

RECEIVED

JUN 01 1994



# CONSTRUCTION PERMIT APPLICATION

**DIV. OF INSPECTION** **Applicant Completes: Sections I, II, III (optional), IV, VI and VII**

## I. IDENTIFICATION

1. Proposed Work-site at: 105 Malmy Drive Bridge
2. Name of Owner in Fee: Michael P. Kathryn Clancy
- Address 105 Malmy Drive Bridge 08724  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_
4. Principal Contractor: East Coast Installations Tel. ( 908 ) 390-0404
- Address 729 Rte 18 East Brunswick NJ 08816
- License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_
5. Architect or Engineer \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_
- Address \_\_\_\_\_
6. Responsible Person  
In Charge of Work \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

## II. PROPOSED WORK

1. ☐ Minor Work  
(single trade).
2. ☐ Small Job (\$5,000  
and no prior  
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical *force*
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

| Est | Cost |
|-----|------|
|-----|------|

500

$$540 \frac{\infty}{y}$$
**OPTIONAL (for office use only)**[illegible]

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

## IV DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- |                                                                                     |                                                                      |                                                                 |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input type="checkbox"/> Elevators/Éscalators/Lifts/<br>Dumbwaiters/Moving Walks | 3. <input type="checkbox"/> Pressure Vessels                         | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly   |
| 2. <input type="checkbox"/> High Pressure Boilers                                   | 4. <input type="checkbox"/> Refrigeration Systems                    | 7. <input type="checkbox"/> Sprinklers                          |
|                                                                                     | 5. <input type="checkbox"/> Cross-Connections/Backflow<br>Preventers | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells |
|                                                                                     |                                                                      | 9. <input type="checkbox"/> Underground Storage Tanks           |

**V. FEE SUMMARY (for office use only)**

|                                      |         | Update | Update |
|--------------------------------------|---------|--------|--------|
| 1. Building                          | \$ 35 - |        |        |
| 2. Electrical                        |         |        |        |
| 3. Plumbing                          |         |        |        |
| 4. Fire Protection                   |         |        |        |
| 5. Other <i>flue</i>                 | 8 -     |        |        |
| 6. Subtotal                          | \$ 43 - |        |        |
| 7. Less 20% for<br>State Plan Review | 5 -     |        |        |
| 8. Subtotal                          | \$      |        |        |
| 9. DCA Training Fee                  | 1 -     |        |        |
| 10. Subtotal                         | \$      |        |        |
| 11. Cert. of Occupancy               | 20 -    |        |        |
| 12. Other                            |         |        |        |
| 13. TOTAL                            | \$ 69 - |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories \_\_\_\_\_
2. Height of Structure \_\_\_\_\_ ft.
3. Area—Largest Floor \_\_\_\_\_ sq. ft.
4. Building Area—All Floors \_\_\_\_\_ sq. ft.
5. Volume of Structure \_\_\_\_\_ cu. ft.
6. Construction Classification \_\_\_\_\_
7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.
8. Flood Hazard Zone \_\_\_\_\_
9. Base Flood Elevation \_\_\_\_\_ ft.
10. Wetlands    yes \_\_\_\_\_ sq. ft.  
                          no \_\_\_\_\_
11. Fire Grading \_\_\_\_\_
12. Max. Live Load \_\_\_\_\_
13. Max. Occupancy Load \_\_\_\_\_

## VII. DESCRIPTION OF BUILDING USE

☒ A. RESIDENTIAL

1. ☐ Hotels (R-1)  
2. ☐ Multi-Family (R-2)  
3. ☐ Two-Family (R-3) BOCA  
4. ☐ Two-Family (R-4) CABO  
5. ☒ One-Family (R-3) BOCA  
6. ☐ One-Family (R-4) CABO
- No of dwelling units: \_\_\_\_\_  
Before Construction \_\_\_\_\_  
After Construction \_\_\_\_\_  
Net gain or loss \_\_\_\_\_

### B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10412088

20K

## CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building      C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical      C.4. ☐ Plumbing

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

COMMENTS

IMPORTANT  
A.H.B.T. - EXEMPT

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)          | LOCAL APPROVAL    |               | COUNTY APPROVAL     |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            |
|---------------------------------------------------------------|-------------------|---------------|---------------------|------------|-------------------|------------|-------------------|------------|
|                                                               | Prelimin. Initial | Final Date    | Prelimin. Initial   | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |
| <input type="checkbox"/> Planning Board                       |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Zoning Board                         |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Sewer Authority                      |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Water Authority                      |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Fire Department                      |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Police Department                    |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Health Department                    |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Soil Conservation                    |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/> Utility Dig No.                      |                   |               |                     |            |                   |            |                   |            |
| <input checked="" type="checkbox"/> Other <i>Zoning</i>       | <i>JK</i>         | <i>6/1/94</i> | <i>Post + fence</i> |            |                   |            |                   |            |
| <input type="checkbox"/>                                      |                   |               |                     |            |                   |            |                   |            |
| <input type="checkbox"/>                                      |                   |               |                     |            |                   |            |                   |            |

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| Electrical _____       | Barrier Free _____             |       |
| Plumbing _____         | Flood Hazard _____             |       |
| Fire Protection _____  | As Built Elevation Cert. _____ |       |
| Mechanical _____       | Other _____                    |       |

X. CERTIFICATES ISSUED (office use only)

|                                                             | DATE EXPIRED |
|-------------------------------------------------------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____    |
| <input type="checkbox"/> Certificate of Approval            | No. _____    |
| <input type="checkbox"/> None                               |              |



# CONSTRUCTION PERMIT

Date issued 6/8/94  
Control #  
Permit # 1320-94

IDENTIFICATION Block 1033.28 Lot 8

Work Site Location 10571 Madison Dr. Contractor East Coast Contracting

Owner in Fee Michael C. Coney Address \_\_\_\_\_

Address 10571 Madison Dr. Tele. (\_\_\_\_) \_\_\_\_\_ 1320#

Tele. (\_\_\_\_) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 0.00

Federal Emp. No. \_\_\_\_\_ 1033.28 #

or Social Security No. \_\_\_\_\_ LOT \_\_\_\_\_ 0.00

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER \_\_\_\_\_  
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

0.4 Pool & fence

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 \$ 51000 Na. C. Coney

| PAYMENTS (Office Use Only) |                  | D #   |
|----------------------------|------------------|-------|
| Building <u>3.5</u>        | BUILDING         | 15.00 |
| Plumbing                   | PLUMBING         | 8.00  |
| Electrical                 | ELECTRICAL       | 5.00  |
| Fire Protection            | FIRE PROT.       | 1.00  |
| Other <u>1.00</u>          | OTHER            | 10.00 |
| Other <u>1.00</u>          | OTHER            | 9.00  |
| DCA Training Fee <u>1</u>  | DCA TRAINING FEE | 0.00  |
| Cert. of Occ. <u>20</u>    | CERT. OF OCC.    |       |
| Other <u>0.00</u>          | OTHER            | 13.27 |
| Total <u>10.00</u>         | TOTAL            |       |
| Check No. <u># 00128</u>   | CHECK NO.        |       |
| Cash                       | CASH             |       |
| Collected By: <u>NA</u>    | COLLECTED BY     |       |



Date Received  
Date Issued  
Control #  
Permit #

6/8/94

1320-94

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

Block 1033-28 Lot 8

Work Site Location 105 Malmy Drive

Owner in Fee 105 Michael P. + Kathryn Clancy

Address 105 Malmy Drive

Telephone [REDACTED]

Contractor East Coast Installations

Address 129 PE 18

Telephone East Brunswick NJ 08816

U.C. No. or Bids. Reg. No. 390-0404

Federal Emp. No. or Social Security No.

| JOB SUMMARY (Office Use Only)                                                                |               |
|----------------------------------------------------------------------------------------------|---------------|
| PLAN REVIEW                                                                                  | Date Initial  |
| <input type="checkbox"/> No Plans Req.                                                       | Type: Footing |
| <input type="checkbox"/> All                                                                 | Foundation    |
| <input type="checkbox"/> Footing                                                             | Slab          |
| <input type="checkbox"/> Foundation                                                          | Frame         |
| <input type="checkbox"/> Other                                                               | Insulation    |
| Joint Plan Review Required:                                                                  | Finishes:     |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire | Energy        |
| SUBCODE APPROVAL                                                                             | Mechanical    |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO                                     | TCO           |
| Date: 6/8/94                                                                                 | Other         |
| Approved By: [Signature]                                                                     | Final         |

B. BUILDING CHARACTERISTICS

| Use Group                   | Present | Proposed |
|-----------------------------|---------|----------|
| Constr. Class               |         |          |
| No. of Stories              |         |          |
| Height of Structure         |         |          |
| Area-Largest Floor          |         |          |
| Total Bldg. Area/All Floors |         |          |
| Volume of Structure         |         |          |
| Total Land Area Disturbed   |         |          |

Est. Cost of Bldg. Work:  
1. New Bldg. \$  
2. Alteration \$  
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 Kathryn Clancy

D. TECHNICAL SITE DATA

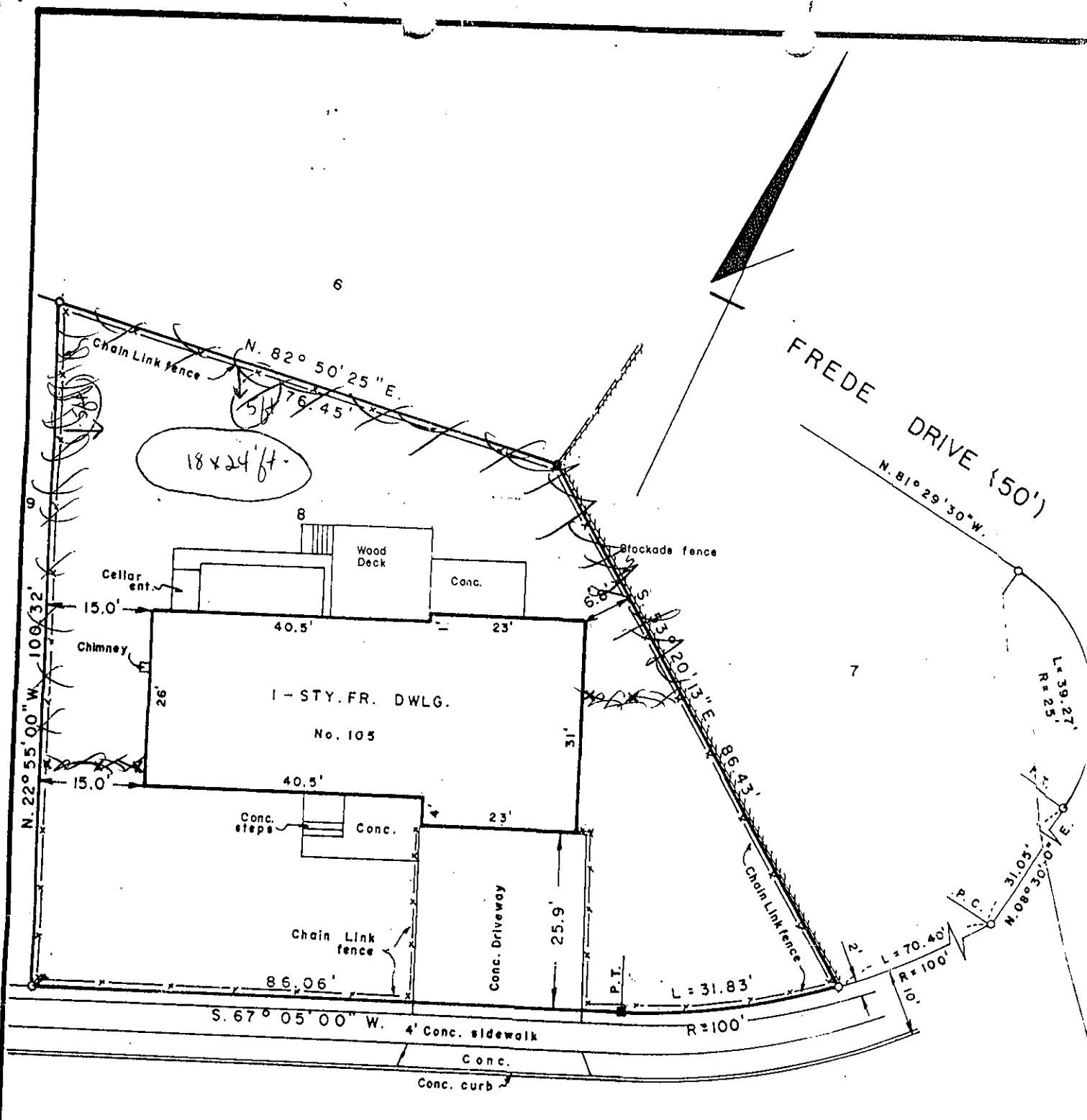
DESCRIPTION OF WORK

18x24 foot above ground pool - 52" deep  
detachable steps, swing-up on ladder -  
ladder will be fenced in with chain link  
fence and gate.  
6 foot privacy fence around entire property

| TYPE OF WORK:                               | (Office Use Only) |
|---------------------------------------------|-------------------|
| <input type="checkbox"/> New Building       | \$                |
| <input type="checkbox"/> Addition           |                   |
| <input type="checkbox"/> Alteration         |                   |
| <input type="checkbox"/> Roofing            |                   |
| <input type="checkbox"/> Siding             |                   |
| <input type="checkbox"/> Other              |                   |
| <input type="checkbox"/> Demolition         |                   |
| <input type="checkbox"/> Miscellaneous      |                   |
| <input type="checkbox"/> Fence              | Height            |
| <input type="checkbox"/> Sign               | Sq. Ft.           |
| <input checked="" type="checkbox"/> Pool    |                   |
| <input type="checkbox"/> Elevator           |                   |
| <input type="checkbox"/> Asbestos Abatement |                   |
| <input type="checkbox"/> Other              |                   |

| Administrative Surcharge              |             |
|---------------------------------------|-------------|
| Paid <input type="checkbox"/> Check # | Minimum Fee |
| Collected by: TOTAL FEE               | \$          |





CERTIFIED TO: **MALMY**  
 Michael P. Clancy & Kathryn, h/w  
 Jersey Shore Savings and Loan Association,  
 and/or its assigns  
 Continental Title Insurance Company  
 R.S. Gasiorowski, Esq.

DRIVE (50')  
 6/1/94 Sea King  
 pool  
 fence

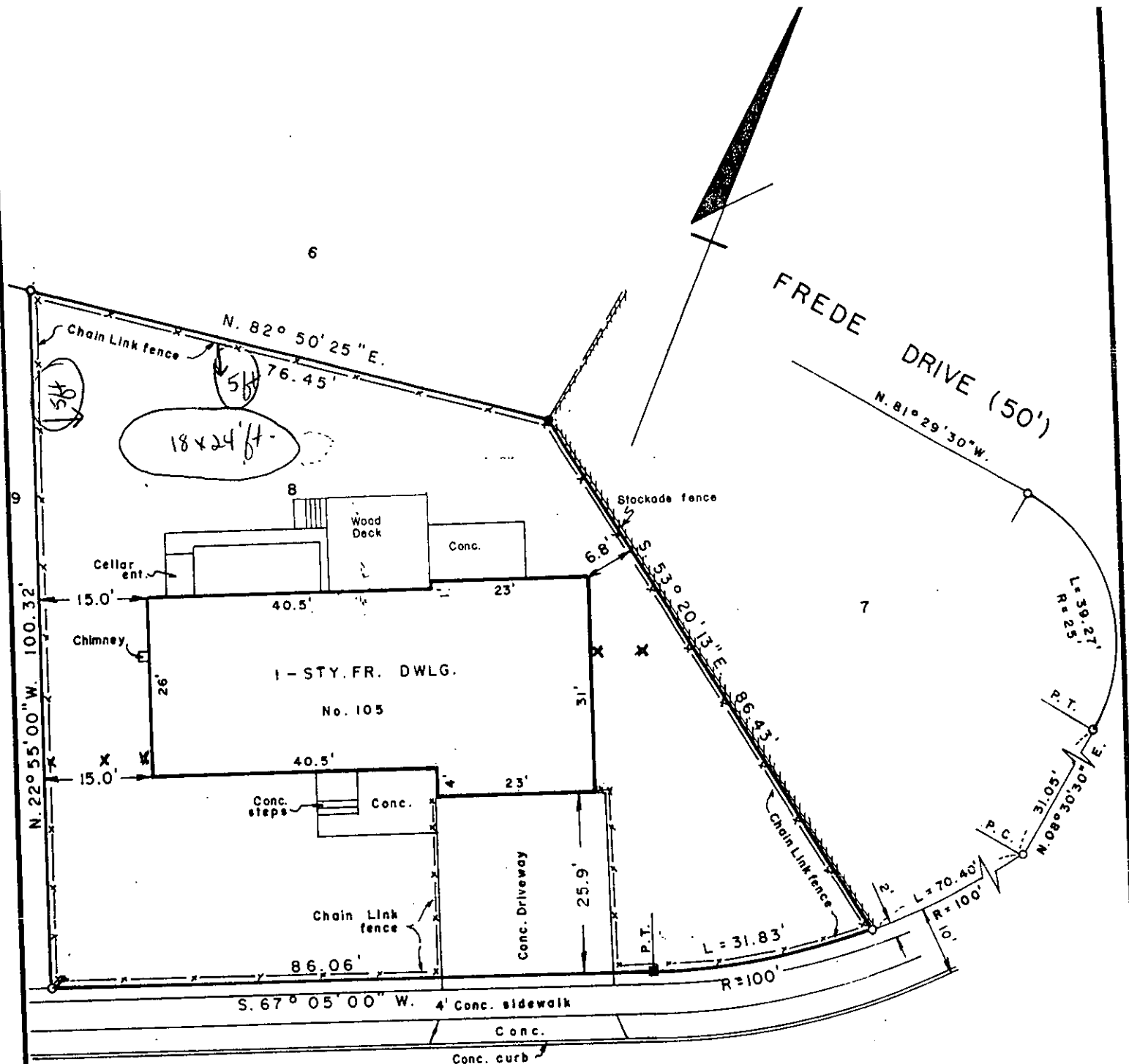
SURVEY OF  
**LOT 8 BLOCK 1033-28**  
**TOWNSHIP OF BRICK**  
**OCEAN COUNTY, NEW JERSEY**

THIS CERTIFICATION IS MADE ONLY TO THE ABOVE-NAMED PARTIES FOR THEIR EXCLUSIVE USE. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR TO ANY OTHER PERSON OTHER THAN THE PARTIES NAMED HEREIN OR THE PARTIES MORTGAGEE. THE ACCURACY OF THIS SURVEY IS LIMITED EXCLUSIVELY TO FIELD CONDITIONS THAT WERE IN EXISTENCE ON THE DATE REFERRED TO HEREIN.

A/K/A Lot 8 Block 28 on a map entitled "Section D & Part of Section C, Point Pleasant Manor Brick Township, Ocean County, New Jersey dated Aug. 7, 1957 & filed in the Ocean County Clerk's office Aug. 20, 1958 as Map D-52.

UPDATE Apr. 8, 1985 No Stakes

|                                                                                                                                   |                                                                                    |                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>ROBERT B. POWERS</b><br>PROFESSIONAL ENGINEER & LAND SURVEYOR<br>NO. L.S. No. 5463<br><i>Robert B. Powers</i><br>PE. L.S. 9463 | <b>CENTRAL JERSEY ENGINEERS, INC.</b><br>1182 Ocean Avenue<br>Lakewood, N.J. 08701 | SCALE: 1" = 20'<br>DRAWN BY: L.S. CHK'D BY: L.V.<br>JOB NO.: 1303<br>DATE: SEP. 2, 1975 |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|



MALMY

DRIVE

CERTIFIED TO:  
Michael P. Clancy & Kathryn, h/w  
Jersey Shore Savings and Loan Association,  
and/or its assigns  
Continental Title Insurance Company  
R.S. Gasiorowski, Esq.

SURVEY OF

LOT 8 BLOCK 1033-28  
TOWNSHIP OF BRICK  
OCEAN COUNTY, NEW JERSEY

THIS CERTIFICATION IS MADE ONLY TO THE ABOVE-NAMED PARTIES FOR THEIR EXCLUSIVE USE. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR TO ANY OTHER PERSON OTHER THAN THE PARTIES NAMED HEREIN OR THE PARTIES MORTGAGEE. THE ACCURACY OF THIS SURVEY IS LIMITED EXCLUSIVELY TO FIELD CONDITIONS THAT WERE IN EXISTENCE ON THE DATE REFERRED TO HEREIN.

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ROBERT B. POWERS

PROFESSIONAL ENGINEER & LAND SURVEYOR  
No. L.S. No. 9463

PE. L.S. 9463

CENTRAL JERSEY ENGINEERS, INC.

1182 Ocean Avenue  
Lakewood, N.J. 08701

SCALE: 1" = 20'

DRAWN BY: L.S.

CHK'D BY: L./V

JOB NO.: 1303

DATE: SEP. 2, 1975

ADDOLPHUS



Swim n Play, Inc.  
*Makers of Fine Above Ground Pools*

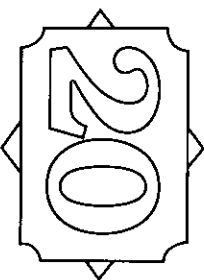
# ADOLPHUS

## SPECIFICATIONS AND FEATURES

- LEDGE** 7-in aluminum ribbed for additional strength. Designed for proper water runoff.
- VERTICAL** 6-in box aluminum - solid one piece construction. Complete with accent strip.
- RAILS** Aluminum 1" rectangular universal top and bottom rails.
- PLATES** Aluminum universal top and bottom plates.
- COVERS** Full contoured design - structural foam for greater strength - complete with anchor medallion stainless steel top cover hardware.
- ASSEMBLY** Universal sub-structure combined with modular ledges and verticals provides a post-lock frame construction for easy assembly.
- METAL PROTECTION** Alkaline and alodine cleaners. Full coat of baked outdoor enamel weather bond paint.
- LINER PROTECTOR** Extruded vinyl edging.
- WALL** Patented four-bar closure system insures proper assembly and maximum strength (US Patent #4223498). Walls are of walls provide vertical strength. Skimmers scored for installation of thru-wall-skimmers and return fittings.
- WALL DECOR** Wood grain plank pattern aluminum.

## SPECIFICATIONS AND FEATURES FOR POLE POOLS

- SPACE SAVER** The original pole pool allows for a larger pool to be installed because no additional area is required for buttress braces as found on standard oval pools.
- STRUCTURALS** Massive extruded aluminum pole supports. Pre-assembled pole cups and straps. Aircraft strength woven cable. Volleyball net included.



Twenty year limited warranty  
first two seasons,  
no charge for  
parts.



**WARNING:**

**NO DIVING**  
SHALLOW WATER

**POOLS ARE**

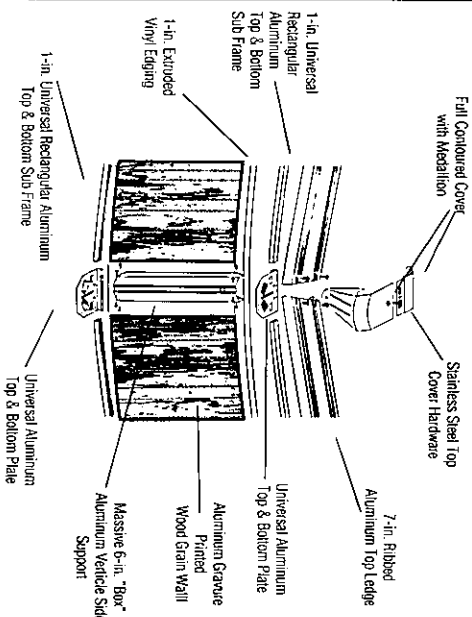
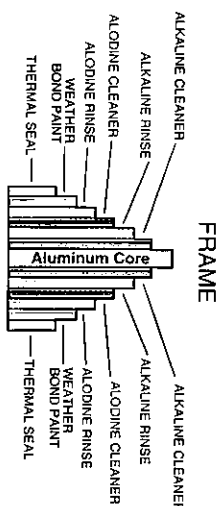


**NOT DESIGNED**  
FOR DIVING OR  
JUMPING



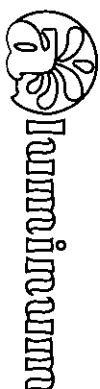
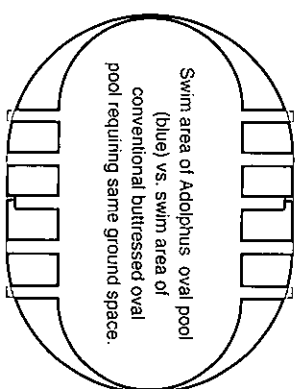
**MEMBER**  
NATIONAL SPA & POOL  
INSTITUTE

Manufacturer reserves the right to alter specifications without notice. All pool sizes are approximate.



### DECOR

Rich grange-printed maple plank aluminum woodgrain wall. Contrasting almond frame brown contoured top ledge covers, and feature strips.



### POOL SIZES AND CAPACITIES

| SIZE<br>(approximate)    | CAPACITY    |
|--------------------------|-------------|
| 12-ft. x 8-ft. x 48-in.  | 2,500 gal.  |
| 15-ft. x 10-ft. x 48-in. | 3,844 gal.  |
| 18-ft. x 12-ft. x 48-in. | 5,525 gal.  |
| 21-ft. x 15-ft. x 48-in. | 7,980 gal.  |
| 24-ft. x 18-ft. x 48-in. | 10,830 gal. |

**Swim in Play, Inc.**  
*Makers of Time Above Ground Pools*

313 Regina Avenue  
Rahway, NJ 07065-4891  
Phone: (908) 574-1500  
Fax: (908) 574-1551



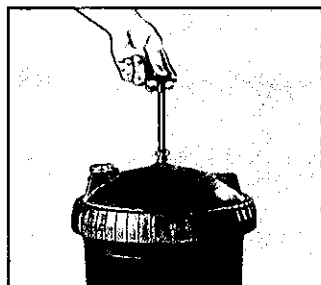
# The LANDSLIDE™ D.E. Filter by Jacuzzi.



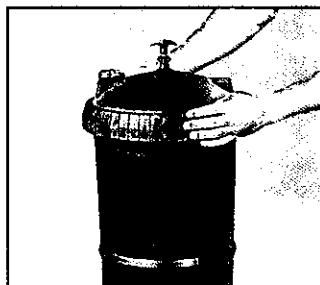
## An "Earth-Shattering" Difference.

It's true! Jacuzzi's new LANDSLIDE™ D.E. filter features the newest, most efficient way ever to regenerate diatomaceous earth and extend the filter cycle on your pool.

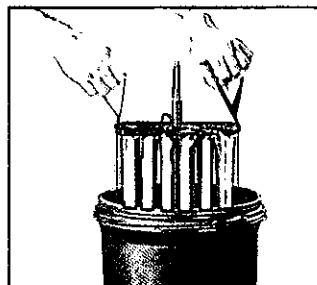
And that's not all! Available in 40, 55, and 70 GPM models for above-ground or moderate sized in-ground installations, the LANDSLIDE™ offers an avalanche of other user-friendly features:



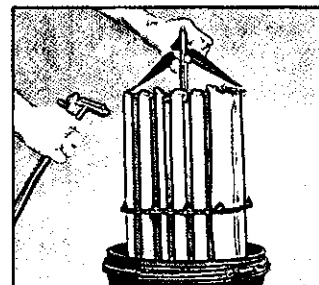
1. The unique wiper plate design allows for D.E. regeneration and longer filter cycles.



2. A simple twist of the threaded Ring-Lok™ gives access to the grid assembly.

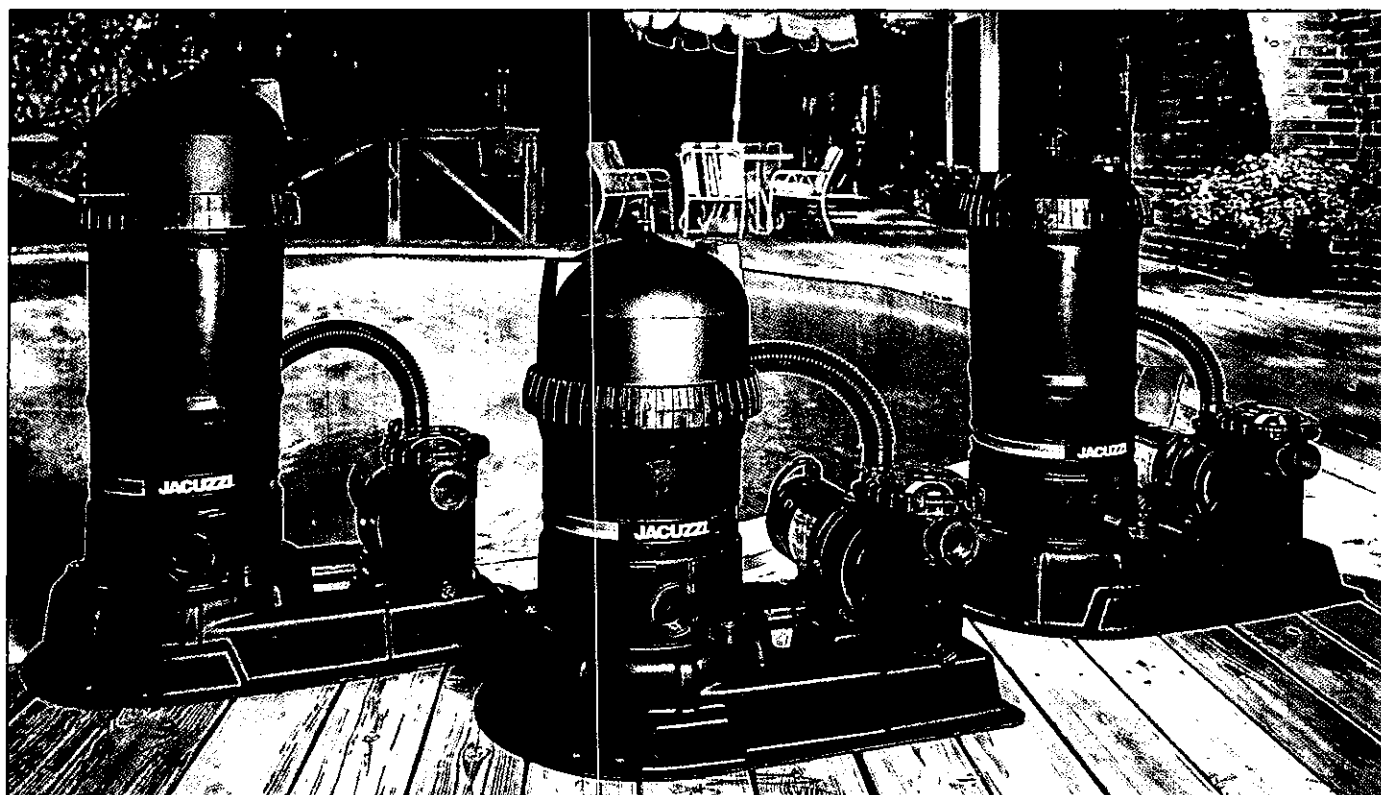


3. Convenient strap handles make removing the vertical grid assembly easy.

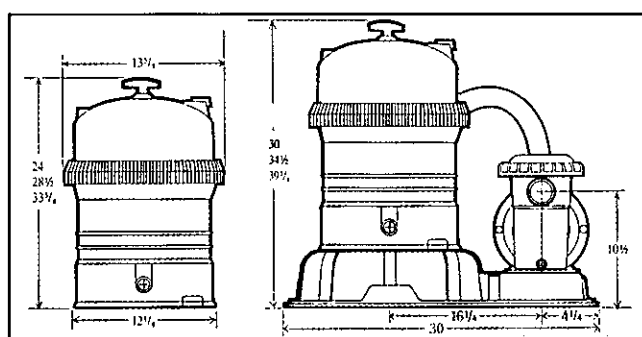


4. The inside grids can be sprayed clean with an ordinary garden hose.

The LANDSLIDE™ D.E. Filter by  
**JACUZZI®**



■ The LANDSLIDE™ D.E. Filter combines with the popular Ring-Lok™ LR pump to create a user-friendly system.



#### ■ Filter Performance

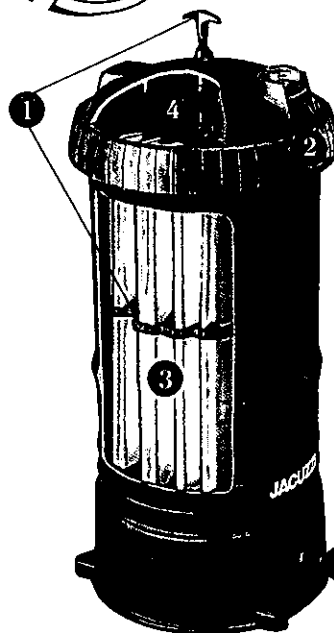
| Model | Flow Rate<br>GPM | Total Gallons Circulated |         | D.E. Req'd |
|-------|------------------|--------------------------|---------|------------|
|       |                  | 6 Hours                  | 8 Hours |            |
| LS40  | 40               | 14,400                   | 19,200  | 3 scoops   |
| LS55  | 55               | 19,800                   | 26,400  | 4 scoops   |
| LS70  | 70               | 25,200                   | 33,600  | 5 scoops   |

#### ■ Filter System Performance

| Model       | HP    | Full Load<br>Amps | Maximum<br>Filter Capacity | D.E. Req'd |
|-------------|-------|-------------------|----------------------------|------------|
| LS40-S7LR6  | 3/4   | 8.2               | 40GPM                      | 3 scoops   |
| LS40-S1LR6  | 1     | 9.9               | 40GPM                      | 3 scoops   |
| LS40-S15LR6 | 1 1/2 | 13.3              | 40GPM                      | 3 scoops   |
| LS55-S1LR6  | 1     | 9.9               | 55GPM                      | 4 scoops   |
| LS55-1LRDV  | 1     | 11.6/5.8          | 55GPM                      | 4 scoops   |
| LS55-S15LR6 | 1 1/2 | 13.3              | 55GPM                      | 4 scoops   |
| LS70-S1LR6  | 1     | 9.9               | 70GPM                      | 5 scoops   |
| LS70-S15LR6 | 1 1/2 | 13.3              | 70GPM                      | 5 scoops   |
| LS70-15LRDV | 1 1/2 | 17/8.5            | 70GPM                      | 5 scoops   |



1. Wiper plates can be moved up and down with the convenient T-handle to regenerate D.E. without disassembling the filter. This provides longer filter cycles between cleanings.



2. Jacuzzi's Ring-Lok™ allows easy access with a simple twist. No bolts. No clamps. No tools.

3. Modular grid assembly allows easy one piece removal for inspection and cleaning. Disassembles and reassembles without tools. Straight vertical grids reduce bridging and provide more uniform flow during filtration.

4. Convenient strap handles makes removing the grid assembly easy.

5. Bottom inlet and outlet makes installation easy.

*Making a Difference.*

**JACUZZI®**