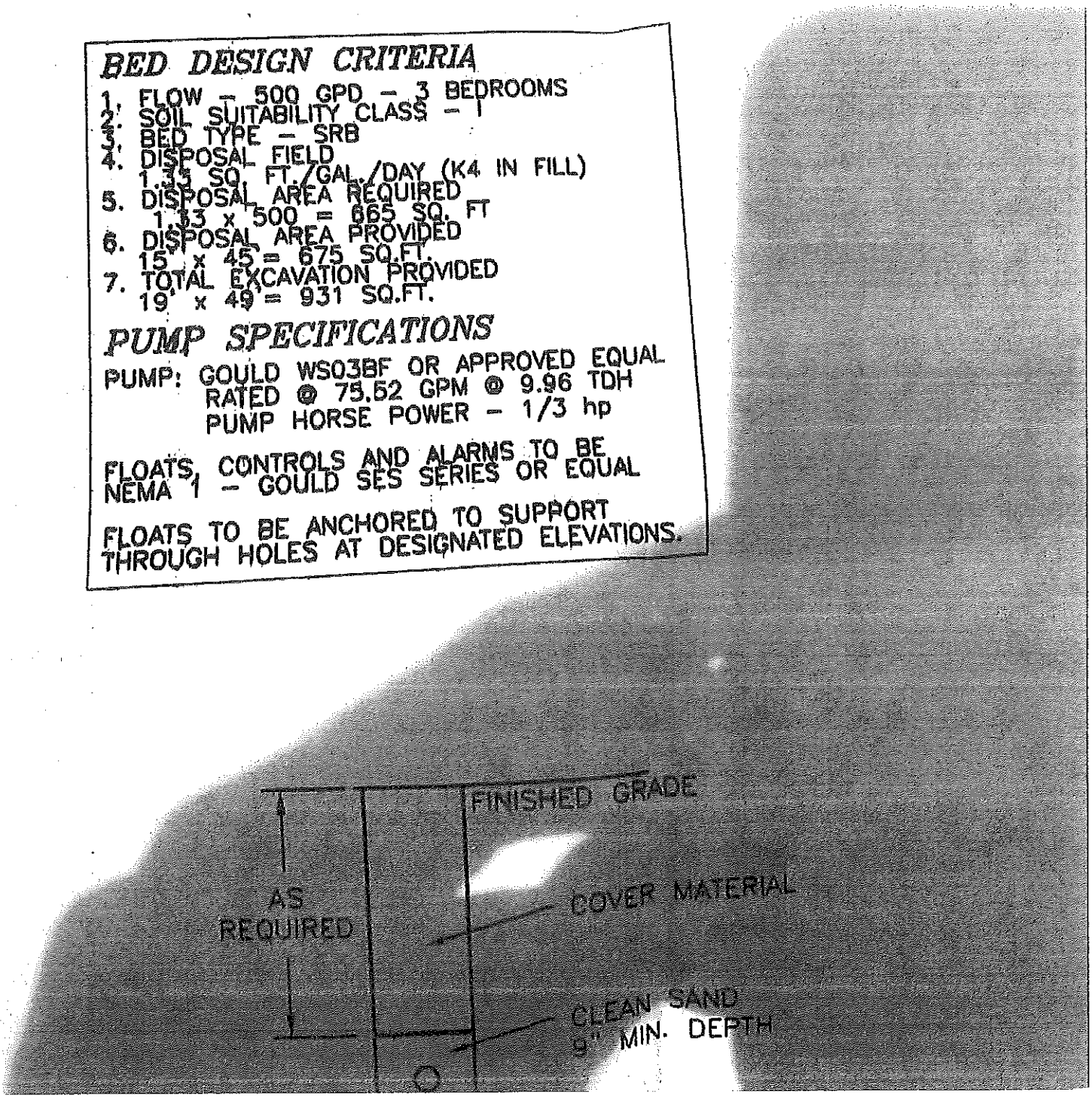
1. FLOW – 500 GPD – 3 BEDROOMS
2. SOIL SUITABILITY CLASS – I
3. BED TYPE – SRB
4. DISPOSAL FIELD
   1.33 SQ. FT./GAL./DAY (K4 IN FILL)
5. DISPOSAL AREA REQUIRED
   1.33 x 500 = 665 SQ. FT
6. DISPOSAL AREA PROVIDED
   15' x 45 = 675 SQ.FT.
7. TOTAL EXCAVATION PROVIDED
   19' x 49' = 931 SQ.FT.

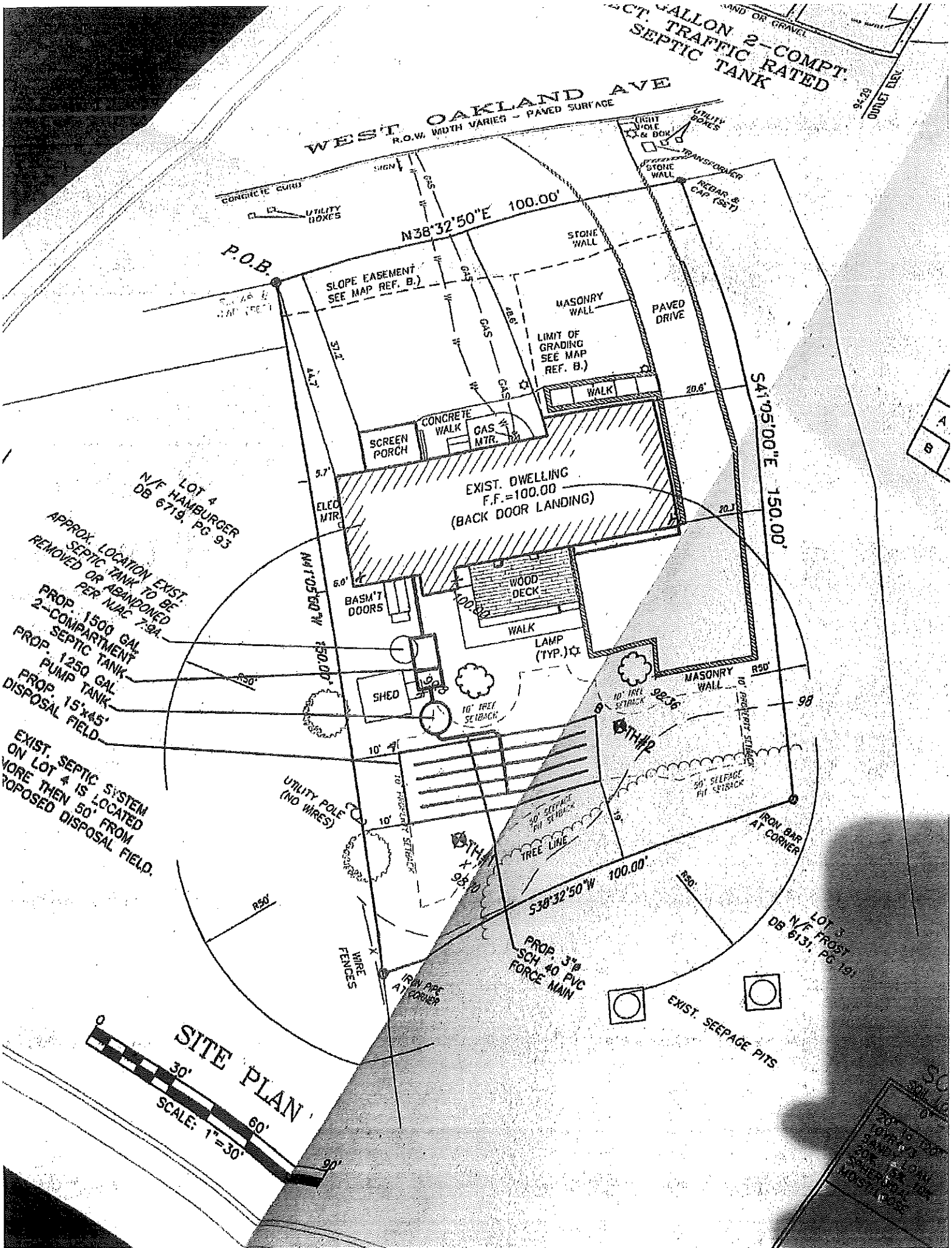
PUMP SPECIFICATIONS

PUMP: GOULD WS03BF OR APPROVED EQUAL
RATED @ 75.52 GPM @ 9.96 TDH
PUMP HORSE POWER – 1/3 hp

FLOATS, CONTROLS AND ALARMS TO BE NEMA 1 – GOULD SES SERIES OR EQUAL

FLOATS TO BE ANCHORED TO SUPPORT THROUGH HOLES AT DESIGNATED ELEVATIONS.




WEST OAKLAND AVE
R.O.W. WIDTH VARIES - PAVED SURFACE
CONCRETE CURB
SIGN
GAS
UTILITY BOXES
LIGHT POLE & BOX
UTILITY BOXES
STONE WALL
TRANSFORMER
REBAR & CAP (SET)
N38°32'50"E 100.00'
P.O.B.
SLOPE EASEMENT SEE MAP REF. B.)
STONE WALL
MASONRY WALL
PAVED DRIVE
LIMIT OF GRADING SEE MAP REF. B.)
WALK
S41°05'00"E 150.00'
CONCRETE WALK
GAS MTR.
SCREEN PORCH
EXIST. DWELLING
F.F.=100.00
(BACK DOOR LANDING)
ELEC MTR.
WOOD DECK
BASM'T DOORS
WALK
LAMP (TYP.)
LOT 4
N/F HAMBURGER
DB 6719, PG 93
APPROX. LOCATION EXIST. SEPTIC TANK TO BE REMOVED OR ABANDONED PER NJAC 7:9A
PROP. 1500 GAL 2-COMPARTMENT SEPTIC TANK
PROP. 1250 GAL PUMP TANK
PROP. 15'x45' DISPOSAL FIELD
EXIST. SEPTIC SYSTEM ON LOT 4 IS LOCATED MORE THEN 50' FROM PROPOSED DISPOSAL FIELD.
N41°05'00"W 150.00'
SHED
10' TREE SETBACK
MASONRY WALL
10' PROPERTY SETBACK
98.36
98
BTH#2
50' SEEPAGE PIT SETBACK
UTILITY POLE (NO WIRES)
TREE LINE
IRON BAR AT CORNER
S38°32'50"W 100.00'
LOT 3
N/F FROST
DB 6131, PG 191
PROP. 3"ø SCH. 40 PVC FORCE MAIN
WIRE FENCES
IRON PIPE AT CORNER
EXIST. SEEPAGE PITS
SITE PLAN
SCALE: 1"=30'
0
30'
60'
90'

OAKLAND BOARD OF HEALTH

Municipal Building, Oakland, NJ
(201) 337-6747

SEPTIC SYSTEM PERMIT

PERMIT NO.: 86-04

DATE ISSUED: May 25, 2004

PERMIT ISSUED TO:

NAME: M & M Excavating

ADDRESS: Ringwood, NJ

HOMEOWNER: Rudd

ADDRESS: 163 West Oakland Avenue

BLOCK/LOT: 2302/15

NEW CONSTRUCTION		
Test Holes:	($100.00)	
Plan Review & Inspection:	($100.00)	
ALTERATION		
Test Holes:	($100.00)	
Plan Review & Inspection:	($100.00)	100.00
REPAIR		
App. Review & Inspection:	($ 25.00)	
	TOTAL: $	100.00

OAKLAND BOARD OF HEALTH

Bruce A. Dunbrack

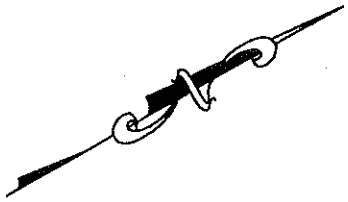
NOTES:
1. **ALL SEPTIC CONTRACTORS WORKING IN OAKLAND MUST BE LICENSED BY THE OAKLAND BOARD OF HEALTH.**
2. **THIS OFFICE MUST BE NOTIFIED BEFORE ANY WORK IS STARTED.**
3. **ALL WORK MUST BE INSPECTED BEFORE IT IS COVERED.**

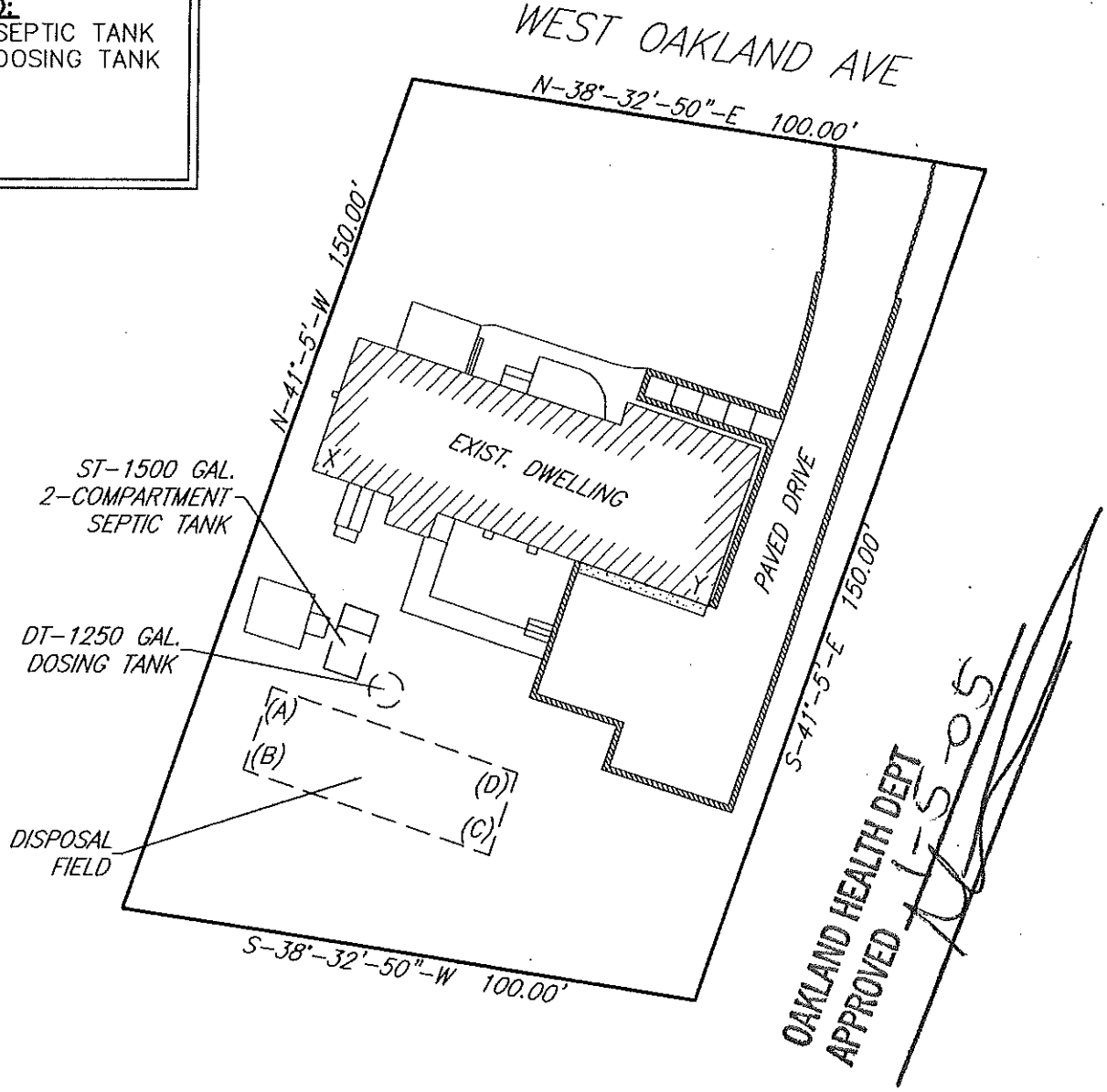
Distribution: **White** - Permit Holder **Canary** - Block & Lot File **Pink** - Permit File

IELD TIES

	X	Y
(A)	37.5'	76.1'
(B)	52.3'	84.7'
(C)	72.7'	56.8'
(D)	62.8'	43.1'
DT	40.1'	57.3'
ST	29.9'	61.8'

LEGEND:
ST = SEPTIC TANK
DT = DOSING TANK





REVISION	BY	DATE	DESCRIPTION	CHK

GERALD GARDNER ASSOCIATES INC.
1141 GREENWOOD LAKE TPK., RINGWOOD, NJ 07456 (973-728-7282)

DESIGNED BY:	JIAC
DATE:	11/17/04
CHECKED BY:	JRII
DATE:	11/18/04
SCALE	1"=30'

GERALD G. GARDNER P.E.
NJPE 25844 PA 27912 NYPE 58227

AS-BUILT FOR
RUTH & RICHARD RUDD
168 WEST OAKLAND AVENUE
OAKLAND, NJ 07436
201-651-1932
BLOCK # 2302 LOT # 15

DRAWING NO.	SHEET NO.
23089	1 of 1

CERTIFICATE OF COMPLIANCE
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS
COUNTY/MUNICIPALITY OF Bergen/Oakland

UCTIONS: Part A is to be completely filled in for all Certifications. ONLY PART B or C will be completed.
B will be completed if the administrative authority relies upon the certification signed and sealed by a New rsey 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 authorization.

Part A - General Information

1. Permitted Activities (Check applicable Categories)
   _____ New Construction
   _____ Alteration/No Expansion or Change in Use
   X Alteration/Expansion or Change in Use
   X Alteration/Malfunctioning System
   _____ Deviation from Standards
   _____ Repair in Existing System
2. Location of Project: Block 2302 Lot 15
   Muncipality: Oakland
3. Name and Present Address of Applicant: Ruth & Richard Rudd, 163 West Oakland Avenue, Oakland, NJ
   Applicant Phone #: 201-891-6477

PART B - Professional Engineer's Certification
I certify, under penalty of law, that the subsurface disposal system identified in Part A has been located, constructed, installed, or altered in compliance with the requirements of N.J.S.A. 7:9A-1 and the Application to Construct/Alter/Repair and 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.

Gerald G Gardner _____ 11/18/2004 ***SEAL***
Date

Gerald G. Gardner, License # 25844

PART C - Certification by Administrative Authority
I certify, under penalty of law, that the subsurface disposal system identified in Part A has been located, constructed, installed, or altered in compliance with the requirements of N.J.S.A. 7:9A-1 and the Application to Construct/Alter/Repair and 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 of Printed) License Number

_____
Date

FOR AGENCY USE ONLY

Date Received_____ Date Returned _____

Form Determined to Be: _____ Complete _____ Incom Date Certification Approved _____

Authorized Signature _____