The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD LOG# 13
September 13, 2001

Toll Brothers Inc.
303 Peter Forman Dr.
Freehold NJ 07728

CERTIFICATE OF COMPLIANCE

Date of Inspection: 8/22/01 **By:** **Sherrill Thatch**

Owner: **Toll Brothers**

Location of Property: **350 Peter Forman Dr.**

Municipality: **Howell** **Block 170.02** **Lot 7**

This is to certify that the individual water supply and system located as indicated above has been installed as shown on the application to permit to locate and construct an individual water supply and system and is in compliance with the Realty Improvement Sewerage and Facilities Act as revised (N.J.S.A. 58:11-23 et. Seq.) and/or the New Jersey Safe Drinking Water Act (N.J.A.C. 7:10 - 12.1 et. Seq.)

The issuance of the certificate shall not be construed as a guarantee that the water supply and system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any law or ordinance relating to public health.

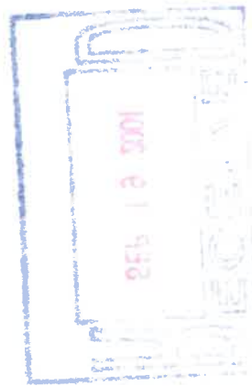
Sincerely,

Lester W. Jargowsky

Lester W. Jargowsky, M.P.H.
Public Health Coordinator

RECEIVED
SEP 19 2001

LWJ:jj
CC: Judith LaPorta, Marie Strauch
John Robertson



The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD# 13009

September 13, 2001

Toll Brothers Inc.
303 Peter Forman Dr.
Freehold NJ 07728

CERTIFICATE OF COMPLIANCE

- DATE OF INSPECTION: 8/22/01 BY: Sherrill Thatch

NAME OF OWNER: Toll Brothers

ATION OF PROPERTY: 350 Peter Forman Dr.

MUNICIPALITY: Howell BLOCK 170.02 LOT 7

This is to certify that the individual subsurface sewage disposal system located as indicated above has been installed as shown on the Application for Permit to Locate and Construct an Individual Subsurface Sewage Disposal System, and is in compliance with the provisions of N.J.A.C. 7:9A-1.1 et. Seq. and the standards thereto.

The issuance of this certificate shall not be construed as a guarantee that the individual subsurface sewage disposal system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the health department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Lester W Jargowsky Jr.

Lester W. Jargowsky, M.P.H.
Public Health Coordinator

LWJ:jj
CC:Judith LaPorta
Marie Strauch
Eastern States

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD LOG #**13190**
April 5, 2001

Toll Brothers, Inc.
303 Peter Forman
Freehold, NJ 07728

RE: Application for Permit for
Water Supply and System in
Howell

Dear Sir:

Your "Application for Permit to Locate and Construct an Individual Water Supply and System" at **350Peter Forman Dr. Howell 172.02 7** has been approved.
Address Town Block Lot

It is important that the water supply and system be installed according to the provisions of NJSA 58.11-23 et. Seq. and NJAC 7:10-12.1 et. Seq. Failure to do this will result in the witholding of final approval and could lead to the need for costly alterations and/ or legal action.

The well driller of the above referenced system must contact this office for inspections at the following construction stages.

1. **When the well is in and either sanitary well seal or pitless adapter have been installed.**
2. **When the storage tank is connected and functioning.**

This office should be given at least 24 hours notice before and inspection is desired. After the water supply and system has become operative and has been disinfected, the well driller will purge the system and take a water sample for bacteriological, physical, and chemical analysis.

If upon a final inspection and receipt of a satisfactory laboratory analysis, the water Supply and system meets state standards, a Certificate will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our Certificate of Compliance.

Sincerely;
Diane L. Beears
Diane L. Beears
Registered Env. Health Specialist

RECEIVED
APR - 9 2001

CC: Judy La Porta & Marie Strauch
John Robertson

MONMOUTH COUNTY DEPARTMENT OF HEALTH

Route 9 and Campbell Court
P.O. Box 1255
Freehold, New Jersey 07728-1255

No. W2634

Telephone: Area Code (732)431-7456

APPLICATION FOR PERMIT TO:

X Locate and Construct an Individual Water Supply and System

____ Alter an Individual Water Supply and System

Location: Address 350 Peter Forman Drive, Freehold, NJ

Municipality: Howell Township

Block No. 170.02 ,Lot No. 7

Owner's Name: Toll Brothers, Inc. Phone: 732-294-1400

Present Mailing Address: 303 Peter Forman Dr, Freehold,NJ Zip 07728

Well Drillers Name: John Robertson N.J. License No. JD1384

Mailing Address: 65 Mermaid Dr,Manahawkin Zip: 08050 Phone: 609-597-1266

State Well Drilling Permit No. 29-44566 Date: 3-19-01

Type of Water Supply: Drilled Well X Driven Well ___ Spring ___ Other ___ state type

Well: Estimated depth 150' Diameter 4" "Method of Sealing": pressure grout

Cased X Uncased ___ Diameter of casing (in inches) 4"

Casing: Length of Casing (in feet) 140' Depth to Sanitary Seal pitless adaptor

Type of Material PVC Thickness ¼" sch. 40 belled casing

Pump: Name of Pump: F & W - Capacity-(gals/hr) 25. G.P.M.

Model No. 4F27A15 Type-Centrifugal, jet piston, etc. submersible

Location Inside well

Storage Facilities: Size of Tank 86 gallon Location inside house

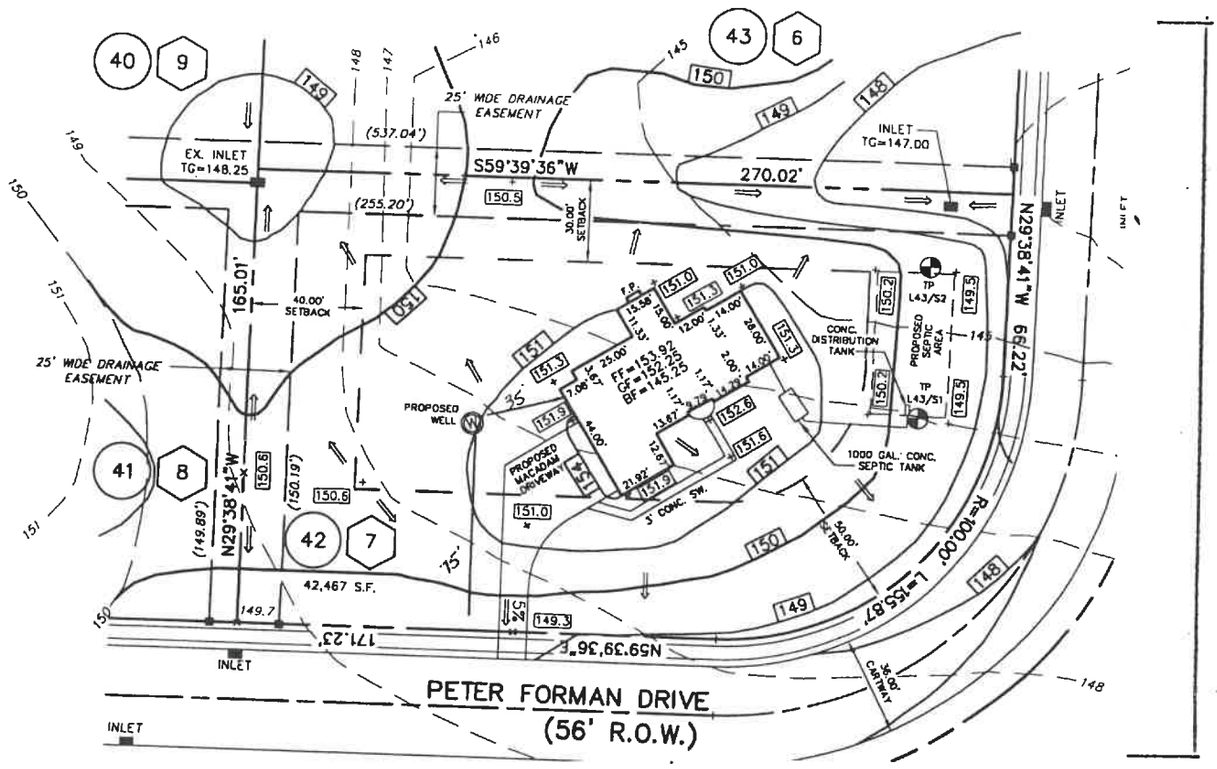
Treatment Facilities (if required): Give description

Estimated Water Demand:

TYPE OF ESTABLISHMENT TO BE SERVED	GALLONS PER PERSON PER DAY	NO. PERSONS TO BE SERVED PER DAY
Single Family Dwelling		2
	TOTAL GALLONS REQUIRED PER DAY	

RECEIVED
MAR 27 2001

1. Sketch of property to be served is as shown below.
(Indicate septic systems within 100 feet of well).



This is to certify that the water supply and system will be installed in accordance with the provisions of Chapter 199 PL 1954 and standards for the Construction of Public Non-Community and Non-Public Water Systems (as revised).

3-23-01.
Date

John Robertson
Signature of Well Driller

WR-133
09

MAIL TO:
NJDEP
BUREAU OF WATER ALLOCATION
PO BOX 426
TRENTON, NJ 08625-0426

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P.

Permit No. 2944566

COORD #: 29 . 22 . 154

Property Owner: Toll Brothers Inc.
Address: 303 Peter Forman Drive
Freehold, NJ 07728

Driller: Pure Pressure Water Systesm
Address: 65 Mermaid Drive
Manahawkin, NJ 08050

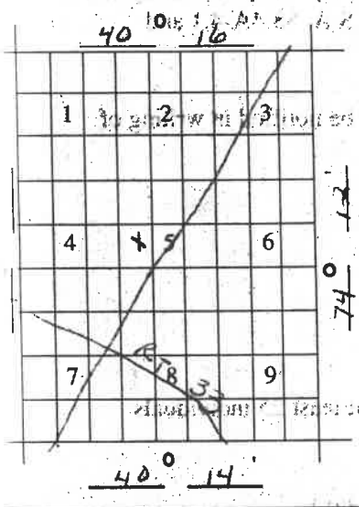
Name of Facility: Residential
Address: 350 Peter Forman Drive
FReehold, NJ

Diameter of Well	4 Inches	Proposed Depth of Well	150 Feet
Proposed Capacity of Pump	20 GPM	Method of Drilling (Cable-tool, Rotary, etc.)	rotary
Use of Well (See Reverse)	Domestic-New Construction		
Drinking Water Supply?	yes yes (see #6 on reverse)		no

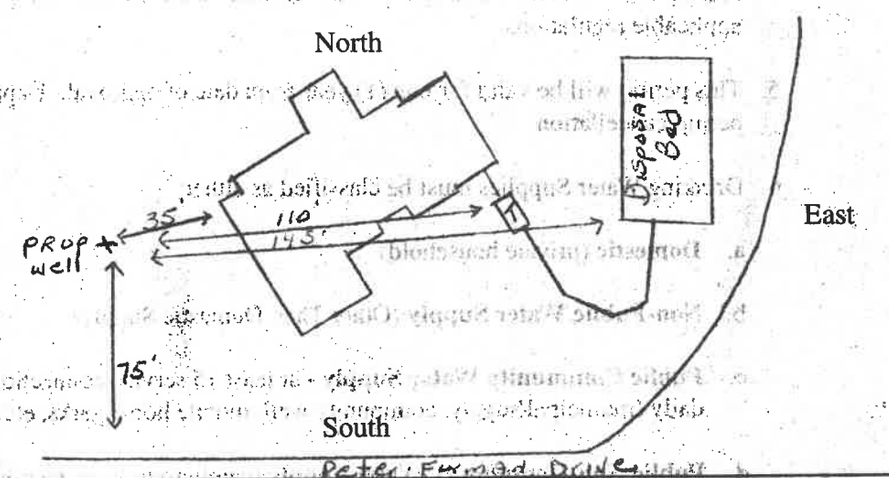
LOCATION OF WELL

Lot #	Block #	Municipality	County
7	170.02	Howell	Monmouth

State Atlas Map No. 29



Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, etc.



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/NON-PUBLIC** 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. 7:10-11.1 et seq.
- [ ] **CLOSED LOOP GEOTHERMAL** - see attached conditions.
- [ ] **OPEN LOOP GEOTHERMAL 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.
- [ ] **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.
- [ ] **IRRIGATION SUPPLY** - A physical connection control permit may be required 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.
- [ ] MINIMUM distance requirements as per N.J.A.C. 7:10-12.12 have not been met - see attached condition(s).
- [ ] The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:19-2 et seq.
- [ ] _____

This Space for Approval Stamp

WELL PERMIT APPROVED
N.J.D.E.P.
MAR 19 2001
BUREAU OF WATER ALLOCATION

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

Date 3-12-01 Signature of Driller _____ Registration No. JD1384

Signature of Property Owner _____

The Monmouth County Board of Health

Frank Pingitore
President

3435 HIGHWAY 9
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456
FAX (732) 409-7579

Michael A. Meddis, M.P.H.
Public Health Coordinator
and
Health Officer

James & Sharon Chirumbole
350 Peter Foreman Drive
Freehold, New Jersey 07728

MCHD LOG # HO-1072

20 July 2010

CERTIFICATE OF COMPLIANCE
For Seepage Tank For Conditioner Backwash

Date of Inspection: July 19, 2010

By: Kathleen M. Andrews
REHS

Name of Owner: James & Sharon Chirumbole

Location of Property: 350 Peter Forman Drive

Block: 170.02 **Lot:** 7

Municipality: Howell

This is to certify that the Individual Subsurface Sewage Disposal System located as indicated above has been installed as shown on the Application for Permit to Locate and Construct an Individual Subsurface Sewage Disposal System, and is in compliance with the provisions of N.J.A.C. 7:9A-1.1 et. seq. and the standards thereto.

(See Reverse Side)

The issuance of this certificate shall not be construed as a guarantee that the Individual Subsurface Sewage Disposal System will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Michael A. Meddis, M.P.H.
Public Health Coordinator

MAM:tas
cc: Judith LaPorta
Howell Construction Office
Central Jersey Septic

Township of Howell

251 Preventorium Road
Post Office Box 580
Howell, NJ, 07731-0580

(732) 938-4500
www.twp.howell.nj.us

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

ADOPTIONS

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

APPENDIX B
STANDARD FORMS FOR
SUBMISSION OF SOILS/ENGINEERING DATA

S3860

County / Municipality

RECEIVED
JUL 13 2010
PUBLIC SERVICE

Form 1 - General Information
Type of Permit Needed (check applicable categories):

- ○ New Construction
- ◉ Alteration ~~/ No Expansion/change of use~~
- ○ Alteration / Expansion or change of use
- ○ Deviation from standards
- ○ Alteration / Malfunction System
- ○ Repairs to existing system

2. Location of project:

Municipality: HOWELL | Block #: 170.02 | Lot #: 7

Street Address: 350 PETER FORMAN DRIVE | Zip: 07731

3. Name of Applicant: JAMES and SHARON CHIRUMBOLE

4. Applicants Present Address: 350 PETER FORMAN DRIVE, HOWELL, NJ 07731

5. Applicants Phone Number: [redacted]

6. Type of Facility:
   - ◉ Residential
   - ○ Commercial / Industrial
   - ○ Specify Type of Establishment

7. Type of wastes to be Discharged:
   - ○ Sanitary Sewage
   - ○ Industrial Waste
   - ◉ Other - Specify: WATER SOFTENER DISCHARGE

8. Other Approvals / Certificates / Waivers / Exemptions (Attach to Application)
   - ○ Pinelands Commission
   - ○ U.S. Army Corp. of Engineers
   - ○ NJDEP - Bureau of Flood Plain Management
   - ○ 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.

FOR AGENCY USE ONLY

_____ Application Denied - Reason for denial/Citation of rules violated: _____
_____ Application Approved _____
_____ Application Approved Subject to Approval by NJDEP _____

ENVIRONMENTAL PROTECTION

Date of Action _____ Signature Authorized Agent _____

Name and Title _____

County / Municipality _____

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

1. Name of Site Evaluator CENTRAL JERSEY SEPTIC, INC.
2. Business Address of Site Evaluator 3168 BORDENTOWN AVENUE, OLD BRIDGE, NJ 08857
3. Business Phone Number of Site Evaluator 732-566-3434
4. Special Site Limitations Identified (Check Appropriate):
   - ○ Flood Plains ○ Bedrock Outcrops ○ Wetlands ○ Steep Slopes
   - ○ Excessively Stony ○ Disturbed Ground ○ Sulk Holes ○ Sand Dunes
   - ○ Other - Specify _____
5. Soil Logs -Enter on Form 2b - Use one sheet for each soil log
6. Consideration Relating to Disturbed Ground:
   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 Reletive to Existing Ground Surface _____
   Method of Identification _____
   c) Suitability of Disturbed Ground
   - ○ Unsuitable: objects subject to degeneration or change in volume
   - ○ Excessively Course
   - ○ Proctor test performed - % Standard Proctor Density
7. Hydraulic Head Test:
   a) Hydraulically Restrictive Horizon: Depth Top to Bottom
   b) Plezometer A. Depth to Bottom _____ Depth of Water 24hr _____
   c) Plezometer B. Depth to Bottom _____ Depth of Water 24hr _____
   d) Witnessed By: _____ Signature _____ Date _____
8. Attachments (Check items Included)
   - ○ Site Plan
   - ○ Key Map Showing Locations of Site on U.S.G.S. Quadrangle or Other Accurate Map
   - ○ Key Map Showing Locations of Site on U.S.G.S. Soil Survey Map
   - ○ Other - Specify _____
9. I hereby certify that the information furnished on Form 2a of this application (and the attachments there to) is true and accurate. I am aware that falsification is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-I et seq.) Is subject to penalties as prescribed in N.J.A.C. 7: 14-8.

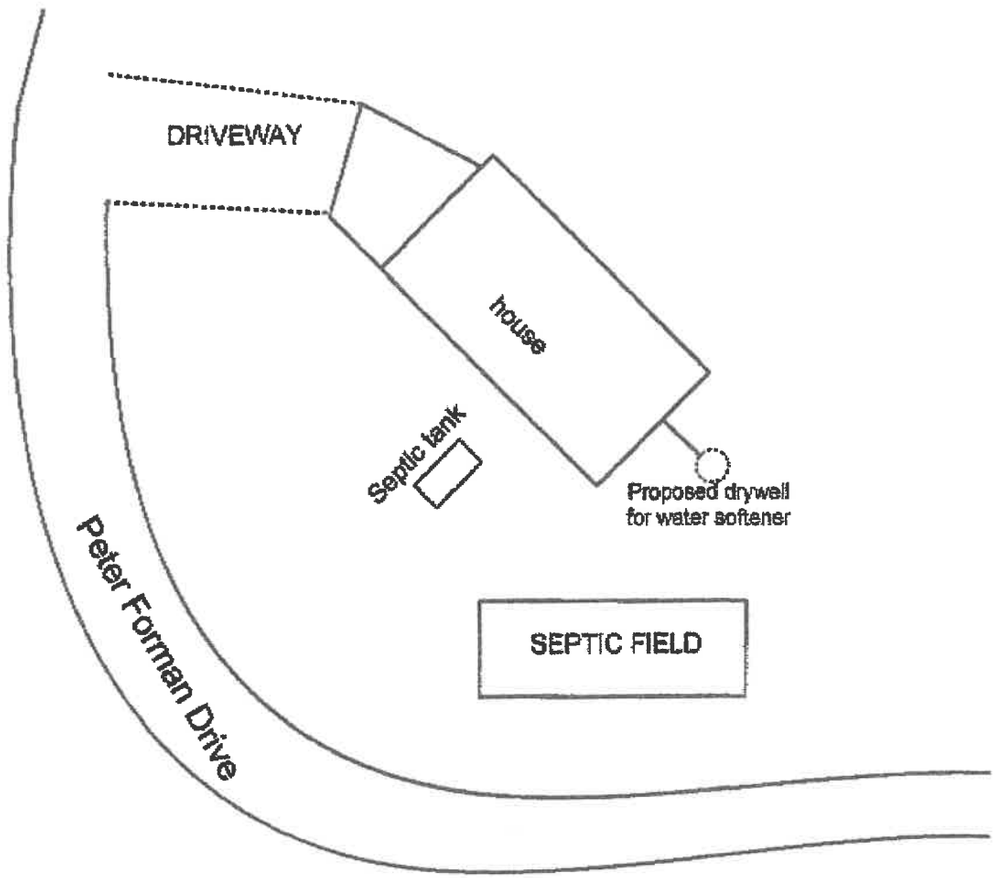
Signature of Soil Evaluator: _____ Date: _____

Signature of Professional Engineer: _____

License Number: _____

Print Form

350 Peter Forman Drive
Howell, NJ 07731
Block # 170.02, Lot # 7



CENTRAL JERSEY SEPTIC, INC.

"Setting the Standards!"

Residential & Commercial Pumping | Septic Inspections, Repairs & Replacements | Grease Traps

Phone: (732) 566-3434 • **Fax:** (732) 721-7256 • **Email:** info@centraljerseyseptic.com • **Website:** www.centraljerseyseptic.com

FACSIMILE TRANSMITTAL SHEET

To:	**Judy**	**From:**	**Pat Keaveney**
Company:	**Howell Township Public Works Dept.**	**Email:**	**pkeaveney@centraljerseyseptic.com**
Fax Number:	**732-938-3515**	**Sender's Ext:**	**x229**
Phone Number:		**Date:**	**July 8, 2010**
Re:	**350 Peter Forman Drive**	**Total Pages:**	**4**

Additional Notes:
THANK YOU, JUDY!! HAVE A GREAT WEEKEND.

3168 Bordentown Avenue, Old Bridge, NJ 08857

CENTRAL JERSEY
SEPTIC, INC.

July 6, 2010

Howell Township Public Works Dept.
278 Old Tavern Road
Howell, NJ 07731
ATT: Judy

RE: 350 Peter Forman Drive, Howell, NJ 07731
Block #170.02, Lot # 7

Dear Judy:

As per our telephone conversation today regarding installing a "dry well" for the home's water softener discharge, enclosed please find the permit application and a check for $70.00.

I will call you Thursday afternoon (July 8, 2010) for the permit number. In addition, I have a call into Kate Andrews of the Monmouth County Health Department regarding the inspection.

Thank you for your help in this matter.

Yours truly,

Pat

Patricia Keaveney
Excavation Dept.

3168 BORDENTOWN AVE. OLD BRIDGE, NJ 08857 • (732)-566-3434 • FAX (732)-721-7256

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD: 13009
January 3, 2001

Toll Brothers, Inc.
3103 Philmont Ave.
Huntingdon Valley, PA. 19006

RE: Application for an Individual Subsurface Sewage Disposal System in **Howell**

Dear Sir:

Your "Application for Permit to Locate and Construct an Individual Subsurface Sewage System" at **330 Peter Forman Dr. Howell 170.02 7** has been approved with conditions:
ADDRESS Town BLOCK LOT

1. **System is approved for 5 bedroom house, to be designed on K-4 permeability.**
2. **Size of disposal field is to be 27'x51' (31'x55' fill enclosed).**
3. **Bed is to be excavated to elevation 139.25 (approx. 7ft. below grade) and back filled to elevation 147.25 with suitable fill.**
4. **Engineer must certify permeability and compaction of fill material.**

It is important that the septic system be installed according to the provisions of N.J.A.C. 7:9A-1.1 et seq. And standards thereto. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and/or legal action.

The installer of the above referenced system must contact this office for inspection at the following construction stages:

1. After excavation work is completed.
2. After septic tank and disposal field have been installed (no cover).
3. After septic system is covered and landscaping is completed.

This office must be contacted for an inspection **24 hours** prior to the installation of the system. If, upon final inspection, the individual subsurface sewage disposal system as been installed according to the specifications given in your application, "Certificate of Compliance" will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our "Certificate of Compliance".

Sincerely,
Diane L. Beears
Diane L. Beears
Registered Env. Health Specialist

DLB:mc
CC: Judy La Porta & Marie Strauch
Eastern States

Application Number S2404 Date _____

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

GENERAL INFORMATION - Form 1

1. Type of Permit needed (Check applicable categories):
   - [X] New Construction
   - [ ] Alteration/Expansion or Change in Use
   - [ ] Alteration/Malfunctioning System
   - [ ] Deviation from Standards
   - [ ] Repairs to Existing System
   - [ ] Alteration/No Expansion or Change of Use
2. Location of Project:
   Municipality Howell Township Block: 170.02 Lot: 7
   Street Address: 320 Peter Forman Drive Zip 07731
3. Name of Applicant (print): Toll Bros., Inc.
4. Applicant's Present Address: 3103 Philmont Ave., Huntingdon Valley, PA 19006 5. Phone number: 215/938-8000
6. Type of Facility:
   - [X] Residential
   - [ ] Commercial/Institutional
   - [ ] Specify Type of Establishment: _____
7. Type of Wastes to be discharged:
   - [X] Sanitary Sewage
   - [ ] Industrial Wastes
   - [ ] Other - Specify _____
8. Other Approvals/Certification/Waivers/Exemptions (Attach to Application)
   - [ ] Pinelands Commission
   - [ ] NJDEP - Bureau of Flood Plain Management
   - [ ] U.S. Army Corps of Engineers
   - [ ] Other - Specify _____
9. I hereby certify that the information furnished above 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 X Date _____

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 & Title _____

GENERAL SITE EVALUATION DATA - Form 2A

1. Name of Site Evaluator (print) Inspection Services of North America, Inc.
2. Business Address of Site Evaluator P.O. Box 232, Monmouth Beach, NJ 07750 3. Business Phone 732/222-1634
4. Special Site Limitations Identified (Check Appropriate Categories):
   - [ ] Flood Plains
   - [ ] Bedrock Outcrop
   - [ ] 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:
   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:
   a.) Hydraulically Restrictive Horizon: Depth Top to Bottom _____
   b.) Piezometer A: Depth to Bottom _____ Depth of Water Level (24hrs) _____
   c.) Piezometer B: Depth to Bottom _____ Depth of Water Level (24hrs) _____
   d.) Witnessed by _____ Signature _____ Date _____
8. Attachments (Check items included):
   - [X] Site Plan
   - [X] Key Map Showing Location Of Site on U.S.G.S. Quadrangle or Other Accurate Map
   - [X] Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
   - [ ] Other - Specify _____
9. I hereby certify that the information furnished on Form 2A of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date _____

Signature of Professional Engineer _____ License # 34835

(please seal this form) Choong Y. Yim

RECEIVED DEC 14 2000 By _____

*Application Number*_____ *Date*_____

SOIL LOG & INTERPRETATION - **Form 2B**

Municipality Howell Township Block 170.02 Lot 7

1. Log Number 1 & 2
2. Soil Log
   Depth 120"
   (inches)
   Top-Bottom

Method (Check One): [X] Profile Pit [ ] Boring

DATE SOIL LOG CONDUCTED 4/21/98

Munsel Color Name & Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, if present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size & Contrast, if present

See attached Profile Pit Report as prepared by
Inspection Services of North America, Inc.
"Blk 170 Lot 43, Howell Road"
signed by William McBride, Health Officer

3. Ground Water observations:
   - [X] Seepage - Indicate Depth 75"
   - [ ] 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 _____
   - [ ] Excessively Coarse Horizon - Depth Top to Bottom _____
   - [ ] Excessively Coarse Substratum - Depth to Top _____
   - [X] Hydraulically Restrictive Horizon-Depth Top to Bottom 87"-120"
   - [ ] 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: IIHr

6. I hereby certify that the information furnished on Form 2B 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 Site Evaluator (see attached) Date _____

Signature of Professional Engineer License #

PHONE (908) 222-1634

P.O. BOX 232 MONMOUTH BEACH
NEW JERSEY 07750-0232

Inspection Services of North America, Inc.

ENVIRONMENTAL CONSULTANTS

PROFILE PIT REPORT

Site Location: Howell Rd., Howell, N. J.
Bl. 170 Lt. 43 Date of test: 4/21/98

Profile pit: #1
0"-14"= Top soil
14"-43"=Dark yellowish brn., 10yr 4/6, clay, angular blocky, massive, very firm, w alayer of brn., 10yr 5/3, cemented sandy clay loam, subangular blocky, moderate, friable, w/35% gravel, and mottles at 33 inches of lt. olive gray, 5y 6/2
43"-87"=Lt. olive brn., 2.5y 5/3, glauconitic, sandy clay loam, to sandy loam, lightly cemented in place, subangular blocky, moderate to firm, w/mottles of light gray, 10yr 7/1 & stg. Brn., 7.5yr 5/6, many, med. distinct
87"-120"=Light olive brn., 2.5y 5/3, loamy sand to sandy loam, subangular blocky, weak, friable, w/layers and mottles of light olive grey, 5y 6/2, many, crs., distinct

Profile pit: #2
0"-11"= Top soil
11"-39"=Dark yellowish brn., 10yr 4/6, clay, angular blocky, massive, cemented in place, very firm
39"-52"=Brn., 10yr 5/3, cemented sandy clay loam, subangular blocky, firm, friable, w/35% gravel, and mottles of light gray, 10yr 7/1 & Stg. brn., 7.5yr 5/6, starting at 41 inches, few, faint, fine, increasing w/ depth.
52"-87"=Lt. olive brn., 2.5y 5/4, glauconitic, sandy clay loam lightly cemented in place, subangular blocky, firm, mottled with light grey, 10yr 7/1 & stg. brn., 7.5yr 5/6 at 44 inches, many, med., distinct
87"-120"=Light olive brn., 2.5y 5/3, loamy sand to sandy loam, subangular blocky, weak, friable, w/layers and mottles of light olive gray, 5y 6/2, many, crs., distinct

Water Table:
1)Static water level/seepage = 75 inches
2)Mottling = 33 inches
3)Seasonal High Water Table = 33 inches

Sample depth = 87-120 inches

END OF REPORT

William McBride
Health Officer
N.J. Lic. # A 351


NON-BUILDABLE DETENTION BASIN LOT
DEDICATED TO THE TOWNSHIP OF HOWELL
N74°36'46"E
286.85'
S30°20'24"E
270.00'
150.00'
N59°39'36"E
150.00'
LOT 10
40,500 sq.ft.
LOT 11
40,500 sq.ft.
R = 20.00'
L = 22.28'
R = 20.00'
20.6 S.F.
S59°39'36"W
166.50'
S59°39'36"W
426.25'
255.02'
MONUMENT TO BE SET
WITH SECTION II
LOT 43
LOT 44
LOT 45
LOT 46
LOT 41
42,869 sq.ft.
LOT 42
42,537 sq.ft.
LOT 40
45,224 sq.ft.
LOT 34
41,579 sq.ft.
LOT 35
41,600 sq.ft.
25' WIDE DRAINAGE EASEMENT
GRANTED TO THE TOWNSHIP
OF HOWELL PROVIDED FOR BY
THE SUBDIVISION ORDINANCE
OF THE TOWNSHIP OF HOWELL
DRIVE
COURT
AREDO
56' R.O.W.
275.00'
761.03'
170.01'
160.01'
397.76'
268.90'
233.52'
N29°38'41"W
N59°39'36"E
S59°39'36"W
N30°20'24"W
S30°20'24"E
N56°48'30"E
N60°21'19"E
270.00'
BLOCK LINE
EASEMENT
DRAINAGE
WIDE
L32.09/S1
L32.09/S2
L32.10/S2
L32.10/S1
L32.11/S2
L32.11/S1
L10/S1
L10/S2
L11/S1
L11/S2
L12/S1
L12/S2
L43/S1
L43/S2
L44/S1
L44/S2
L45/S1
L45/S2
L46/S1
L46/S2
L41/S1
L41/S2
L42/S1
L42/S2
L40/S1
L40/S2
L34/S1
L34/S2
L35/S1
L35/S2
L36/S1
L36/S2
L32.07/S1
L32.07/S2
L32.06/S1
L32.06/S2

*Application Number*_____ *Date*_____

SOIL PERMEABILITY DATA - **Form 3A**

Municipality Howell Township Block 170.02 Lot 7

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*
Soil Class Rating	540	A	87-120	K5
Soil Class Rating	540	B	87-120	K5

* 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 K4

☐ 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 Site Evaluator (see attached) Date_____

Signature of Professional Engineer (see attached) License #_____
(please seal this form)

SOIL PERMEABILITY CLASS RATING - FORM 3.c.

Municipality Howell Block 170 Lot 43

1. Test Number 540 Replicate (Letter) A Tare # _____

2. Sample Depth 82-120 Soil Pit/Boring Number 2 Date Collected 4/21/98

3. Course Fragment Content:
   Total Weight of Sample, W.T., grames 300
   Weight of Material Retained on 2 mm sieve, W.C.F., grams 0
   Weight Percentage of Coarse Fragment (WCF/WT x 100) : 0

4. Oven Dry Weight (24 hrs, 105 degrees C) of 40 grames Air Dry Sample, grams Wt. 39.4

5. Hydrometer Calibration, Rc 7.5 Beaker # _____ Hydrometer # _____

6. Hydrometer Reading - 40 secons, grams, R1 10.8
   Temperature of Suspension, degress F 73

7. Corrected Hydrometer Reading, grams, R1' 4.3

8. Hydrometer Reading - 2 hours, grames R2 2.8
   Temperature of Suspension, degreos F 73

9. Corrected Hydrometer Reading, grams, R2' 1.3

10. percent sand = (weight - R1')/weight x 100 =
    (39.4 - 4.3)/39.4 x 100 = 89.1

11. percent clay = (weight - R2')/weight x 100 =
    (_____ - 1.3)/39.4 x 100 = 3.3

12. Sieve Analysis: Tare # _____
    a. Oven Dry Weight (2 hrs, 105 degrees C) Total Sand Fraction (Soil retained in 0.047 mm Sieve), grams 34.1
    b. Weight of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 15.7
    c. Percent Fine Plus Very Fine Sand (b/a) 32 %

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) * K-5

15. I hereby certify that the information furnished on Form 3.c. 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 5/12/98

Signature of Professional Engineer Chester A. Vivian License No.20966

SOIL PE...MEABILITY CLASS RATING - FORM 3.c.

Municipality Howell Block 170 Lot 43

1. Test Number 540 Replicate (Letter) B Tare # _____

2. Sample Depth 87-120 Soil Pit/Boring Number 9 Date Collected 4/21/98

3. Course Fragment Content:
   Total Weight of Sample, W.T., grames 300
   Weight of Material Retained on 2 mm sieve, W.C.F., grams 0
   Weight Percentage of Coarse Fragment (WCF/WT x 100) : 0

4. Oven Dry Weight (24 hrs, 105 degrees C) of 40 grames Air Dry Sample, grams Wt. 39.5

5. Hydrometer Calibration, Rc 7 Beaker # _____ Hydrometer # _____

6. Hydrometer Reading - 40 secons, grams, R1 10.8
   Temperature of Suspension, degress F 73

7. Corrected Hydrometer Reading, grams, R1' 4.8

8. Hydrometer Reading - 2 hours, grames R2 7.8
   Temperature of Suspension, degrees F 73

9. Corrected Hydrometer Reading, grams, R2' 1.8

10. percent sand = (weight - R1')/weight x 100 =
    39.5 - 4.8)/ 39.5 x 100 = 87.9

11. percent clay = (weight - R2')/weight x 100 =
    (_____ - 1.8)/ 39.5 x 100 = 4.6

12. Sieve Analysis: Tare # _____
    a. Oven Dry Weight (2 hrs, 105 degrees C) Total Sand Fraction (Soil retained in 0.047 mm Sieve), grams 34.1
    b. Weight of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 12.7
    c. Percent Fine Plus Very Fine Sand (b/a) 37.2

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) * 1C-S

15. I hereby certify that the information furnished on Form 3.c. 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 5/1/98

Signature of Professional Engineer _____ License No.20966

Howell Township
Block 170.02, Lot 7

*Application Number*_____ *Date*_____

GENERAL DESIGN DATA - **Form 4**

1. Volume of Sanitary Sewage, gal. 800

☒ Residential: No. of Dwelling Units 1 Total No. of Bedrooms 5

☐ 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: ☒ first (single) compartment 1000

☐ 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 9 Total Length 405 Pipe Size 4" Spacing 36"

f.) Connecting Pipe: Size 4" Length 40ft.

g.) Manifold : Size -- Length --

h.) Disposal Field: Type of Installation MSR

Design Permeability (Percolation rate) K4

☐ Trenches: Width_____ Total Length_____

☒ Bed: Area 1377 sf

i.) Seepage Pits: Design Percolation Rate_____

Number of Pits_____ Total Percolating Area Provided_____

4. Attachments (Check items included):

☒ General Plan Showing Location of All System Components

☒ X - Sections of Each System Component Including Grease Traps, Septic Tank, Dosing Tank, Disposal field, Seepage Pits and Interceptor Drains

☐ Pump Performance Curve

☐ Other - Specify_____

5. I hereby certify that the information furnished on Form 4 of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer_____ License # 34835

(please seal this form) Choong