

SERIAL # **53437**

DWR-133
(2/92)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENT PROTECTION & ENERGY
TRENTON, NJ

EMERGENCY

Permit No. **28-30425**

8/7/92

Mail to

Water Allocation
CN 029
Trenton, NJ 08625

PERMIT TO DRILL WELL

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

COORD # **28 14 999**

Owner STEVE ALTMAN
Address 52 DAUM RD.
MANALAPAN, NJ 07726
Name of Facility (1) FAMILY HOUSE
Address SAME AS ABOVE

Driller PICKWICK WELL DRILLING
Address P.O. Box 6
FARMINGDALE, NJ 07727

Diameter of Well	<u>4</u> Inches	Proposed Depth of Well	<u>90</u> Feet
Proposed Capacity of Pump	<u>12</u> GPM	Method of Drilling (cable-tool, rotary, etc.)	<u>ROTARY</u>
Use of Well (See Reverse)	<u>DOMESTIC (REPLACEMENT)</u>		
Drinking Water Supply?	yes (see # 6 on reverse) <u>no</u>		

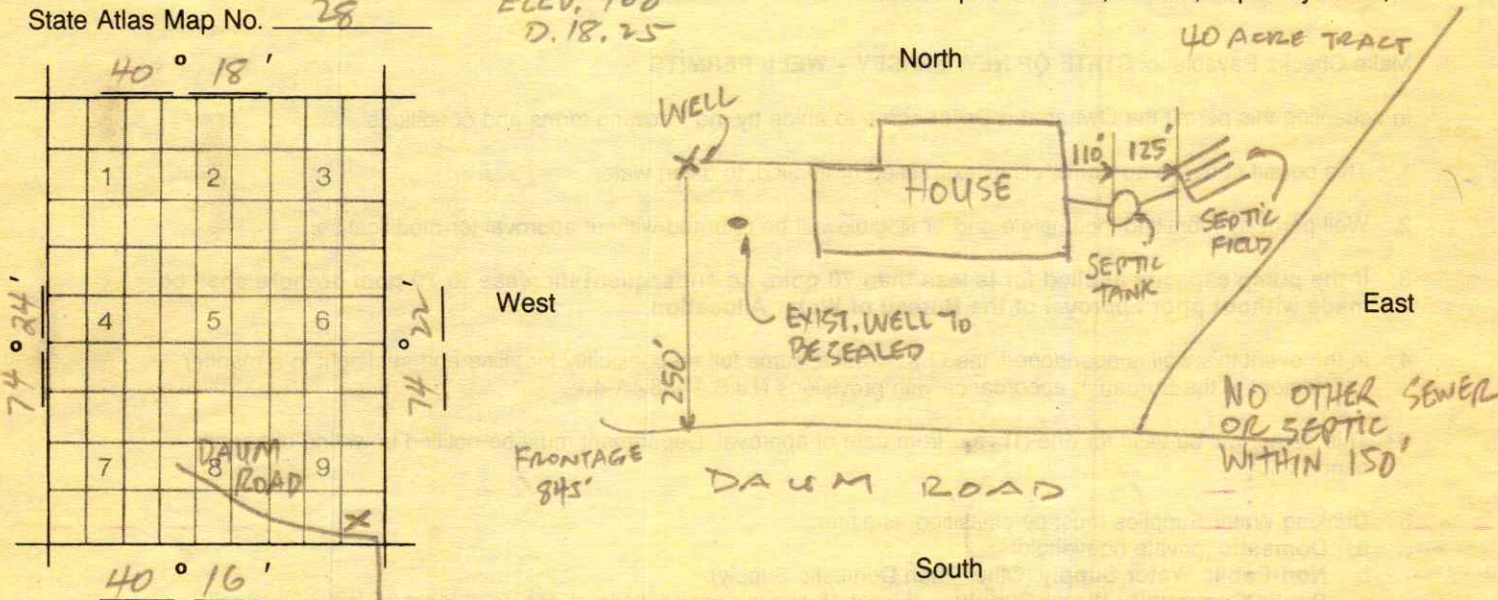
LOCATION OF WELL

Lot #	Block #	Municipality	County
<u>70</u>	<u>19.02</u>	<u>MANALAPAN</u>	<u>MONMOUTH</u>

State Atlas Map No. 28

ELEV. 100'
D. 18.25'

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.

- ☒ **DOMESTIC/PUBLIC NON-COMMUNITY** 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.
- ☐ **DOMESTIC IRRIGATION SUPPLY** - No piping from the well for which the permit applies shall enter any building.
- ☐ **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. A two hour pump test must be performed on the return well at a rate of 1 1/2 times the estimated return flow of water.
- ☐ **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.
- ☒ **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.
- ☐ **GEOPHYSICAL LOGS** of this well must be made. Permanent pumping equipment **SHALL NOT** be installed until such logs are made.
- ☐ **SAMPLES** of cuttings required every _____ feet or change in material.
- ☐ **MINIMUM** distance requirements as per N.J.A.C. 7:10-12.13 have not been met - see attached additional 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
Dept. of Environmental Protection
Water Resources/Water Allocation
AUG 7 1992

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

Date 8/7/92

Signature of Driller Norman P. Most License No. J1040

Signature of Owner Steve Altman

COPIES:

Water Allocation — White

Health Dept. — Yellow

Owner — Blue

Driller — White

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE DEPT.

USE OF WELL: Domestic
Fire
Geothermal
Heat Pump
Industrial
Injection
Irrigation

Livestock
Non-Public
Oil & Gas Exploration
Public Community Water Supply
Public Non-Community Water System
Recharge
Replacement/Type of Well (Specify)
Test

Owner
Address
Name of Facility
Address

LOCATION OF WELL

Lot #
Block #
Municipality
County

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

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. Well permits, submitted incomplete and/or illegible will be returned without approval for modification.
3. 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 Bureau of Water Allocation.
4. In the event this well is abandoned, the Owner will assume full responsibility for filling and sealing it in a manner satisfactory to the Bureau in accordance with provisions N.J.S.A. 58:4A-4.1.
5. This permit will be valid for one (1) year from date of approval. Department must be notified in writing of permit cancellation.
6. Drinking Water Supplies must be classified as either:
 - a. **Domestic** (private household)
 - b. **Non-Public Water Supply** (Other Than Domestic Supply).
 - c. **Public Community Water Supply** - at least 15 service connections or serves at least 25 individuals daily (municipal supply, community well, mobile home parks, etc.)
 - d. **Public Non-Community Water Supply** (campgrounds, restaurants, hospitals, etc.)
7. A well record must be filed with the Bureau of Water Allocation within sixty (60) days after the well is completed.
8. This permit is NONTRANSFERABLE.
9. All wells to be used as a drinking water supply should be tested in accordance with the requirements of the appropriate county/municipal Health Department.

REPLACEMENT WELL - Existing well must be sealed by a certified third party. A record of the sealing must be filed with the Bureau of Water Allocation. (Check box)

INDUSTRIAL SUPPLY - A well used for industrial purposes shall be sealed by the owner. A record of the sealing must be filed with the Bureau of Water Allocation. (Check box)

HEAT PUMP WELLS - Wells must be sealed by the owner. A record of the sealing must be filed with the Bureau of Water Allocation. (Check box)

DOMESTIC NON-PUBLIC SUPPLY - A well used for domestic purposes shall be sealed by the owner. A record of the sealing must be filed with the Bureau of Water Allocation. (Check box)

PUBLIC COMMUNITY WATER SUPPLY - A well used for public community water supply shall be sealed by the owner. A record of the sealing must be filed with the Bureau of Water Allocation. (Check box)

PUBLIC NON-COMMUNITY WATER SUPPLY - A well used for public non-community water supply shall be sealed by the owner. A record of the sealing must be filed with the Bureau of Water Allocation. (Check box)

1741

No. _____

TOWNSHIP OF MANALAPAN

-- BOARD OF HEALTH --

Application For A Permit To Locate, Construct and Alter
an Individual Water Supply and System

DATE 6/22/92

LOCATION - ADDRESS 52 Daum Rd. or BLOCK No. 70 LOT No. 19.02
Number Street

OWNER (print) Mr & Mrs. Steve Altman

PRESENT ADDRESS 52 Daum Rd Manalapan

NAME & ADDRESS OF CONTRACTOR (print) McGordy Well Drilling
429 Farmingdale Rd. Jackson NJ 08527

TYPE OF BUILDING TO BE SERVED HOUSE USE: YEARLY YES SUMMER _____

Dwelling Unit - Number of Bedrooms _____ Expansion Attic: YES _____ NO _____

Other - Type of Building _____ Gallons per Person _____

Type of well or source of water supply DOMESTIC REPLACEMENT

Estimated depth of well 90 FT Method of sealing CABLE TOOL

Pumping Equipment 1/2 HP Submersible

Storing Facilities 40 gal CM 203 TANK

Purification Facilities chlorination

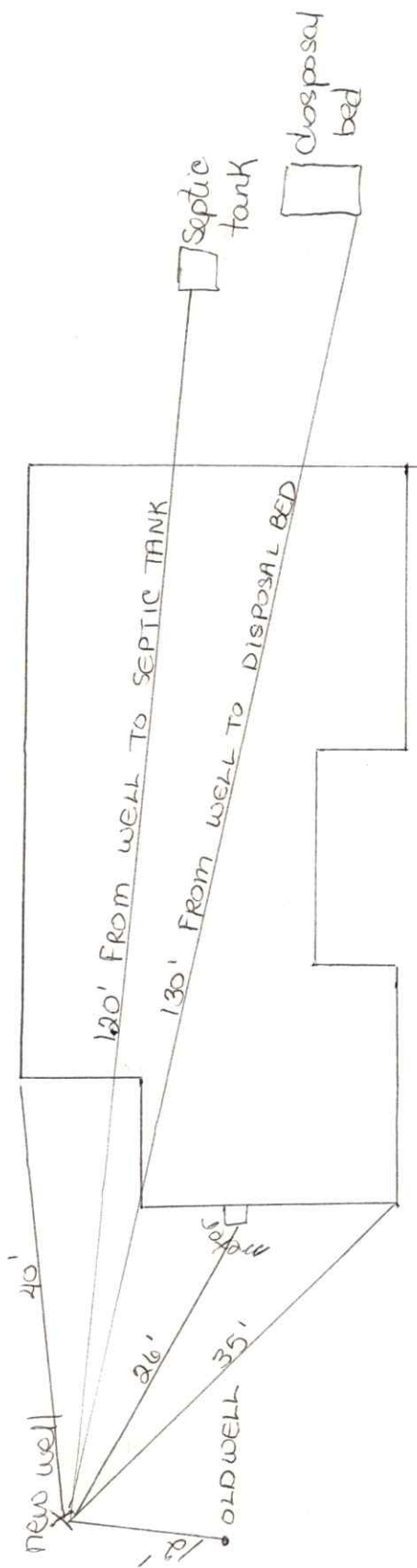
ON OTHER SIDE SKETCH OF THE PROPERTY TO BE SERVED SHOWING THE FOLLOWING:

- A. Size of lot
- B. Area in Square Feet
- C. Location of all Buildings
- D. Location of the proposed individual water supply
- E. Location of sewer facilities

The undersigned agree to construct or alter aforescribed water supply in accordance with the provisions of an ordinance entitled: "AN ORDINANCE establishing a code regulating the location, construction, alteration, use and supervision of individual and semipublic water supplies, requiring certain permits, providing for the inspection of such supplies, the fixing of fees and prescribing penalties for violations" adopted by the Board of Health.

Owner Steve Altman (B.V.)

Contractor Loew Van Dusen



LAND SIZE APPROX. 40 ACRES

NO OTHER SEPTICS WITHIN 100' OF NEW WELL
 APPROX FROM NEAREST ROAD

No. _____

TOWNSHIP OF MANALAPAN

--BOARD OF HEALTH--

APPLICATION FOR A PERMIT TO LOCATE, CONSTRUCT and ALTER
an INDIVIDUAL WATER SUPPLY and SYSTEM

DATE 8/7/92

LOCATION - ADDRESS SV DAUM RD., MANALAPAN or

BLOCK No. 19.02 LOT No. 70

OWNER (print) STEVE ALTMAN

PRESENT ADDRESS SV DAUM RD., MANALAPAN, NJ 07726

NAME & ADDRESS OF CONTRACTOR (print) PICKWICK WELL DRILLING

10 Water Street * P.O. Box 6 * Farmingdale, NJ 07727 * 908-938-5300

TYPE OF BUILDING TO BE SERVED (1) Family Res. USE: YEARLY X SUMMER _____

Dwelling Unit - Number of Bedrooms 3

Expansion Attic: YES _____ NO ✓

Other - Type of Building no Gallons per Person 75

Type of well or source of water supply 4" CASED WELL

Estimated depth of well 90'

Method of sealing BENTONITE GROUT FULL DEPTH ^{SANITARY WELL SEAL} ~~PITLESS ADAPTER~~

Pumping Equipment (1/2) HP ^{JET} SUBMERSIBLE PUMP

Storing Facilities EXTROL TYPE TANK (82 gal. equivalent, min.)

Purification Facilities HTH Cl₂ (1000 ppm Sanitize)

ON OTHER SIDE SKETCH OF THE PROPERTY TO BE SERVED SHOWING THE FOLLOWING:

- A. Size of lot
- B. Area in square feet
- C. Location of all Buildings
- D. Location of the proposed individual water supply
- E. Location of sewer facilities

The undersigned agree to construct or alter aforescribed water supply in accordance with the provisions of an ordinance entitled: "AN ORDINANCE establishing a code regulating the location, construction, alteration, use and supervision of individual and semipublic water supplies, requiring certain permits, providing for the inspection of such supplies, the fixing of fees and prescribing penalties for violations" adopted by the Board of Health.

Owner Steve Altman, per [Signature]

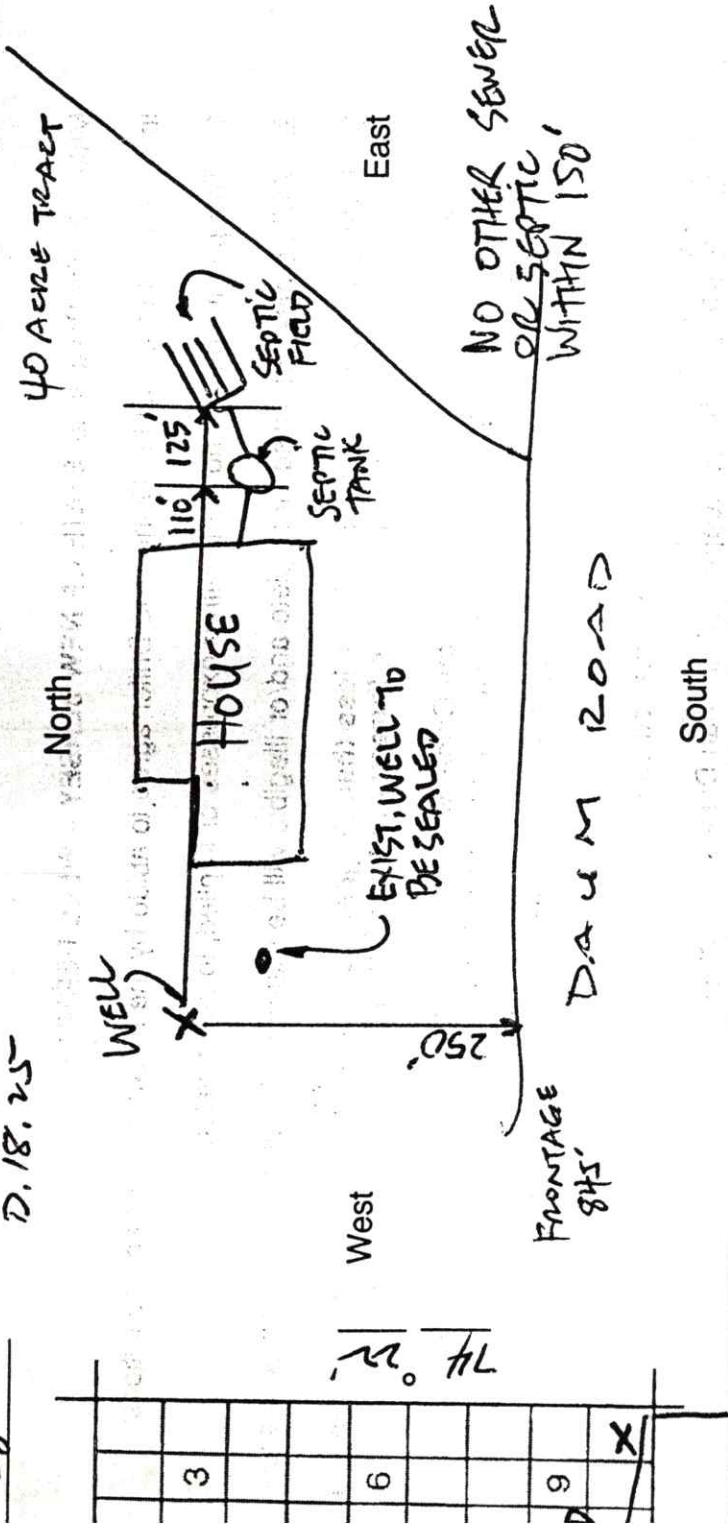
Contractor Norman Pimental J1040

Drinking Water Supply? ☒ yes (see # 6 on reverse) ☐ no

02	Municipality MANALAPAN	County MONMOUTH
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ELEV. 100'
D. 18.25-

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

[illegible]

Board of Health No 4383
TOWNSHIP OF MANALAPAN

FEE \$ 90

Date MARCH 22 2006

Permit to Construct a Septic System - expires

Permit to Alter/Repair Septic System - expires

Renewal of Septic System Permit - expires

Permit to Construct a Wall (New Replacement)

Witness Soil Test*

Permission is hereby granted to APOLLO SENER

Address 110 WEST FRONT ST KEYPORT NJ 07731

To perform the above stated work at Block 70 Lot 19.02

In accordance with the regulations of the Board of Health of the Township of Manalapan.

Administrative Authority

*This permit does not represent an approval of the soil tests witnessed.

TOWNSHIP OF MANALAPAN

120 Rt. 522
Manalapan, New Jersey 07726

114776

Date 3/22 2006

Received From APOLLO

Dollars \$

90

For Septic Alter 4383 70/19.02 LIC TO ORDER 1119

Amount of Account		Paid-Cash		Thank You!	By <u>JL</u>
Amount Paid		Check			
Balance Due		Money Order			

Board of Health
Manalapan Township

New Installation Fee: \$100.00
Alteration Fee 90.00

FEB 28 2006

Permit No. _____
Date _____

APPLICATION FOR

_____ Permit to locate and construct an individual sewage disposal system

_____ Permit to alter or repair an individual sewage disposal system

Location Address 52 DAUM RD Block 70 Lot 19.02

Owner W. NEMETH Phone Number 908-227-5533

Present Address 52 DAUM RD MANALAPAN, NJ

Name of Contractor _____ Phone Number _____

Address of Contractor _____

Type of Building to be Served RESIDENTIAL Use: Yearly ☒ Summer _____

Dwelling Unit: No. of Bedrooms 4 Expansion Attic: Yes _____ No ☒

Other: Type of Business _____ No. Realty Improvements _____

Area Sq. Feet _____

PRIMARY TREATMENT

Volume of Sewage Gal 650 gpd

Septic Tank Shape ☒ Rectangular _____ Cylindrical _____ Material Concrete

Width 5' Length 8' Liquid Depth 60"

Garbage Disposal No Other Specify _____ Total Capacity 1000

SECONDARY TREATMENT

Disposal Trenches: Width _____ Depth _____ Area Sq. Feet _____

Distance between lines _____ Type and Size of pipe _____

Disposal Bed: Width 21 Length 50 Area Sq. Feet 1050

Feet of pipe 365 Type and Size of pipe PVC 4"

Distance between lines 3 FEET

Seepage Pits: Number _____ Shape _____ Rectangular _____ Cylindrical _____ Material _____

Width _____ Length _____ Total _____ Distance between pits _____

Diameter if cylindrical _____ Area Sq. Feet (sides only) _____

SOIL CHARACTERISTICS (Attach copy)

Monmouth County Soils Maps

Series Name: WnB Ground Water: 28"

Soil Investigation ALICE KUPFER

Certifying Engineer PO BOX 345

Address ATL. HLDS. NJ 07714 Telephone 732-291-3085

PLEASE ATTACH THE FOLLOWING

1. Plot Plan - location of all soil logs and perc tests
 - existing and proposed grades, bench mark
 - cross section of disposal area
 - elevations of all inverts, outlets, level of infiltration and limiting zones
 - location of wells, water courses, storm drains footing drains with invert elevations
2. Detail description of soil profiles including:
 - limiting zones
 - observed ground water, perched water, seasonal high water table and explanation of soil mottles
3. Permeability data (Use applicable Chapter 199 Forms)

NOTE: Backwash from a water softener may not discharge into a septic system

52 Daum Road
Manalapan, N.J.

January 20, 2006

PROFILE PIT # 1

Depth: Inches

Soil Description

0-14	10YR 3/2 very dark grayish brown loam, moist, friable, subangular blocky, moderate.
14-120	10YR 4/6 dark yellowish brown sandy clay loam, moist, friable, subangular blocky, moderate with few coarse distinct 10YR 7/2 light gray mottles starting at 28 inches.

NOTES:

Seepage at 38 inches.
Sample at 36 inches.
S.H.W.T. at 28 inches.



52 Daum Road
Manalapan, N.J.

January 20, 2006

PROFILE PIT # 2

Depth:Inches

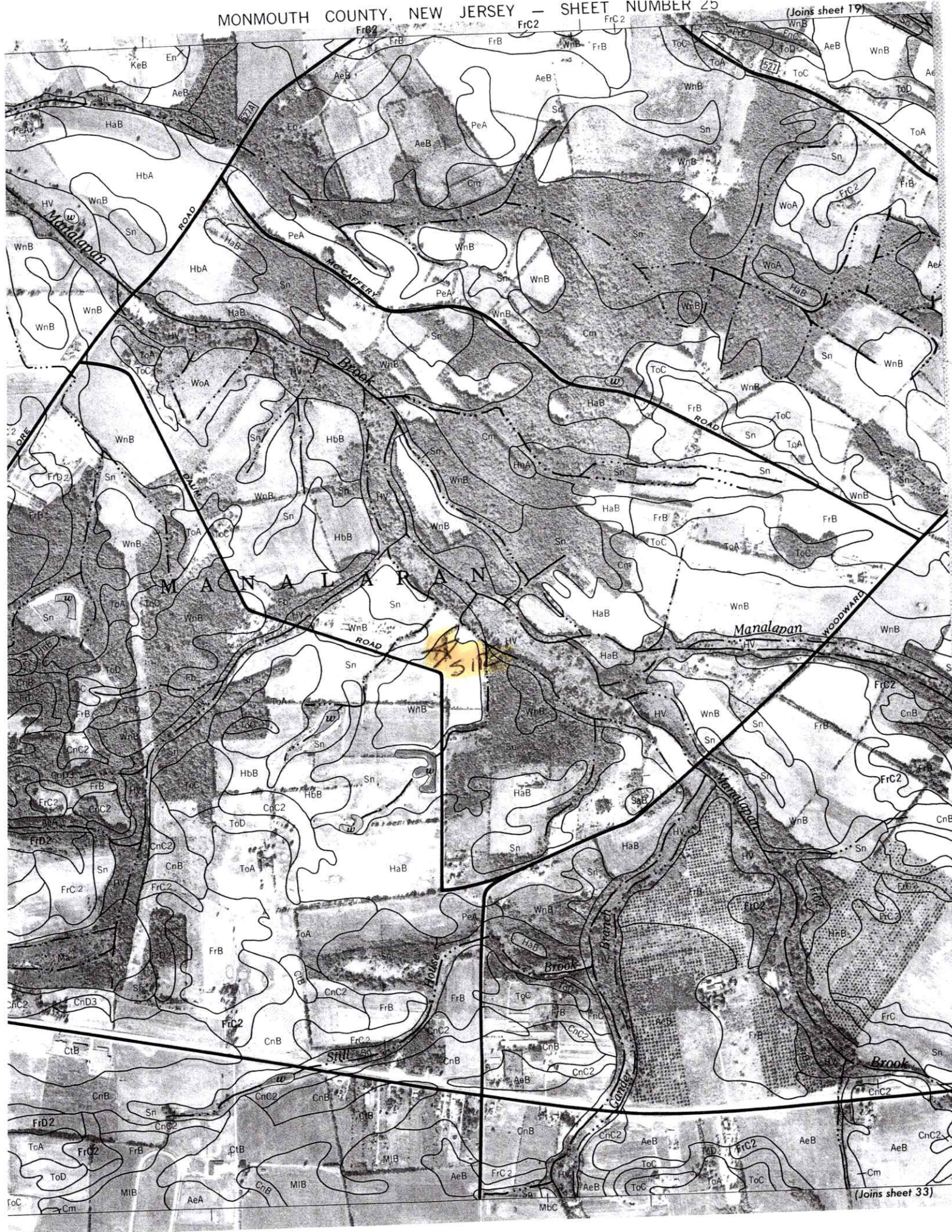
Soil Description

0-18	10YR 3/2 very dark grayish brown loam, moist, friable, subangular blocky, moderate.
18-120	10YR 4/6 dark yellowish brown sandy clay loam, moist, friable, subangular blocky, moderate with few coarse distinct 10YR 7/2 light gray mottles starting at 28 inches, with seams of 5YR 6/8 reddish yellow sandy loam, moist, friable, subangular blocky, moderate starting at 81 inches.

NOTES:

Seepage at 41 inches.
S.H.W.T. at 28 inches.





MOBILAB

P.O. BOX 365
ATLANTIC HIGHLANDS, NJ 07716-0365

PH 732-291-8454
FAX 732-291-5216

PERMEABILITY CLASS RATING

CLIENT: Bayshore OWNER/DEVELOPER _____
COUNTY Monmouth MUNICIPALITY Manalapan

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

52 Dawn Rd.

Form 3c. Soil Permeability Class Rating Test Data

1. Test Number 1376 Replicate (Letter) A Block _____ Lot _____
2. Sample Depth 36" Soil Pit/Boring Number 1 Date Collected _____
3. Coarse Fragment Content: Lab Container # 8c
Total Weight of Sample, W.T., grams 300
Weight of Material Retained on 2 mm Sieve, W.C.F., 1.5
Weight % of Coarse Fragment (W.C.F./W.T. x 100) 0.5 %
4. Oven Dry Weight (24 hrs., 105°F) of 40 grams of air dry sample, grams, Wt. 38.5
5. Hydrometer Calibration, R_C 6.5
6. Hydrometer Reading - 40 seconds, grams, R₁ 14.2 Temperature of Suspension 66
7. Corrected Hydrometer Reading, grams, R₁ 7.3
8. Hydrometer Reading - 2 hours, grams, R₂ 11 Temperature of Suspension 66.5
9. Corrected Hydrometer Reading, grams, R₂ 4.2
10. % Sand = (Wt. - R₁)/(Wt.)x100 = 38.5 - 7.3 / 38.5 x 100 = 81 %
11. % ~~Sand~~ clay = (Wt. - R₂)/(Wt.)x100 = 4.2 / 38.5 x 100 = 11 %
12. Sieve Analysis:
 - A. Oven Dry Wt. (24 hrs, 105°F), Total Sand Fraction
(Soil retained in 0.047 mm Sieve), grams 29
 - B. Wt. Of fine plus very fine sand fractions
(Sand passing 0.25 mm sieve), grams 28.5
 - C. % Fine plus very fine sand (B / A) 98 %
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 on average structural analysis of this replicate and other replicate samples):
K2

15. I hereby certify that the information furnished on form 3c 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 Soil Evaluator [Signature] Date 1/24/06

Signature of Professional Engineer [Signature] Date 1/26/06

MOBILAB

P.O. BOX 365
ATLANTIC HIGHLANDS, NJ 07716-0365

PH 732-291-8454
FAX 732-291-5216

PERMEABILITY CLASS RATING

CLIENT: Bayshore OWNER/DEVELOPER _____

COUNTY: Monmouth MUNICIPALITY: Manalapan

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

52. Davm Rd.

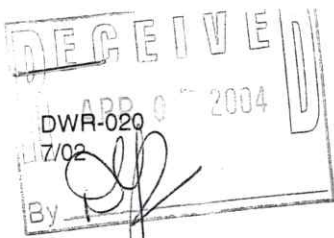
Form 3c. Soil Permeability Class Rating Test Data

1. Test Number 1396 Replicate (Letter) B Block _____ Lot _____
2. Sample Depth 36" Soil Pit/Boring Number 1 Date Collected _____
3. Coarse Fragment Content: Lab Container # 8C
Total Weight of Sample, W.T., grams 300
Weight of Material Retained on 2 mm Sieve, W.C.F., 1.5
Weight % of Coarse Fragment (W.C.F./W.T. x 100) 0.5 %
4. Oven Dry Weight (24 hrs., 105°F) of 40 grams of air dry sample, grams, Wt. 38.5
5. Hydrometer Calibration, R_C 6.5
6. Hydrometer Reading - 40 seconds, grams, R₁ 14 Temperature of Suspension 65
7. Corrected Hydrometer Reading, grams, R₁ 6.9
8. Hydrometer Reading - 2 hours, grams, R₂ 11.5 Temperature of Suspension 66
9. Corrected Hydrometer Reading, grams, R₂ 4.6
10. % Sand = (Wt. - R₁)/(Wt.)x100 = (38.5 - 6.9) / (38.5) x 100 = 82 %
11. % Sand = (Wt. - R₂)/(Wt.)x100 = (38.5 - 4.6) / 38.5 x 100 = 88 %
12. Sieve Analysis:
 - A. Oven Dry Wt. (24 hrs, 105°F), Total Sand Fraction
(Soil retained in 0.047 mm Sieve), grams 29
 - B. Wt. Of fine plus very fine sand fractions
(Sand passing 0.25 mm sieve), grams 28.6
 - C. % Fine plus very fine sand (B / A) 98.5 %
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 on average structural analysis of this replicate and other replicate samples:)
K2

15. I hereby certify that the information furnished on form 3c 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 Soil Evaluator _____ Date 1/24/06

Signature of Professional Engineer _____ Date 1/25/06



New Jersey Department of Environmental Protection
Water Supply Element - Bureau of Water Allocation

WELL ABANDONMENT REPORT

MAIL TO: Bureau of Water Allocation
PO Box 426
Trenton, NJ 08625-0426

WELL PERMIT # Hand Dug
of well sealed

DATE WELL SEALED 3-25-04

PROPERTY OWNER M. K. Gorski
ADDRESS 50 Dawn Rd Manalapan 07726
WELL LOCATION Same Manalapan Twp. Monmouth City
Street & No., Township, County

Well No. N/A Lot No. 17.02 Block No. 70

USE OF WELL PRIOR TO ABANDONMENT: Domestic

REASON FOR ABANDONMENT: City Water

WAS A NEW WELL DRILLED? ☐ YES ☒ NO PERMIT # OF NEW WELL N/A

TOTAL DEPTH OF WELL 19'
DIAMETER 3"
CASING LENGTH 19'
SCREEN LENGTH -
NUMBER OF CASINGS 1

MATERIAL USED TO DECOMMISSION WELL:

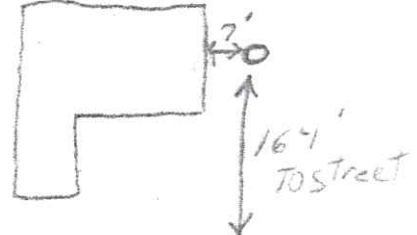
Gallons of Water
Lbs. of Cement
Lbs. of Bentonite
4500 Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION: ☒ Consolidated
☐ Unconsolidated

Cross-section
of sealed well



Draw a sketch showing distance and relations of well site to
nearest roads, buildings, etc.



AS-BUILT WELL LOCATION
(NAD 83 HORIZONTAL DATUM)
NJ STATE PLACE COORDINATE IN US SURVEY FEET

NORTHING: _____ EASTING: _____

LATITUDE: _____ OR _____
LONGITUDE: _____

To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must
be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ YES ☐ NO CASING MATERIAL: Brick

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: Pump

IF "YES", AUTHORIZATION GRANTED BY _____ ON _____
(NJDEP Official) (Date)

Was an alternative decommissioning method used and/or approval to decommission granted by a DEP official? ☐ YES ☒ NO

IF "YES", authorization granted by _____ ON _____
(NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9D-3 et seq.

Performing Work (Print or Type) John Robertson Address 3-29-04
Name of NJ Licensed Well Driller [Signature] Mailing Date 1584
Signature of NJ Licensed Well Driller Performing Work Registration #

COPIES:

White - Water Allocation

Yellow - Owner

Pink - Health Dept.

Goldenrod - Driller

