

Angela Martino

From: Janine Martuscelli
Sent: Wednesday, March 09, 2022 8:50 AM
To: Angela Martino
Cc: Justin Meyer
Subject: RE: Emailing: 22-326
Attachments: BLK81 - L33 CA WELL INSTALL-2017-02-15.pdf; 3567.pdf

Angela

Attached are all closed permits for construction, land use and engineering. There are no open permits.
We do not have any survey on file for this address.

Janine

-----Original Message-----

From: Angela Martino <amartino@twp.howell.nj.us>
Sent: Tuesday, March 08, 2022 3:58 PM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>; Brian Geoghegan <bgeoghegan@twp.howell.nj.us>
Subject: Emailing: 22-326

Good Afternoon-

Attached please find OPRA 22-326 for your review. Please forward your findings to me no later than March 18, 2022.

Thank you,
Angela Martino
Howell Township
Clerk's Office

Your message is ready to be sent with the following file or link attachments:

22-326

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

NOTICE OF CONFIDENTIALITY

This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Township of Howell. Access to this message by anyone other than the sender and the intended recipient(s) is unauthorized. If you are not the intended recipient of this message, any disclosure, copying, distribution or action taken or not taken in reliance on it, without the expressed written consent of the Township, is prohibited. If you have received this message in error, you should not save, scan, transmit, print, use or disseminate this message or any information contained in this message in any way and you should promptly delete or destroy this message and all copies of it. Please notify the sender by return e-mail if you have received this message in error.



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 2/2/2017
Control Number C-11276
Permit Number 20092472
Permit Issue Date 12/9/2009
Certificate Number 20092472

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 509 MIDDLE LANE Howell Township, NJ 07731 Block: 81 Lot: 33 Qual: _____
Owner in Fee: MASON, WILLIAM J & BARBARA A
Owner Address: 509 MIDDLE LANE HOWELL NJ 07731
Telephone: (908) 770-8592
Contractor: RAY'S WELL DRILLING
Address: 1200 MAXIM SOUTHDARD ROAD HOWELL NJ 07731
Telephone: (732) 363-5941 Fax: _____
License Number or Builders Registration Number: 0001669 Federal Emp. Number: 22-3317081

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: WELL INSTALLATION

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: 2/2/2017

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

Page 1



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 51 Lot 33 Qualification Code _____
Work Site Location 509 MIDDLE LANE - HOUSE

Owner in Fee: WILHELM MASON JR.

Tel. [REDACTED] e-mail _____

Address 509 MIDDLE LANE HOUSE 07931

Contractor: RAY'S WELL DRILLING MUNICIPALITY DE CODE Tel. (732) 363-3941

Address 1300 MAXIM SOUTH DR - HOUSE HOUSE

Contractor License No. M-699 Exp. Date 6-7-11

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

Federal Emp. ID No. [REDACTED] FAX: (732) 363-3945

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary _____ Other WELL LINE

Building Occupied as _____ Utility Co. CARDUCCI

Est. Cost of Elec. Work \$ 350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required

[] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev. _____

SUBCODE APPROVAL FOR PERMIT

Date: 11-24-09

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] COO

Date: 1-3-11

Approved by: _____

Date of Grounding and Bonding _____

Certification _____

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's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

well

TOTAL NUMBERS

Pool Permit with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Date Received
Control #
Date Issued
Permit #

10-1-01
C11276
200924/12

FEE (Office Use Only)

\$ 65

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

11
106

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

William Mason
509 Middle Lane
Howell, New Jersey 07731

MCHD LOG # 18815

29 June 2010

CERTIFICATE OF COMPLIANCE

Date of Inspection: July 27, 2010

By: Kathleen M. Andrews
REHS

Owner: William Mason

Location of Property: 509 Middle Lane

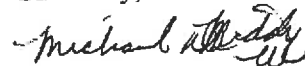
Municipality: Howell

Block: 81 **Lot:** 33

This is to certify that the Individual Water Supply and System located as indicated above has been installed as shown on the Application for 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. 7:9D 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,



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

MAM:tas
cc: Judy LaPorta
Jean Verrien
Ray Peters

**HOWELL,
TOWNSHIP OF
(BUILDING DEPT.)**

**PERMIT WITHOUT
A JACKET**

FIELD COPY

BUILDING PERMIT

\$25.00

APPLICANT **Owner**

DATE **6-25**

1980

PERMIT NO.

3567

ADDRESS

(NO.)

(STREET)

(CONTR'S LICENSE)

PERMIT TO **Alteration**

(TYPE OF IMPROVEMENT)

() NO.

STORY

one family

(PROPOSED USE)

NUMBER OF DWELLING UNITS

AT (LOCATION)

509 Middle Lane

(NO.)

(STREET)

ZONING DISTRICT

R-3A

BETWEEN

Sunset Lane

(CROSS STREET)

AND

Shady Lane

(CROSS STREET)

SUBDIVISION

LOT **33**

BLOCK **81**

LOT SIZE

100 x 125

BUILDING IS TO BE

FT. WIDE BY

FT. LONG BY

FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE

USE GROUP **T**

BASEMENT WALLS OR FOUNDATION

(TYPE)

REMARKS:

Permit to be used for a alteration for a above ground pool only. to a one family dwelling only.

AREA OR VOLUME

(CUBIC/SQUARE FEET)

ESTIMATED COST \$

2345

PERMIT FEE

\$ **25.00**

OWNER

Mr. & Mrs. Willard E. Ryan

ADDRESS

509 Middle Lane, Howell, NJ 07731

BUILDING BY



10

Howell Township Inspection Dept.

App.
No.

6/12/80

APPLICATION FOR ELECTRICAL INSPECTION
PLEASE PRINT OR TYPE (CLEAR APPLICATIONS HELP GET THE JOB DONE)

THIS SECTION TO BE COMPLETED BY APPLICANT

DATE: 8/9/80

City, Town or Township Howell County Monmouth State N.J.
Street Location: No. 509 Street Middle Lane Pole No. _____
(If Located in Rural Area - Please Attach Directions)
Owner Mr & Mrs Willard Rayan Owner's P.O. Address _____
Occupied As Residential dwelling Building - New ☐ Old ☒
Occupant Willard Rayan Work - New ☐ Additional ☒

App. for - Rough Wiring ☐ Fixtures ☐ or Ready for Inspection 8/9/80 1980
Fee Remitted - \$ 15.00 By Check ☒ Money Order ☐ Make Payable to Agency

LIST ALL EQUIPMENT AND WIRING

Number of Rough Wiring Outlets	Miscellaneous Equipment															
	Elect. Heat	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000				
Switches _____																
Lighting _____																
Receptacles _____																
Number of Fixtures _____																
	Amp. Service _____ Surface Unit _____ Dishwasher _____ Range _____ Water Heater _____ Air Conditioner _____ Dryer _____ Pump _____ Oven _____ Garbage Disposal _____ Wiring and Controls for _____ Burner _____ Amp. Receptacles _____ Fractional H.P. Vent Fans _____ Other Equipment: <u>Above ground pool filtration pump's motor</u>															

MOTORS H.P. Mark Number of Each Size

1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100
------	------	------	-----	-----	-----	-----	-----	-----	---	-------	---	---	---	-------	----	----	----	----	----	----	----	----	-----

Applicant's Signature [Signature] License # 1019 Permit # 1019
T/A TOPAS ELECTRIC INC. Name of Utility JCPL
Applicant's Address 1209 RIVER AV Office to be Notified _____
& Phone No. 363-0131 Zip Code 08701
City LAKEWOOD, N.J. State N.J.

SPACE BELOW FOR AGENCY'S USE ONLY

Date Received Aug 12, 1980 Date Inspected 8/12/80

Rough Wiring Outlets	K.W. Surface Unit	K.W. Oven
<u>1 GFI</u>	<u>n/a</u>	<u>n/a</u>
Outlets	K.W. Range	H.P. Garbage Disposal
Receptacles	K.W. Water Heater	K.W. Dishwasher
Fixtures	H.P. Air Conditioner	K.W. Dryer
Amp. Service Equipment	Burner, Wiring & Controls for	Amp. Receptacle
Amp. Service Conductors	H.P. Pump	Frac. H.P. Vent Fans

MOTORS H.P. Mark Number of Each Size

1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100
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APPARATUS Bonding per 680-22 Elect. Heat _____
Grounding per 680-21

CERTIFICATIONS	PROGRESS: Inc. ☐ Lkd. ☐	NOTIFIED	RE-PORT	CARD	NEW	OLD	FEE PAID
☐ Rough Wiring ☐ Fixture Approval ☒ Elec. Certificate ☐ Letter of Approval ☐ In-Plant Approval Date Issued <u>8/12/80</u>	VIOLATION: Work Comp. ☐ Inc. ☐ <u>FINAL 8/12/80</u> Other Side ☐	Contractor _____ Owner _____ Occupant _____ Agent _____ Elec. Lt. Co. _____					Check # <u>30252</u> Cash _____ M.O. # _____
(Temp.) Cut-in Card # <u>8/12</u> (Final) Cut-in Card # _____	<u>Vasily Serge</u> Inspector's Signature						

DATE		INSPECTOR		* (NOTES)	
PRESENT STATUS				NOTIFIED	
1.	☐	R. W. REQUESTED	C	U	M
2.	☐	FIXTURE APPROVAL	O	F	I
3.	☐	ELEC. CERTIFICATE	N	T	I
3.	☐	LETTER OF APPROVAL	I	L	I
4.	☐	IN-PLANT APPROVAL	R	T	I
	☐	PROGRESS:			
7.	☐	N. C. 7. ☐ N.S.			
8.	☐	LKD. 7. ☐ U.L.			
	☐	OK. TO COVER*			
	☐	TEMP.			R
9.	☐	DEFECTIVE*			C

DATE	INSPECTOR	PRESENT STATUS	NOTIFIED	• (NOTES)
		1. ☐ R. W. REQUESTED	C O N T I N U I T Y	08101
		2. ☐ FIXTURE APPROVAL		
		3. ☐ ELEC. CERTIFICATE		
		3. ☐ LETTER OF APPROVAL		
		4. ☐ IN-PLANT APPROVAL		
		PROGRESS:		
		7. ☐ N.C. 7. ☐ N.S.		
		8. ☐ LK.D. 7. ☐ U.I.		
		☐ OK. TO COVER*		
		TEMP.		
		9. ☐ DEFECTIVE*		

DATE	INSPECTOR	PRESENT STATUS	NOTIFIED	(NOTES)	R	C
		1. ☐ R.W. REQUESTED	☐			
		2. ☐ FIXTURE APPROVAL	☐			
		3. ☐ ELEC. CERTIFICATE	☐			
		3. ☐ LETTER OF APPROVAL	☐			
		4. ☐ IN-PLANT APPROVAL	☐			
		☐ PROGRESS:				
		7. ☐ N.C. 7. ☐ N.S.				
		8. ☐ LK'D. 7. ☐ U.L.				
		☐ OK. TO COVER*				
		☐ TEMP.				
		9. ☐ DEFECTIVE*				

DATE	INSPECTOR	PRESENT STATUS 1. ☐ R. W. REQUESTED 2. ☐ FIXTURE APPROVAL 3. ☐ ELEC. CERTIFICATE 3. ☐ LETTER OF APPROVAL 4. ☐ IN-PLANT APPROVAL 5. ☐ PROGRESS 6. ☐ N.C. 7. ☐ N.S. 8. ☐ LKD. 7. ☐ U.L. 9. ☐ OK. TO COVER 10. ☐ TEMP. 11. ☐ DEFECTIVE		NOTIFIED G O N T I R Y U T I L I T Y M U	• (NOTES) XX X 08/0/80 08/0/80 08/0/80
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DATE	INSPECTOR	PRESENT STATUS	NOTIFIED	COUNTRY	DEFECTIVE
10	10	1. ☐ R.W. REQUESTED			
		2. ☐ FIXTURE APPROVAL			
		3. ☐ ELEC. CERTIFICATE			
		3. ☐ LETTER OF APPROVAL			
		4. ☐ IN-PLANT APPROVAL			
		☐ PROGRESS			
		7. ☐ N.C. 7. ☐ N.S.			
		8. ☐ LKD. 7. ☐ U.L.			
		☐ OK. TO COVER			
		☐ TEMP.			
		9. ☒ DEFECTIVE			

DATE	INSPECTOR	PRESENT STATUS		NOTIFIED		MUNICIPALITY		R		C	
INVOICE		R. W. REQUESTED	FIXTURE APPROVAL	ELEC. CERTIFICATE	LETTER OF APPROVAL	IN-PLANT APPROVAL	PROGRESS:	N. C. 7.	N. S.	LKD. 7.	U. L.
		OK. TO COVER*	TEMP.	DEFECTIVE*							

BUILDING INSPECTOR'S REPORT

BUILDING PERMIT NO. 3567 DATE: 6-25-80
 JOB NO. Pool Dan
 BUILDER OR OWNER: Willard E. Ryan BLOCK NO. 81
 ADDRESS: 509 Middle Lane LOT NO. 33
 PLEASE NOTE:

Builder's copy must be retained by the builder and presented at each and every inspection for certification by the Building Inspector:

	App.	Rej.		App.	Rej.
1. FOOTING INSPECTION A. Type of footing: 1. Trench _____ 2. Form _____ B. Depth _____ C. Width _____ D. Reinforcing _____ E. Type of soil on site at footing grade _____ Date: _____ Inspector: _____					
2. SECOND INSPECTION - Foundation A. Block work _____ B. Pile-asters _____ C. Cap block _____ D. Bolts _____ E. Cove _____ F. Plaster _____ G. Water Proofing _____ Date: _____ Inspector: _____					
3. THIRD INSPECTION - Slab A. Gravel _____ B. Polyethylene _____ C. Perimeter Insulation _____ D. Reinforcing wire _____ Date: _____ Inspector: _____					
4. GARAGE FLOOR A. Thickness _____ Date: _____ Inspector: _____ BASEMENT FLOOR A. Gravel _____ 1. Thickness _____ Date: _____ Inspector: _____					
5. FOURTH INSPECTION A. Basement 1. Termite prevention _____ 2. Girder _____ 3. First floor beams _____ 4. Blocking and bridging _____ 5. Species of material _____ 6. Double beams under non-bearing partitions _____ B. First Level Framing 1. Sheathing _____ 2. Studing _____					
			C. Second Deck Framing 1. Double beams under non-bearing partitions _____ 2. Boxing for utilities _____ 3. Blocking and bridging _____ 4. Species of lumber _____ D. Second Level Framing 1. Blocking _____ 2. Studing _____ 3. Sheathing _____ 4. Wall ties _____ E. Ceiling Beams 1. Species _____ 2. Strong backs _____ 3. Gable ties _____ F. Rafters 1. Species _____ 2. Spacing _____ 3. Collar ties _____ Date: _____ Inspector: _____		
			6. INSULATION INSPECTION _____ _____ _____		
			7. FIFTH INSPECTION A. Exterior wall finish _____ B. Exterior trim _____ C. Roof shingles _____ D. Porch posts _____ E. Miscellaneous (flashings, etc.) _____ Date: _____ Inspector: _____		
			8. FINAL INSPECTION A. Trim _____ B. Doorstops, saddles, etc. _____ C. Fire wall and fire door _____ D. Appliances _____ E. Gas shut-offs _____ F. Handrails, etc. _____ G. Accessories: <u>above ground pool complete with 7 ft. fence</u> <u>90.5 shown</u> <u>14 Aug 80</u>		

PLUMBING INSPECTION

PRELIMINARY

Date: N/A

Inspector: _____

FINAL

Date: N/A

Inspector: _____

ELECTRICAL INSPECTION

PRELIMINARY

Date: _____

Inspector: _____

FINAL

Date: 8/12/80

Inspector: VASILY SERGE

LOT NO.	BLOCK NO.	STREET ADDRESS	NAME OF INSPECTOR
33	81	509 Middle Lane	

NAME AND ADDRESS OF OWNER	NAME AND ADDRESS OF AGENT

[illegible]