Brick

Permit Without a Jacket

Permit Number 8176

LDS BR 10210399

Construction Permit # 8176

8-6-86, 19

Owner Clancy, Mike

Location 105 Malmy Dr

Block 1033-28 Lot 8

Contractor Ted Giles

Fee $ 45.00 Use Irrigation well

BUILDING SUB-CODE INSPECTIONS **VIOLATIONS**

Footing Trench

Foundation

Slab

Sheathing

Framing

Insulation

Sheet Rock

Plumbing 8-11-86 JK

Fire Inspection

Final

C.O. Issued

PLUMBING SUB-CODE INSPECTIONS

Slab

Rough

Septic/Sewer

Water

Final 8-11-86 JK

Electrical Final

Use reverse side for additional remarks

Approved plans must be on job or assessed penalty under 5:23:2.5 (C5)
Finals for Certificates of Occupancy must be called for or assessed penalty under 5:23-27.

RECEIVED
JUL 28
BUILDING

CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and street	Section	Lot	Block
105 MALMY DRIVE	BRICKTOWN	8	1033-28

N S
E W side of ..... feet E W from intersection of .....
(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1 ☐ New buildings
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Demolition
6 ☐ Moving (relocation)
7 ☐ Garage
☐ Swim Pool ☐ In ☐ out
☐ Fence Well

B. OWNERSHIP

8 ☐ Private (Individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential

12 ☐ One family
13 ☐ Two or more family — Enter number of units .....
14 ☐ Transient hotel, motel, or dormitory — Enter number of units .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other — Specify .....

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other - Specify .....

C. COST

	(Omit cents)
10. Cost of improvement	$ 650-
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

☐ Masonry (wall bearing)
☐ Wood frame
☐ Structural steel
☐ Reinforced concrete
☐ Other - Specify .....

F. TYPE OF HEATING SYSTEM

Specify .....
Air Cond. Yes ☐ No ☐

G. TYPE OF SEWERAGE DISPOSAL

☐ Public
☐ Individual

H. DIMENSIONS

Number of stories .....
Total square feet of floor area, all floors, based on exterior dimensions .....
Total land area, sq. ft. .....

I. RESIDENTIAL BUILDING ONLY

Number of bedrooms .....
Number of bathrooms { Full ..... Partial .....

FEE COMPUTATIONS

VOLUME OF BUILDING	
BUILDING SUB CODE	1
ELECTRICAL CODE	
PLUMBING CODE	25.00
PLAN REVIEW	
CERTIFICATE OF OCCUPANCY - op	20.00
STATE TRAINING FUND	
CONSTRUCTION	
PERMIT FEE	45.00

SEE REVERSE

#8176

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME TED GILES

ADDRESS PO BOX 4612, TOMS RIVER, N.J. 08754-4612

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	MIKE CLANCY	105 MALMY DRIVE, BRICKTOWN, N.J.		892-5716
2. Contractor				
3. Architects				

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of ~~applicant~~	Address	Application date
	PO Box 4612, Toms River, N.J. 08754-4612	7/28/86

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by	Date permit issued	Permit Number

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 8716
DATE ISSUED 8/10/86
REVISION DATE
Block 1033-28 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner
Address
Tel. (201) 892-5716
Work Site Address 105 MALMY DRIVE BRICKTOWN, NJ

Contractor
Address
Tel. ( )
Lic.No./Bus. Permit
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other Drug well	25.-
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$ 25.-

Fee	
COLUMN 1	$ -0-
COLUMN 2	$ 25.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 25.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material _____ Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved

Date: 8/4/86

Approved By: [signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 8-11-86

Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other IRRIG. WK.				8-11-86

U.C.C. Form F-130 (8/83)

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

CHARLES KAUFFMAN
PUBLIC HEALTH COORDINATOR

July 18, 1986

Board of Health
Township of Brick

Enclosed are the following plans for well system permits:

NAME	BLOCK	LOT	W#
Clancy	1033-28	8	1240-86 Stipulation

BY: BRUCE FORMAN

rec'd 7-18-86

JOSEPH J. PRZYMARA
ENVIRONMENTAL HEALTH COORDINATOR

DWR-133 (5/85)

Mail to
Water Allocation
CN 029
Trenton, N.J. 08625

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

Permit No. 2116831

PERMIT TO DRILL WELL (0)

VALID ONLY AFTER APPROVAL BY THE D.E.P. 29.33.7 28

Owner MIKE CLANCY
Address 125 MALMY DRIVE
BRICKTOWN NJ

Name of Facility
Address

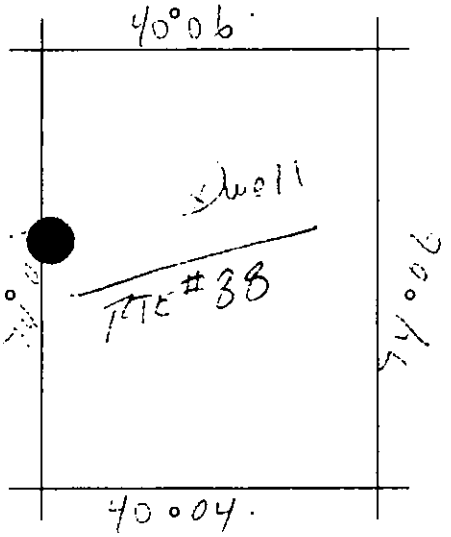
Driller TED GILES
Address PO BOX 4612
TOMS RIVER, N.J.

Diameter of Well	2 Inches	Proposed Depth of Well	60 Feet
Proposed Capacity of Pump	5-7 GPM	Method of Drilling (cable-tool, rotary, etc.)	AUGER
Use of Well (See Reverse)	IRRIGATION		

LOCATION OF WELL

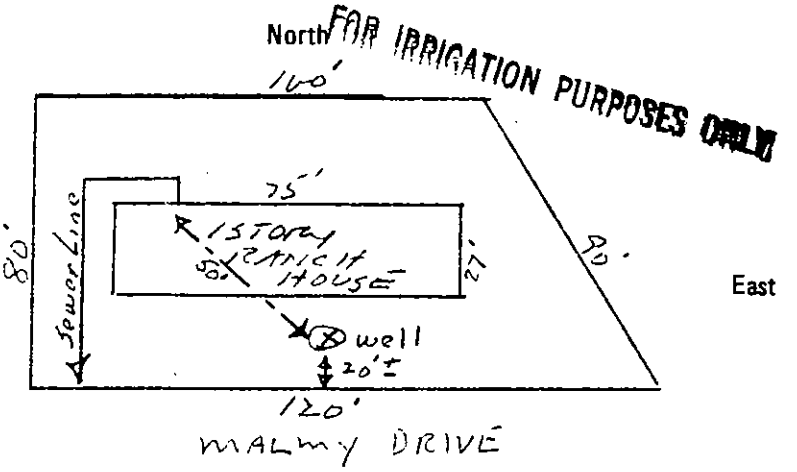
Lot #	Block #	Municipality	County
8	1033-28	BRICKTOWN	OCEAN

State Atlas Map No. 29



West

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



South

SEE REVERSE SIDE for IMPORTANT PROVISIONS AND REGULATIONS pertaining to this permit. APPROVAL of this permit is made SUBJECT TO acceptance of and compliance with the following ADDITIONAL CONDITIONS.

- ☐ Pinelands - Well must be drilled over 100' deep or a clay layer at least 4' in thickness must be encountered.
- ☐ It is necessary that Geophysical Logs of this well be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ Authorization by rule under N.J.A.C. 7:14A-1 et seq.
- ☐ Samples of cuttings required every _____ feet or change in material.
- ☐ The results of a volatile organic scan mut be obtained prior to using the water and submitted to _____.
- ☐ **Domestic Potable Water Supply** - The service line for water from the public community water supply system shall be turned off at the curb cock, and the meter shall be removed by the water purveyor.
- ☒ **Domestic Irrigation Supply** - No piping from the well for which the permit applies shall enter any building.
- ☐ **Industrial/Commercial Supply** - A physical connection permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10-1 et seq., and a vigorous cross connections control program shall be instituted and maintained within the premises.
- ☐ **Heat Pump Wells** - Wells must be 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ _____

This Space for Approval Stamp

WELL PERMIT
APPROVED
JUL 13 1986
DEPT. ENV. PROTECTION
DIV. OF WATER RESOURCES
WATER ALLOCATION

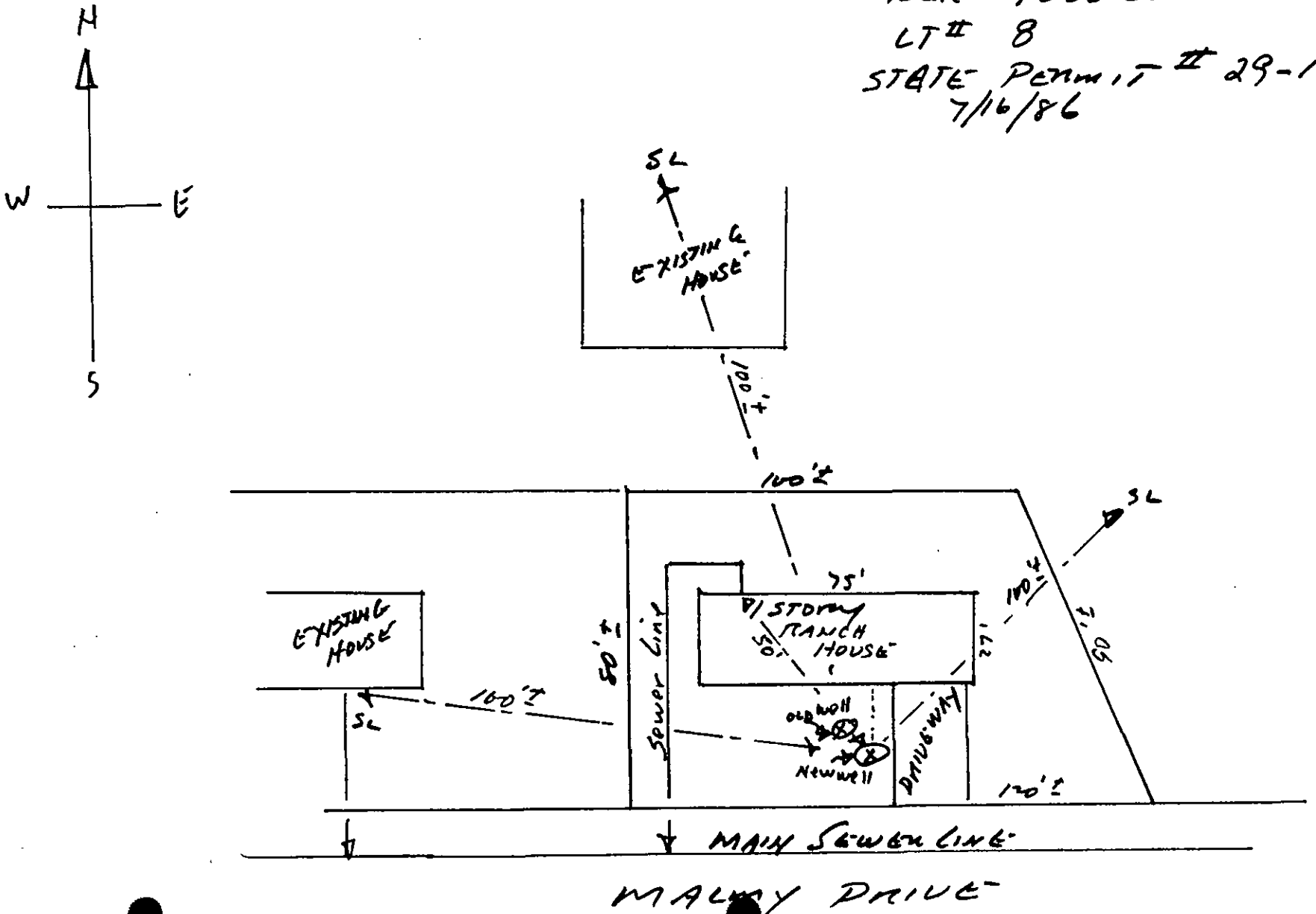
In compliance with R.S. 58:4A-14, application is made for a permit to drill a well as described above.

Date 7-11-86 Signature of Owner Michael Clancy

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

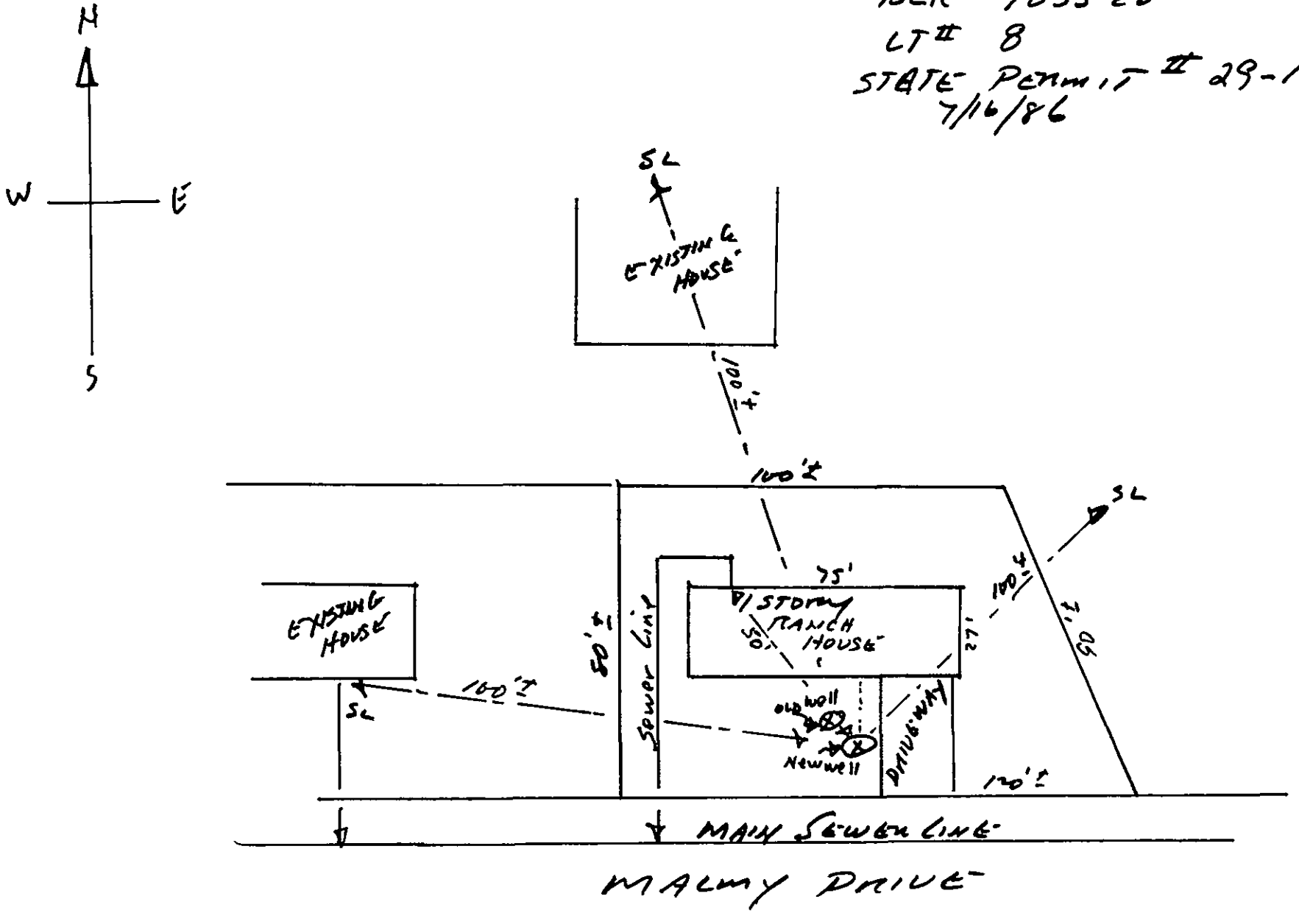
APPLICATION FOR WELL PERMIT. FOR 0 0

MIKE CLANCY
105 MALMY DRIVE
BRIDGTOWN, N. J.
BLK# 1033-28
LT# 8
STATE PERMIT # 29-16889
7/16/86



APPLICATION FOR WELL PERMIT. FOR 0 0

MIKE CLANCY
105 MALMY DRIVE
BRIDGETOWN, N. J.
BLK# 1033-28
LT# 8
STATE PERMIT # 29-16889
7/16/86



DWR-133 (6/85)

Mail to
Water Allocation
CN-029
Trenton, N.J. 08625

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

Permit No. 2916889

PERMIT TO DRILL WELL 0

VALID ONLY AFTER APPROVAL BY THE D.E.P. 29.33.7 28

Owner MIKE CLANCY
Address 105 MALMY DRIVE
BRICKTOWN, NJ

Driller TED GILES
Address PO BOX 4612
TOMS RIVER, N.J.

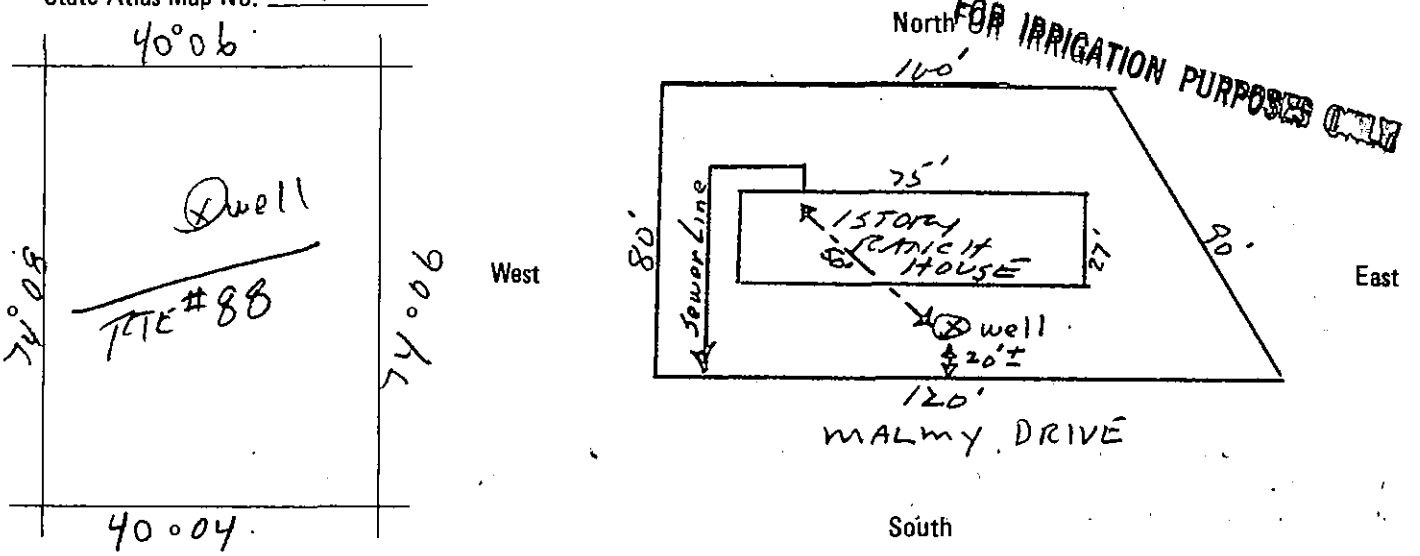
Name of Facility
Address

Diameter of Well	2 Inches	Proposed Depth of Well	60 Feet
Proposed Capacity of Pump	5-7 GPM	Method of Drilling (cable-tool, rotary, etc.)	AUGER
Use of Well (See Reverse)	IRRIGATION		

LOCATION OF WELL

Lot #	Block #	Municipality	County
8	1033-28	BRICKTOWN	OCEAN

State Atlas Map No. 29



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

SEE REVERSE SIDE for IMPORTANT PROVISIONS AND REGULATIONS pertaining to this permit. APPROVAL of this permit is made SUBJECT TO acceptance of and compliance with the following ADDITIONAL CONDITIONS.

- ☐ Pinelands - Well must be drilled over 100' deep or a clay layer at least 4' in thickness must be encountered.
- ☐ It is necessary that Geophysical Logs of this well be made. Permanent pumping equipment SHALL NOT be installed until such logs are made.
- ☐ Authorization by rule under N.J.A.C. 7:14A-1 et seq.
- ☐ Samples of cuttings required every _____ feet or change in material.
- ☐ The results of a volatile organic scan mut be obtained prior to using the water and submitted to _____.
- ☐ **Domestic Potable Water Supply** - The service line for water from the public community water supply system shall be turned off at the curb cock, and the meter shall be removed by the water purveyor.
- ☒ **Domestic Irrigation Supply** - No piping from the well for which the permit applies shall enter any building.
- ☐ **Industrial/Commercial Supply** - A physical connection permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10-1 et seq., and a vigorous cross connections control program shall be instituted and maintained within the premises.
- ☐ **Heat Pump Wells** - Wells must be 50 feet apart and the water must be returned to the same aquifer as the production well.
- ☐ _____

This Space for Approval Stamp

WELL PERMIT
APPROVED
JUL 13 1986
DEPT. ENV. PROTECTION
DIV OF WATER RESOURCES
WATER ALLOCATION

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

Date 7-14-86

Signature of Owner Michael Clancy

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

USE OF WELL:	Domestic	Heat Pump
	Deepening	Recharge
Please Specify	Replacement	Test
	Irrigation	Industrial
	Observation	Commercial
	Monitoring	Public Supply
	Exploration	Non-Community
	Dewatering	Fire Protection
	Recovery	Decontamination

Application must be accompanied by a legal fee of ten dollars ($10.00) for wells under 70 gallons per minute and twenty five dollars ($25.00) for over 70 gallons per minute.

Make Checks Payable to: **STATE OF NEW JERSEY – WELL PERMITS**

In accepting this permit the *Owner and* Driller agree to abide by the following terms and conditions:

1. This permit conveys no rights, either expressed or implied, to divert water.
2. **If the pump capacity applied for is less than 70 gpm, no subsequent increase to 70 gpm or more shall be made without prior approval of the Division of Water Resources.**
3. In the event this well is abandoned, the Owner will assume full responsiblity for filling and sealing it in a manner satisfactory to the Division, in accordance with provisions of R.S. 58:4A-4.1.
4. This permit will be valid for one year from date of approval.
5. If this well is to be used for public non-community or non-public supply, it must be constructed in accordance with provisions of "Standards for the Construction of Public Non-Community and Non-Public Water Systems" and be approved by the local Board of Health.
6. A well record must be filed with the Water Allocation Office within 60 days after the well is completed.
7. Authorization by rule may be revoked at any time.

STIPULATION: OUR DEPARTMENT MUST OBSERVE THAT OLD WELL WAS PROPERLY SEALED PRIOR TO FINAL APPROVAL.

W-1240-86

Brick Township Health Department

OCEAN COUNTY HEALTH DEPARTMENT
NO R. Forman
PLAN APPROVE
DATE 7-18-86
FINAL INSPECTION
APPROVAL
DATE
INSPECTOR

APPLICATION FOR PUBLIC NON-COMMUNITY & NON-PUBLIC WATER SUPPLY SYSTEMS AS PER N.J.A.C., TITLE 7, AS PROMULGATED UNDER N.J.S.A. 58:11-23, ALSO AS DIRECTED BY THE COMMISSIONER OF THE DEPT. OF ENVIRONMENTAL PROTECTION AND MUNICIPAL ORDINANCE.

OWNER: MIKE CLANCY Tel #

MAILING ADDRESS, PRESENT: 105 MALMY DRIVE, BRICKTOWN, N.J.

MAILING ADDRESS OF PROPOSED WATER SUPPLY: SAME

Property location and directions to proposed supply: RTE # 88 TOWARDS POINT PLEASANT, ON LEFT SIDE — Blk 1033-28 Lot 8

PURPOSE OF WELL: New Supply ______ Replacement X Supplement ______

To be used as: Individual Potable supply ______ Other (explain) IRRIGATION

Estimated depth of well Min. 60 Max 70 Size of casing (ID) 2"

TYPE OF CASING: Material PVC Grade SCH 40 Weight — Thickness —

Type & Method of Joints: SLIP Method of Installation: AUGER

If rotary or power auger, size of hole: 6"

Material and method of sealing sides of hole: GROUT

Type, depth & Method of grouting: CEMENT, GROUT

Type, size (diameter & length) of well screen: wellPOINT, .012" (1.25 X 5')

Method of disinfecting well, lines, pump, & tank: CHLOROX

Method of sealing well and drop lines: —

Tank capacity, drawdown, type: 30 GAL

Type & H.P. ratings of pump: JET 1 HP Mfg. capacity rating GPM 5 at 22 ft. lift —

Type & size of suction, jet or submersible pump lines: —

Number of plumbing fixtures & watering outlets in proposed building: KITCHEN, BATH 1/2 & HOSE-BIBBS

Future expansion of water use if known: —

Well, pump, tank will produce 5 GPM after 4 hrs. constant flow at 20 psi min.

State Well drilling permit obtained: Yes X No ______ Number # 29-16889

Well to be installed by: TED STOKES Well Driller Lic. # 1121 Tel. # 270-348[illegible]

Well Drillers Signature: [signature] Well Drillers Address: PO BOX 4612 TOMS RIVER

As authorized by owner: (signature only) Michael Clancy Date 7-14-86

STATEMENT:

Approved water supply proposal is required before a building permit can be issued and is to be submitted simultaneously with septic ap[illegible] plication when applicable to new construction. A Certificate of Compliance is required before this well can be placed into use, and w[illegible] [illegible]

STIPULATION: OUR DEPARTMENT MUST OBSERVE THAT OLD WELL WAS PROPERLY SEALED PRIOR TO FINAL APPROVAL.

W-1240-86

Brick Township Health Department

OCEAN COUNTY HEALTH DEPARTMENT

Owner R. Forman

NO. .....
PLAN APPROVE .....
DATE 7-18-86
FINAL INSPECTION
APPROVAL .....
DATE .....
Tel.# .....
INSPECTOR .....

APPLICATION FOR PUBLIC NON-COMMUNITY & NON-PUBLIC WATER SUPPLY SYSTEMS AS PER N.J.A.C. TITLE 7, AS PROMULGATED UNDER N.J.S.A. 58:11-23, ALSO AS DIRECTED BY THE COMMISSIONER OF THE DEPT. OF ENVIRONMENTAL PROTECTION AND MUNICIPAL ORDINANCE.

OWNER MIKE CLANCY

MAILING ADDRESS, PRESENT: 105 MALMY DRIVE, BRICKTOWN, N.J.

MAILING ADDRESS OF PROPOSED WATER SUPPLY: SAME

Property location and directions to proposed supply ICE PLANT 88 TOWARDS POINT PLEASANT, ON LEFT SIDE — Blk 1033-28 Lot 8

PURPOSE OF WELL: New Supply ____ Replacement X Supplement ____

To be used as: Individual Potable supply ____ Other (explain) IRRIGATION

Estimated depth of well Min. 60 Max 70 Size of casing (ID) 2"

TYPE OF CASING: Material PVC Grade SCH 40 Weight — Thickness —

Type & Method of Joints SLIP Method of Installation AUGER

If rotary or power auger, size of hole: 6"

Material and method of sealing sides of hole: GROUT

Type, depth & Method of grouting: CEMENT GROUT

Type, size (diameter & length) of well screen: WELL POINT, .012" (2" x 5')

Method of disinfecting well, lines, pump, & tank: CHLOROX

Method of sealing well and drop lines: —

Tank capacity, drawdown, type: 30 GAL

Type & H.P. ratings of pump: JET 1 HP Mfg. capacity rating GPM 5 at 22 ft. lift —

Type & size of suction, jet or submersible pump lines —

Number of plumbing fixtures & watering outlets in proposed building: KITCHEN, BATH 1½ & HOSE-BIBBS

Future expansion of water use if known: —

Well, pump, tank will produce 5+ GPM after 4 hrs. constant flow at 20 psi min.

State Well drilling permit obtained: Yes X No ____ Number # 29-16885

Well to be installed by: TED GOODES Well Driller Lic. # 1121 Tel. # 270-3487

Well Drillers Signature [signature] Well Drillers Address PO BOX 4612, TOMS RIVER, N.J.

As authorized by owner: (signature only) Michael Clancy Date 7-14-86

STATEMENT:

Approved water supply proposal is required before a building permit can be issued and is to be submitted simultaneously with septic application when applicable to new construction. A Certificate of Compliance is required before this well can be placed into use, and will not be issued without an "as built log," including any equipment used, other than listed above, especially actual volume/pressure of installation. Bacteriological and chemical analysis report from a certified laboratory is required. Location of the well will be as shown on