OCEAN COUNTY HEALTH DEPARTMENT

P.O. BOX 2191
TOMS RIVER, N.J. 08754-2191
(908) 341-9700

5/30/96
Date

No. 010967

BOARD OF HEALTH OF LAKEWOOD

CERTIFICATE OF COMPLIANCE

Issued to ISRAEL ENGLARD
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM 5/30/96 APPROVED

INDIVIDUAL WATER SYSTEM N/A

Installed at Block No. 33

Lot No. 2-11 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 010967 dated 10/3/95

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

FINAL

H.D. 26

OCEAN COUNTY HEALTH DEPARTMENT
CN 2191, Sunset Avenue
Toms River, NJ 08754

APPLICATION FOR A PERMIT TO INSTALL A SEPTIC SYSTEM AND/OR A WATER SUPPLY SYSTEM

PLAN DATED 9/22/95 APPROVED WITH STIPULATIONS 10/3/95, PENDING

Official Use Only # 010967

Fee Paid

LAKEWOOD TWP.
Municipality

Comm Code 15
Official Use Only

Block 33

Lot(s) 2,9 & 11

___ (A) To construct both a septic & water supply system
___ (B) To construct a water supply system
___ To replace or alter a water supply system
X (C) To construct a septic system
___ To replace or repair a septic system

Type of Water System

___ (A) Potable Non-Public
X (B) Potable Public Non-Community
___ (C) Non-Potable

NAME OF APPLICANT DR. I. ENGLARD PHONE NO. 364-6045

ADDRESS 1211 CHALET TERR. CITY LAKEWOOD STATE N.J. ZIP 08701

DIRECTIONS TO LOCATION

WELL APPLICATION

TYPE OF CASING: Material ___ Diameter ___ Grade ___ Thickness ___

TYPE AND METHODS OF SEALING JOINTS: Type ___ Method ___

METHOD OF INSTALLATION ___ If Rotary or Auger, size of hole ___

GROUTING MATERIAL ___ Depth & method of grouting: Depth ___

Method ___

STORAGE TANK CAPACITY ___ Model No. ___

WELL DRILLER ___ Lic. # ___ PUMP INSTALLER ___ Lic. # ___
(Print) (Print)

DRILLER ___ INSTALLER ___
(Signature) (Signature)

NOTE: Copy of NJDEP "Permit to Drill Well" must be attached. Hose bibs are prohibited on non-potable well, unless such well is sampled. If any well is installed by more than one (1) licensed individual, then all licensed individuals must sign application.

SEPTIC APPLICATION

TYPE OF BUILDING TO BE SERVED 1 FAM. DWG. Dwelling Unit: No. of Bedrooms 4

EXPANSION ATTIC, DEN OR REC. ROOM: Yes ___ No X If yes, calculate as additional bedroom

SOILS TEST PERFORMED BY WILLIAM McBRIDE; I.S.N.A. Date 8/22/95 Phone 222-1634

WEATHER CONDITIONS AT TIME OF TEST CLEAR

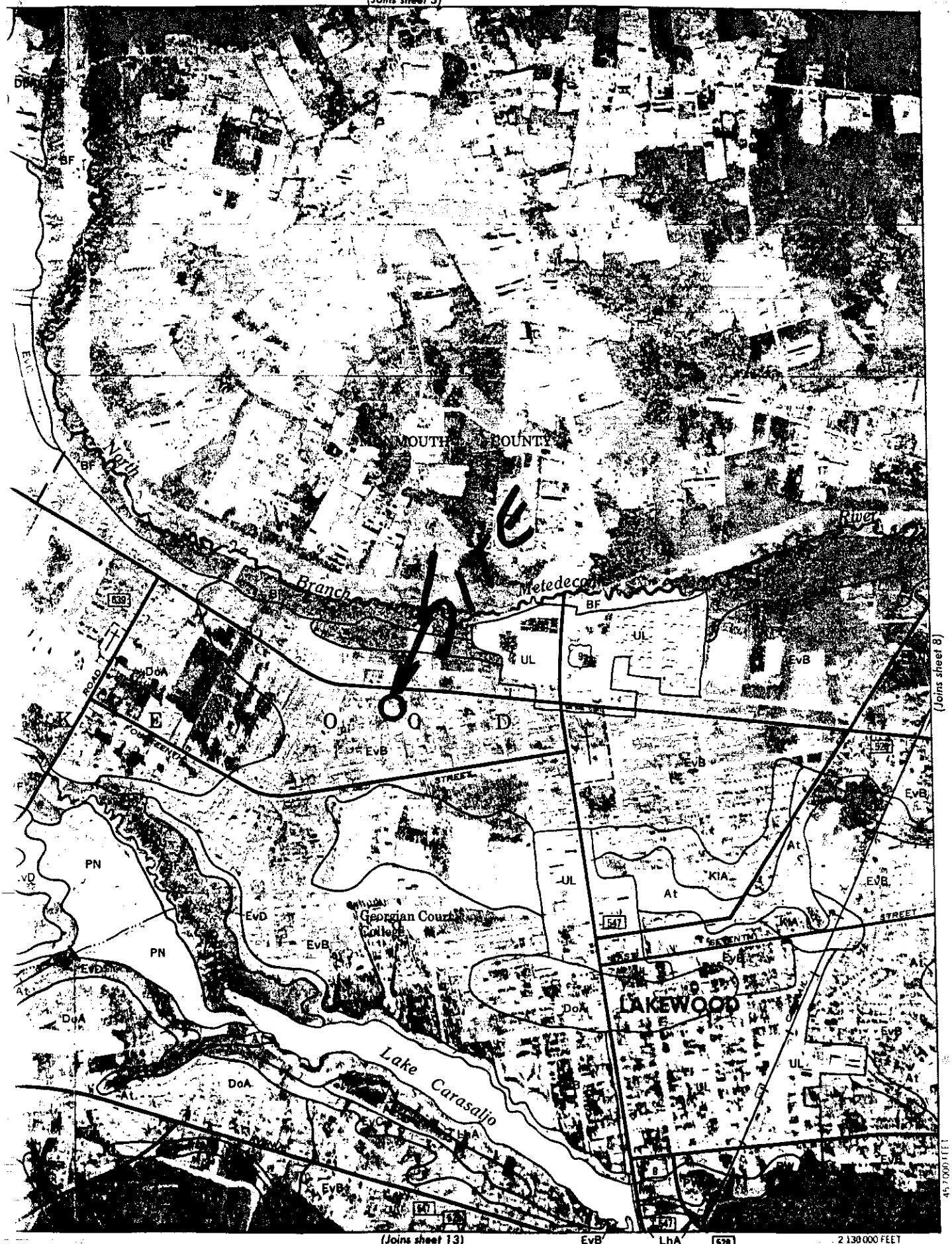
DESIGN ENGINEER: R C Burdick
ROBERT C. BURDICK, P.E. 30929

NOTE: All engineering data relating to soils, percolation & system design must be on engineer's drawing. Engineer's drawings must be signed & sealed by the engineer.

STATEMENT: Submit four (4) complete legible copies of applications, including engineer's & well driller's submissions. Final approval will only be granted after all inspections are completed, "as-built" drawings are submitted (where required) and satisfactory water analysis received. Permit is valid for one (1) year from date of issuance.

H.D.45

(Joins sheet 3)



(Joins sheet 8)

(Joins sheet 13)

N

1 Mile
5000 Feet

Scale 1:20000

45 7000 FEET

2 130 000 FEET

STANDARD FORMS FOR
SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY OCEAN/LAKEWOOD

APPLICATION FOR PERMIT TO CONSTRUCT/[redacted]
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

FORM 1 -- General Information

1. Type of Permit Needed (Check applicable categories):
   X New Construction _____ Alteration/No Expansion or Change of Use
   _____ Alteration/Expansion or Change in Use
   _____ Alteration/Malfunctioning System
   _____ Deviation from Standards _____ Repairs to Existing System

2. Location of Project:
   Municipality LAKEWOOD TWP. Block 33 Lot 2,9,11
   Street Address 1471 FERNWOOD AVE. Zip 08701

3. Name of Applicant (Print) DR. I. ENGLARD

4. Applicant's Present Address 1211 CHALET TERR.;
   LAKEWOOD, N.J. 08701

5. Applicant's Phone Number 364-6045

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 Type _____

8. Other Approvals/Certification/Waivers/Exemptions
   (Attach to Application)
   _____ Pinelands Commission _____ U.S. Army Corps of Engineers
   _____ NJDEP - Bureau of Flood Plain Management
   _____ Other - Specify: NONE

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 and subject to prosecution.

Signature of Applicant I. Englard Date 9-27-95

FOR AGENCY USE ONLY

_____ Application Denied - Reason for Denial/Citation of Rules Violated

✓ Application Approved WITH STIPULATIONS (PLAN DATED 9/22/95)

_____ Application Approved Subject to Approval by NJDEP

Date of Action 10/3/95 Signature of Authorized Agent

Name and Title FIELD INSPECTOR SANITARY INSPECTOR

COUNTY/MUNICIPALITY....OCEAN/LAKEWOOD.....

APPLICATION FOR PERMIT TO CONSTRUCT/[redacted]
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a - General Site Evaluation Data: Lot 2, 9, 11 Block 33

1. Name of Site Evaluator (print): William McBride

2. Business Address of Site Evaluator: INSPECTION SERVICES OF NORTH AMERICA P.O.232 MONMOUTH BEACH, N.J. 07050

3. Business Phone Number of Site Evaluator: 908-222-1634

4. Special Site Limitations Identified (Check appropriate Categories): None
___Flood Plains ___Bedrock Outcrops ___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: N/A
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: N/A
a) Hydraulically Restrictive Horizon: Depth Top to Bottom.....
b) Piezomter A: Depth to Bottom..... Depth of Water Level (24 hrs).....
c) Piezometer B: Depth to Bottom..... Depth of Water Level (24 hrs).....
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 9/13/95

Signature of Prof. Engineer _____ Date 9/20/95

ROBERT C. BURDICK
PE 30929

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: Fernwood Ave., Lakewood, N.J.
Bl. 33 Lots 2,9,11 Date of test: August 22, 1995

Profile pit: #1
0"-5"=Top soil, many roots
5"-59"=Brownish yellow, 10yr 6/6, loamy sand, subangular blocky, weak , friable, many roots
59"-120"=Yellow, 10yr 7/8, sand, loose, structureless, w/greater than 50% gravel, large decreasing with depth to fine, light grey mottles, 10yr 7/1, begin at 90 inches, many, med., distinct

Water Table: Sample taken at 75 inches
1)Static water level: 90 inches
2)Mottling: 90 inches
3)Seasonal High Water Table: 90 inches

Profile pit: #2
0"-5"=Top soil, many roots
5"-63"=Brownish yellow, 10yr 6/6, loamy sand, subangular blocky, weak , friable, many roots
63"-102"=Yellow, 10yr 7/8, sand, loose, structureless, w/50% gravel, large decreasing with depth to fine, light grey mottles, 10yr 7/1, begin at 90 inches, many, med., distinct
102"120"=Yellow, 10yr 7/6, sand, loose, structureles, w/20% gravel.

Water Table:
1)Static water level: 90 inches
2)Mottling: 90 inches
3)Seasonal High Water Table: 90 inches

END OF REPORT

ROBERT C. BURDICK, P.E.
PE 30929

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

COUNTY/MUNICIPALITY..... OCEAN/LAKEWOOD Page ___ of ___

APPLICATION FOR PERMIT TO CONSTRUCT/[redacted]
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b - Soil Log And Interpretation: Lot 2, 9, 11 Block 33

1. Log Number..... 1 & 2 Method (Check One): X Profile Pit ___ Boring

2. Soil Log:

Depth (inches) Top-Bottom	Munsel Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size and Contrast, If Present

SEE ATTACHED SOIL LOGS

3. Ground Water Observations: NONE
___Seepage - Indicate Depth.....
___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.....
_X_Excessively Coarse Horizon - Depth Top to Bottom 58"-120"...
___Excessively Coarse Substratum - Depth to Top.....
___Hydraulically Restrictive Horizon - Depth Top to Bottom.....
___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: IIHc

6. I hereby certify that the information furnished on Form 2b 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 9/13/95

SIGNATURE OF PROF. ENGINEER _____

ROBERT C. BURDICK, P.E. 30929

COUNTY/MUNICIPALITY....OCEAN/LAKEWOOD.....

APPLICATION FOR PERMIT TO CONSTRUCT/[redacted]
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3a. Soil Permeability Data: Lot 2, 11, 9 Block 33

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*
CLASS RATING	1	A & B	75	K [redacted]5

* 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....
___Average of Test Replicates ___Single Replicate _X_ 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....
_X_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 Soil Evaluator).....Date. 9/13/95

Signature of Professional Engineer _____ License# 30929

ROBERT C. BURDICK P.E.

MOBILAB INC.

P.O. BOX 3275
SEA BRIGHT, NJ 07760
Ph. 800-545-7645
Fax. 908-291-5216

CLIENT: ISNA

PERMEABILITY CLASS RATING

COUNTY Ocean MUNICIPALITY Lakewood

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

Form 3c. Soil Permeability Class Rating Test Data

1. Test Number 0062 Replicate(Letter) A Block 33 Lot 249+11

2. Sample Depth 75" Soil Pit/Boring Number _____ Date Collected _____

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 300
   Weight of Material Retained on 2 mm Sieve, W.C.F., 112.5
   Weight % of Coarse Fragment (W.C.F/W.T. x 100) 37%

4. Oven Dry Weight (24 hrs, 105^0 F) of 40 grams of air dry sample, grams, Wt. 39.6

5. Hydrometer Calibration, R_c 4

6. Hydrometer Reading - 40 seconds, grams, R_1 3.0 Temperature of Suspension 76

7. Corrected Hydrometer Reading, grams, R_1 .6

8. Hydrometer Reading- 2 Hours, grams, R_2 2.5 Temperature of Suspension 76

9. Corrected Hydrometer Reading, grams, R_2 .1

10. % Sand = (Wt. - R_1)/(Wt.)x 100 = (39.6 - .6) / (39.6) x 100 = 98%

11. % Clay = R_2 / (Wt.) x 100 = .1 (39.6) x 100 = 0%

12. Sieve Analysis:
   A. Oven Dry Wt. (24 hrs, 105^0 F), Total sand fraction (Soil retained in 0.047 mm Sieve), grams 38.3
   B. Wt of fine plus very fine sand fractions (Sand passing 0.25 mm sieve), grams 3.8
   C. % Fine plus very fine sand (B / A) 10%

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) KS

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 Virginia Smith Date 9/6/95

Signature of Professional Engineer Glenn Kruger Date 9/6/95

MOBILAB INC.

P.O. BOX 3275
SEA BRIGHT, NJ 07760
Ph. 800-545-7645
Fax. 908-291-5216

CLIENT: ISNA

PERMEABILITY CLASS RATING

COUNTY Ocean MUNICIPALITY Lakewood

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

Form 3c. Soil Permeability Class Rating Test Data

1. Test Number 8062 Replicate(Letter) B Block 33 Lot 2+9+11

2. Sample Depth 75" Soil Pit/Boring Number _____ Date Collected _____

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 300
   Weight of Material Retained on 2 mm Sieve, W.C.F., 112.5
   Weight % of Coarse Fragment (W.C.F/W.T. x 100) 37%

4. Oven Dry Weight (24 hrs, 105^0 F) of 40 grams of air dry sample, grams, Wt. 39.6

5. Hydrometer Calibration, R_c 4

6. Hydrometer Reading - 40 seconds, grams, R_1 3.5 Temperature of Suspension 76

7. Corrected Hydrometer Reading, grams, R_1 1.1

8. Hydrometer Reading- 2 Hours, grams, R_2 3.0 Temperature of Suspension 74

9. Corrected Hydrometer Reading, grams, R_2 .2

10. % Sand = (Wt. - R_1)/(Wt.)x 100 = (39.6 - 1.1) / (39.6 x 100 = 97%

11. % Clay = R_2 / (Wt.) x 100 = .2 / 39.6 100 = .5%

12. Sieve Analysis:
   A. Oven Dry Wt. (24 hrs, 105^0 F), Total sand fraction (Soil retained in 0.047 mm Sieve), grams 37.9
   B. Wt of fine plus very fine sand fractions (Sand passing 0.25 mm sieve), grams 4.2
   C. % Fine plus very fine sand (B / A) 11%

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) KS

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 Virginia Ennis Date 9/6/95

Signature of Professional Engineer John Kingsley Date 9/6/95

COUNTY/MUNICIPALITY OCEAN/LAKEWOOD Page ___ of ___

APPLICATION FOR PERMIT TO CONSTRUCT/[redacted]
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 4 General Design Data: Lot 2,9,11 Block 33

1. Volume of Sanitary Sewage, gal. 500
   X Residential: No. of Dwelling Units...1. Total No. of Bedrooms..4...
   ___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: 1000 First (Single) Compartment 1000
      Second Compartment..... Third Compartment.....
   c) Effluent Distribution
      Method: X Gravity Flow ___Gravity Dosing ___Pressure Dosing
      Dosing Device: ___Pump ___Siphon
   d) Dosing Tank Capacities, gals: Total Capacity..... Dose Volume.....
      Reserve Capacity.....
   e) Laterals: Number..8. Total Length..312.. Pipe Size ..4".... Spacing..3'..
   f) Connecting Pipe: Size..4"... Length...35'
   g) Manifold: Size..... Length.....
   h) Disposal Field: Type of Installation SOIL REPLACEMENT-FILL ENCLOSED
      Design Permeability (Percolation Rate) 6-20 IN/HR.
      Trenches: Width..... Total Length..... Bed: Area..1050 S.F.
   i) Seepage Pits: Design Percolation Rate .....
      Number of Pits..... Total Percolating Area Provided.....

4. Attachments (Check items included):
   X General Plan of System Showing Location of All System Components
   X X-Sections of Each System Component Including Grease Trap, 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 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..R C Burdick.....Date..9/20/95

ROBERT C. BURDICK, PE 30929

STANDARD FORMS FOR
CERTIFICATE OF COMPLIANCE
County/Municipality of OCEAN/LAKEWOOD

INSTRUCTIONS: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/[redacted] and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed in the administrative authority performs the certification.

****

Part A - General Information

1. Permitted Activities (Check applicable categories):
   Permit Number _____
   __X__ New Construction
   ____ Alteration/No Expansion or Change of Use
   ____ Alteration/Expansion or Change in Use
   ____ Alteration/Malfunctioning System
   ____ Deviation from Standards
   ____ Repairs to Existing System
2. Location of Project:
   Municipality LAKEWOOD TWP. Lot 2,9,11 Block 33
   Street Address 1471 FERNWOOD AVENUE
3. Name and Present Address of Applicant:
   DR. I. ENGLARD
   1211 CHALET TERR; LAKEWOOD, N.J. 08701
   Applicant's Phone Number: 364-6045

****

Part B - Professional Engineers Certification

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____
(Signature)

SEAL

ROBERT C. BURDICK, P.E.
Name (Type or Print), License # 30929
Date: _____

Part C - Certification by Administrative Authority

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____ _____

Authorized Signature Type of License Held

_____ _____

Name (Typed or Printed) License Number

Date: _____

****

For Agency Use Only

Date Received: _____

Form Determined To Be: ____Complete ____ Incomplete

Date Returned _____

Date Received _____

Date Certification Approved: _____

Authorized Signature: _____

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

		Date 10/2/95
Signature of Inspecting Official FRED APPLETT	Municipality	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	CITY/WATER Septic ~~Well~~ Permit Review # 010967
	(PLAN DATED 9/22/95) Block 33 Lot 2-11
	Municipality ~~BRICK~~ LAKEWOOD
	Approved with Stipulation:
	Engineer must certify by signature and seal using Appendix B
	Parts A and B, that system has been located, constructed and
	installed as per approved plan. An inspection by this department
	is required prior to backfilling the system.
	A satisfactory Ocean County Health Department Ordinance 94-1 water
	analysis and well head and tank inspection are required for approval.
	This department shall be notified 24 hours prior to well installation
	for witnessing purposes.
	Other:
	ANY CHANGES TO SUBMISSION/APPROVED PLANS MAY REQUIRE RE-SUBMISSION/REVISED PLAN
	Reviewers Signature:

(Attach additional sheets if necessary)

STANDARD FORMS FOR
CERTIFICATE OF COMPLIANCE
County/Municipality of OCEAN/LAKEWOOD

INSTRUCTIONS: Part A is to be completely filled in for all Certifications. Only Part B or Part C will be completed. Part B will be completed if the administrative authority relies upon the certification signed and sealed by a New Jersey licensed professional engineer that the system has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/[redacted] and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed in the administrative authority performs the certification.

****

Part A - General Information

1. Permitted Activities (Check applicable categories):
   Permit Number _____
   _X_ New Construction
   ____ Alteration/No Expansion or Change of Use
   ____ Alteration/Expansion or Change in Use
   ____ Alteration/Malfunctioning System
   ____ Deviation from Standards
   ____ Repairs to Existing System
2. Location of Project:
   Municipality LAKEWOOD TWP. Lot 2,9,10 Block 33
   Street Address 1471 FERNWOOD AVENUE
3. Name and Present Address of Applicant:
   DR. I. ENGLARD
   1211 CHALET TERR.; LAKEWOOD, N.J. 08701
   Applicant's Phone Number: 364-6045

****

Part B - Professional Engineers Certification

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____
(Signature)

SEAL

ROBERT C. BURDICK, P.E.
Name (Type or Print), License # 30929
Date: 5/2/96

Part C - Certification by Administrative Authority

I certify under penalty of law that the subsurface sewage disposal system identified in Part A has been located, constructed, installed or altered in compliance with the requirements of N.J.A.C. 7:9A-1 and the Application to Construct/Alter/Repair an Individual Subsurface Sewage Disposal System which was approved by the administrative authority. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____ _____
Authorized Signature Type of License Held

_____ _____
Name (Typed or Printed) License Number

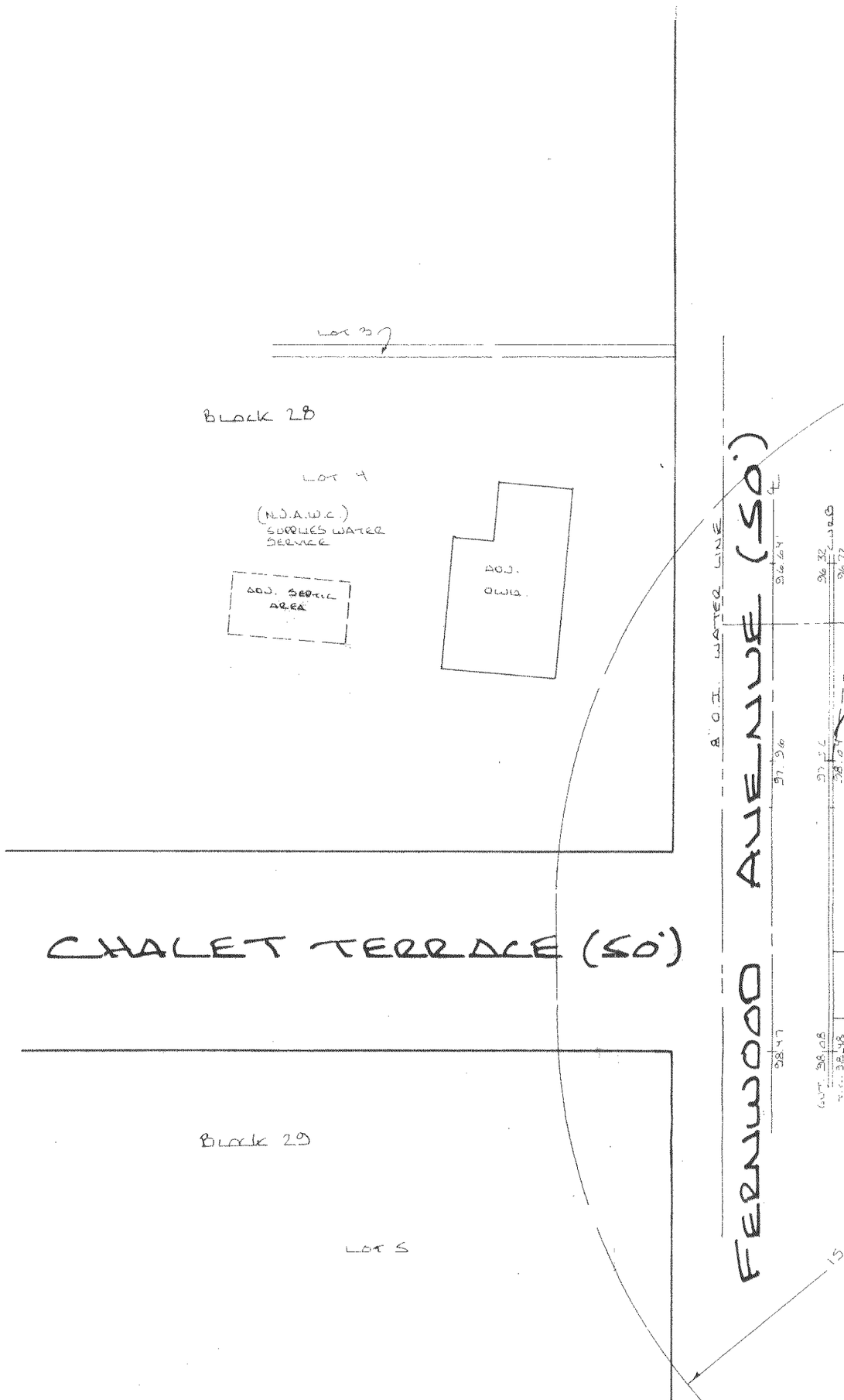
Date: _____

****

For Agency Use Only

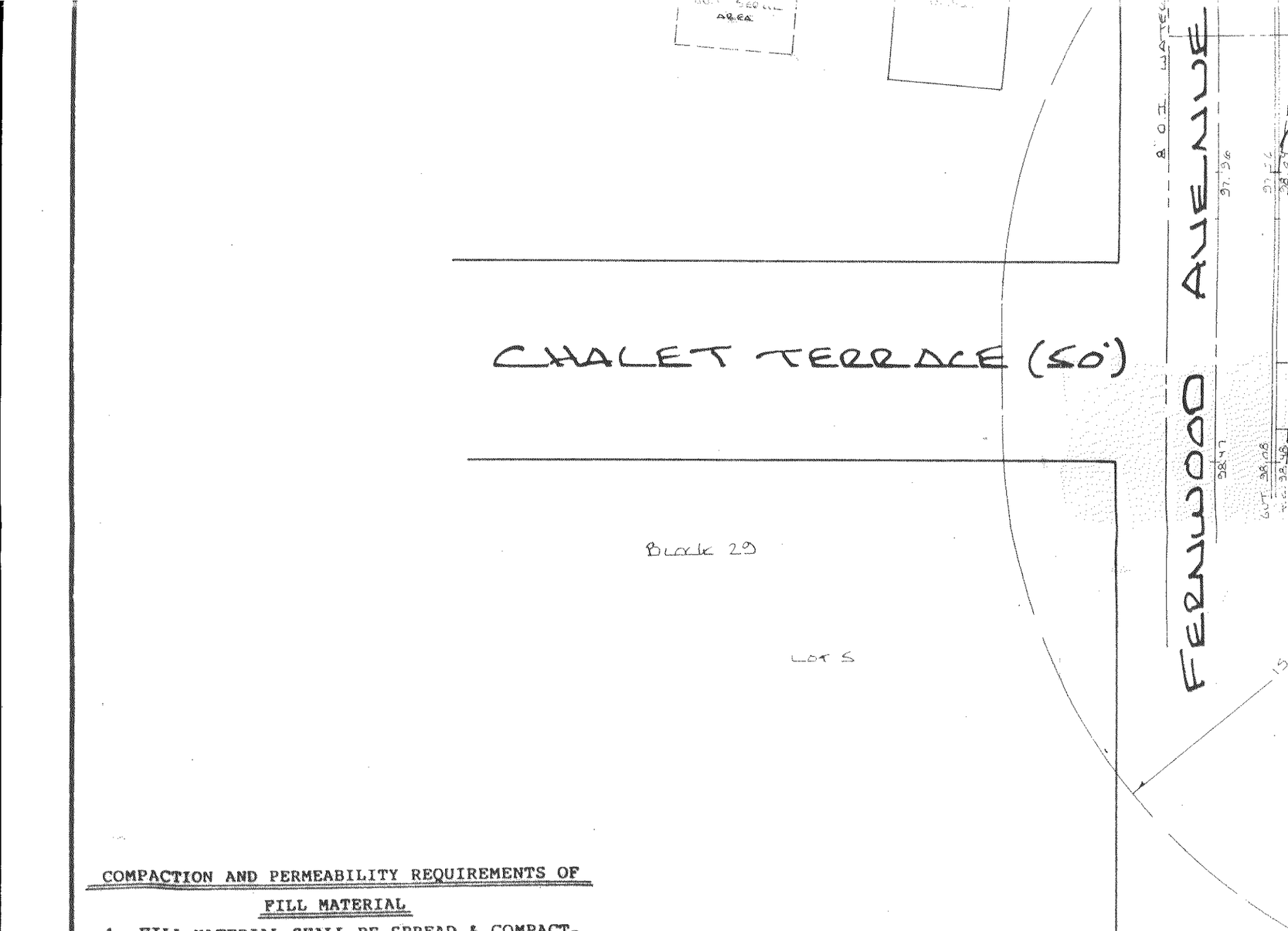
Date Received: _____
Form Determined To Be: ____Complete ____ Incomplete
Date Returned _____
Date Received _____

Date Certification Approved: _____
Authorized Signature: _____



COMPACTION AND PERMEABILITY REQUIREMENTS OF FILL MATERIAL

1. FILL MATERIAL SHALL BE SPREAD & COMPACTED IN LAYERS OF ONE FOOT OR LESS IN THICKNESS.
2. THE IN-PLACE DRY DENSITY OF FILL MATERIAL SHALL HAVE A MINIMUM OF 90% OF THE STANDARD PROCTER DENSITY DETERMINED BY LABORATORY ANALYSIS AND BE CERTIFIED BY THE DESIGN ENGINEER.
3. A PERMEABILITY TEST WILL BE PERFORMED AT THE LEVEL OF INFILTRATION WITHIN THE



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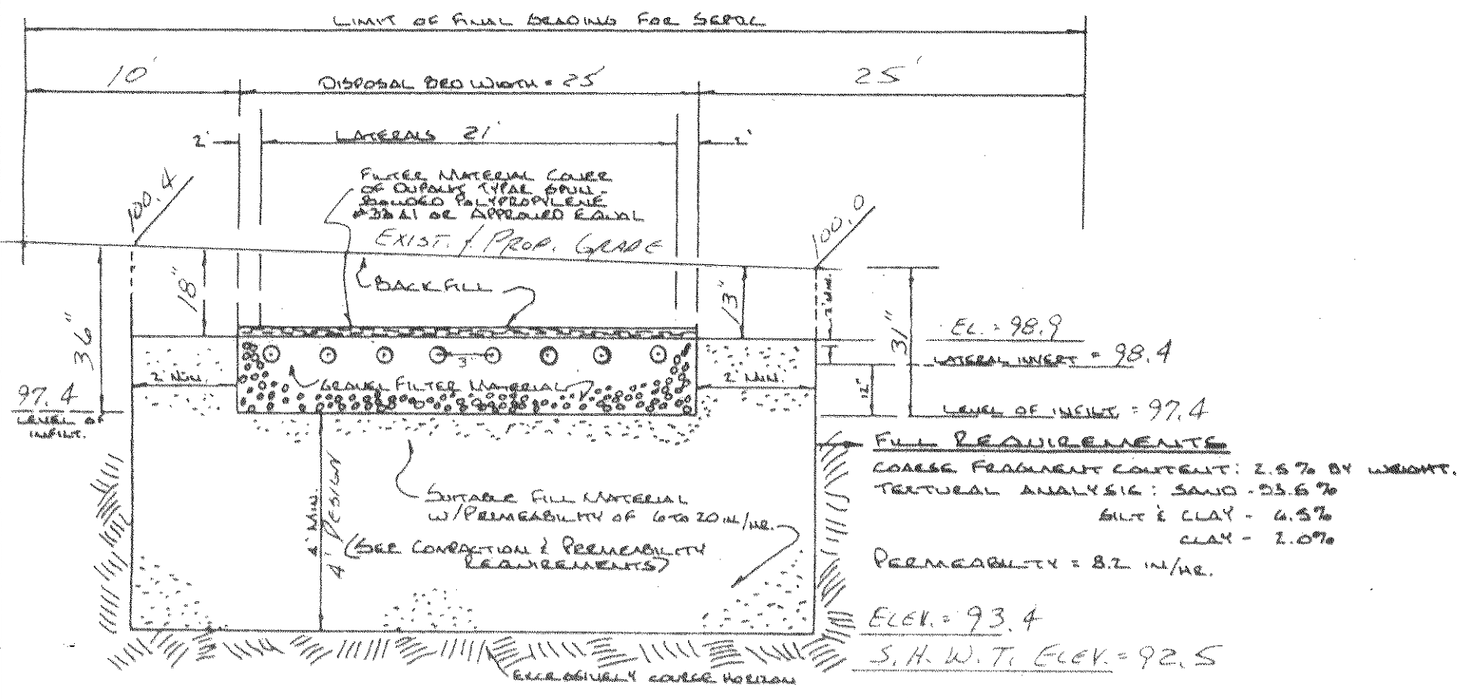
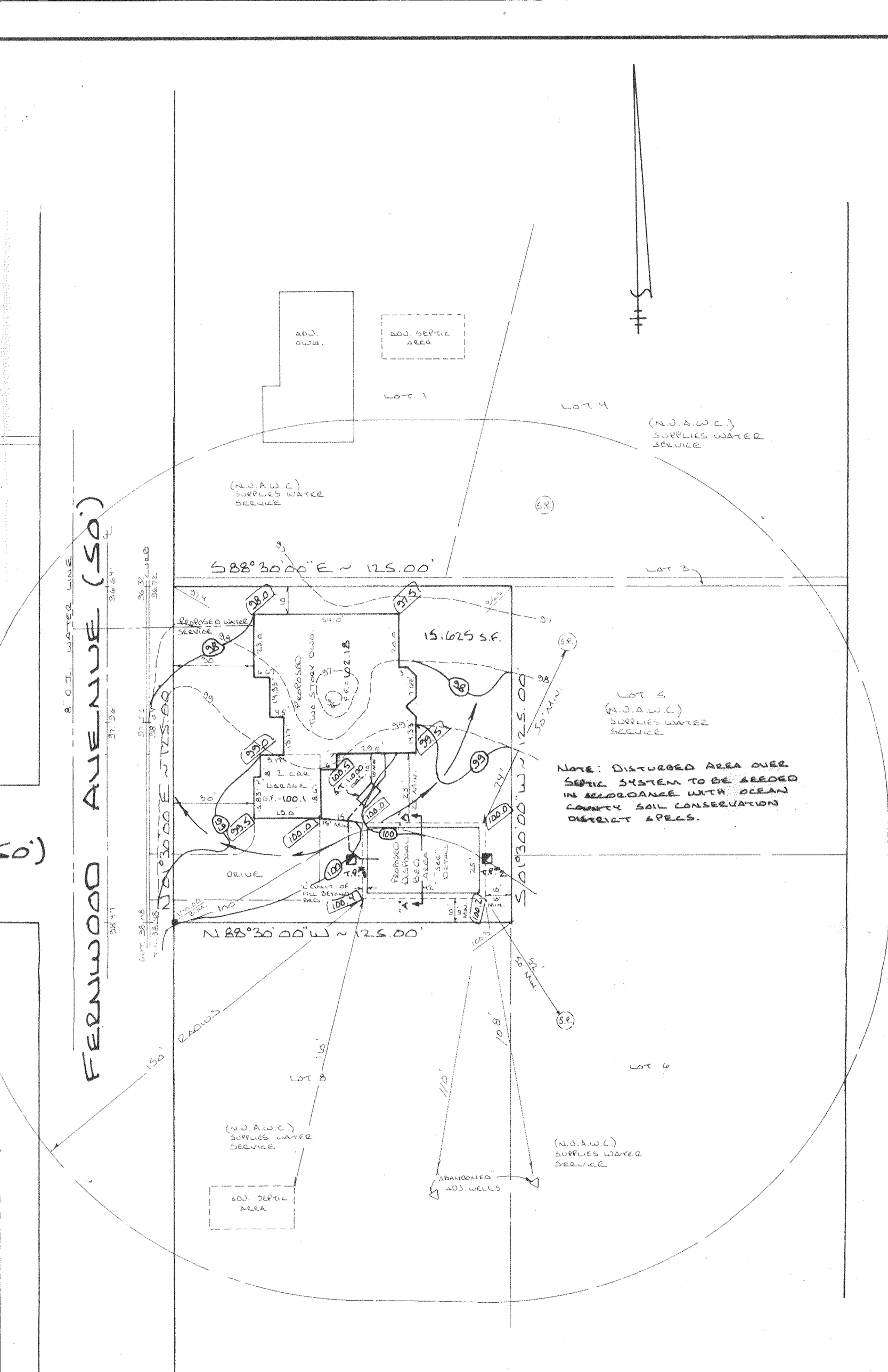
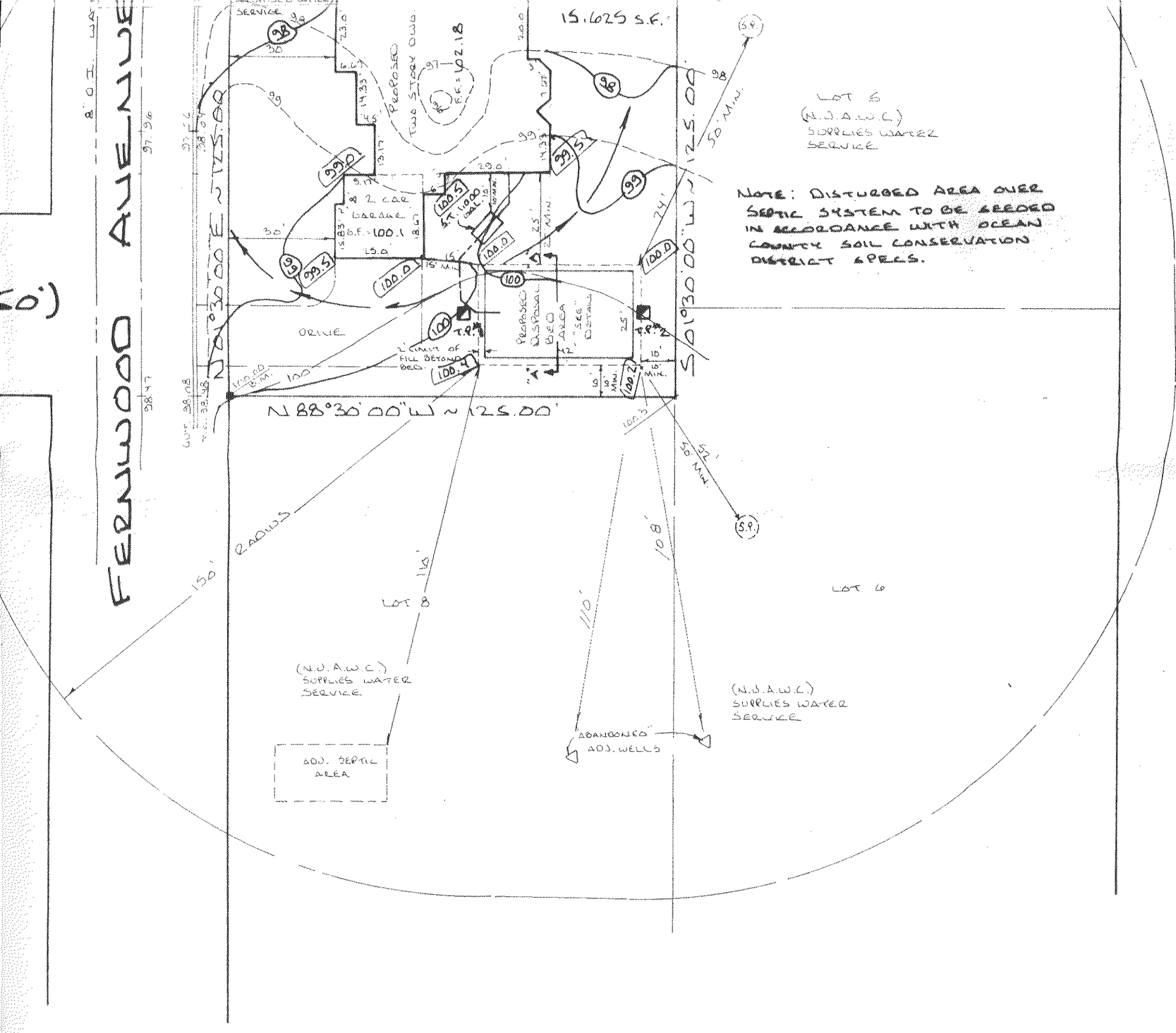
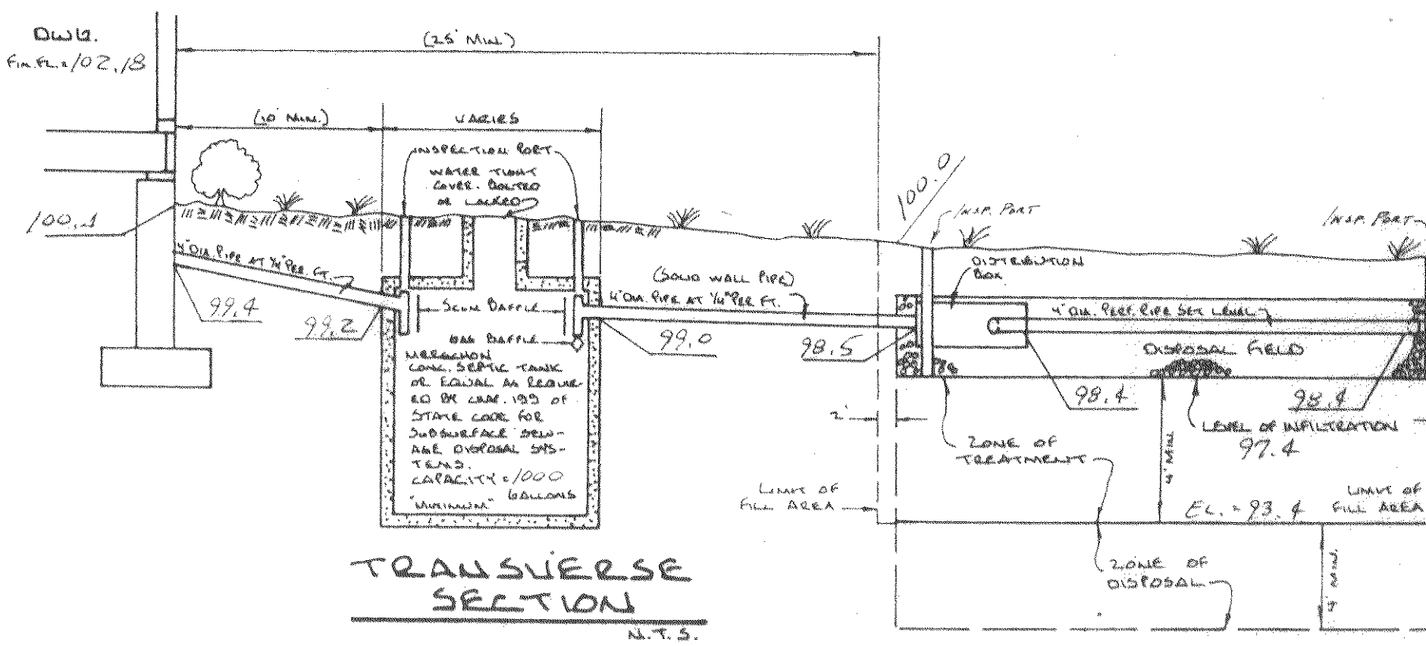
3. A PERMEABILITY TEST WILL BE PERFORMED AT THE LEVEL OF INFILTRATION WITHIN THE FIELD AFTER COMPACTION TO DETERMINE IF IT MEETS THE CODE.



SECTION A-A
DISPOSAL FIELD
N.T.S.
SOIL REPLACEMENT - FILL ENCLOSED


FERNWOOD AVENUE (50')
ADJ. DWLG.
ADJ. SEPTIC AREA
LOT 1
LOT 4
(N.J.A.W.C.) SUPPLIES WATER SERVICE
(S.R.)
S88°30'00"E ~ 125.00'
LOT 3
PROPOSED WATER SERVICE
PROPOSED TWO STORY DWG. F.F.=102.18
15,625 S.F.
2 CAR GARAGE
1,000 GAL. SEPTIC TANK
PROPOSED DISPOSAL BED AREA "SEE DETAIL"
T.P. #1
T.P. #2
DRIVE
2' LIMIT OF FILL BEYOND BEG.
N88°30'00"W ~ 125.00'
S01°30'00"W ~ 125.00'
LOT 5
LOT 6
LOT 8
50' MIN.
RADIUS
150'
110'
ABANDONED ADJ. WELLS
ADJ. SEPTIC AREA
NOTE: DISTURBED AREA OVER SEPTIC SYSTEM TO BE SEEDED IN ACCORDANCE WITH OCEAN COUNTY SOIL CONSERVATION DISTRICT SPECS.

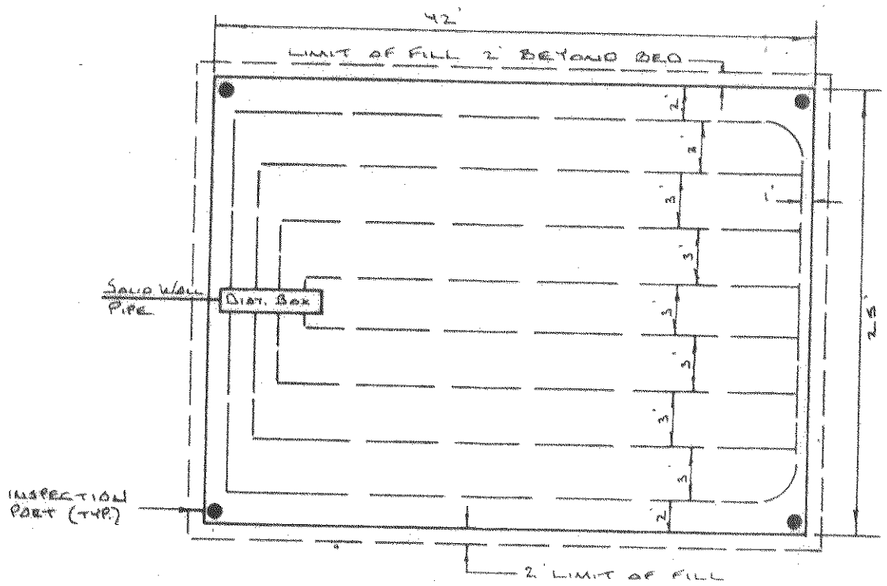




TRANSVERSE SECTION

N.T.S.

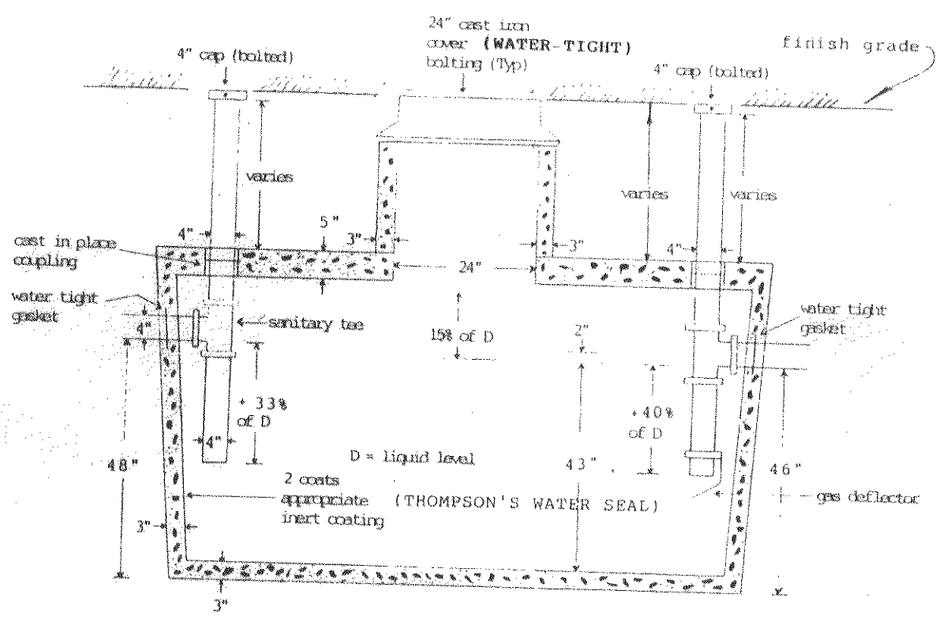
% BY WEIGHT.
5.6 %
4.5%
2.0%



DISPOSAL FIELD - PLAN VIEW
LOOP SYSTEM "GRAVITY" N.T.S.

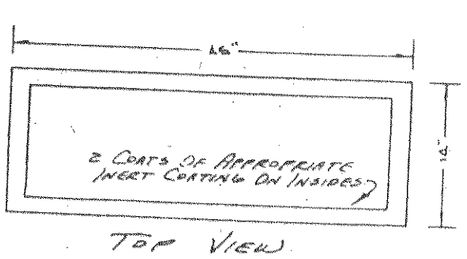
1000 GALLON TANK - ONE PIECE

R & E MERSHON CONCRETE PRODUCTS, INC.

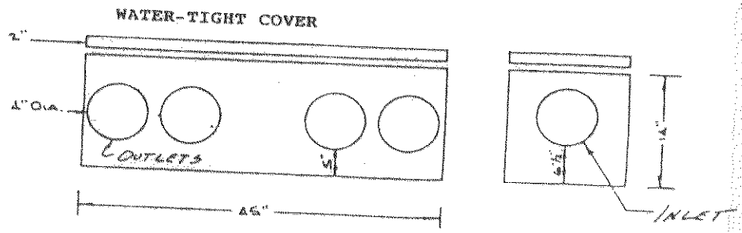


Tank tapers top to bottom and is trapezoidal in cross section.

Tank is 4000 psi concrete- steel reinforced Concrete conforms to ACI 318-16-4.5.1 and 318-16-4.5.2



TOP VIEW

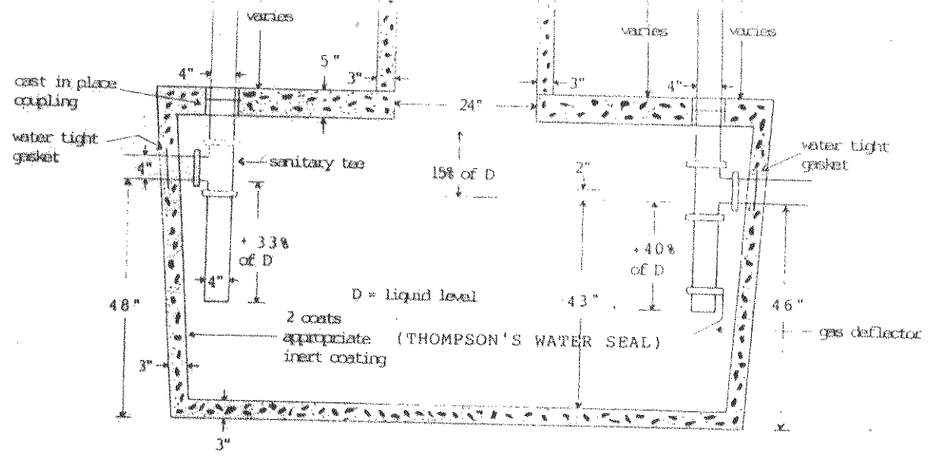


1 INLET - 8 OUTLETS
DISTRIBUTION BOX
N.T.S.
BY R. & E. MERSHON CONCRETE
PRECAST CONCRETE DIST. BOX

LAURELWOOD AVENUE (50')

LAUREL WOOD AVENUE

EA OVER
E. DREDGED
OCEAN
LVATION



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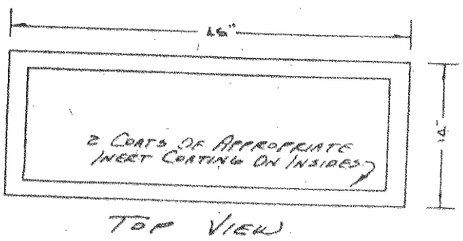
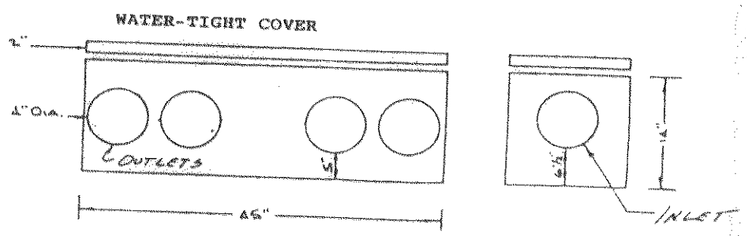


TOP VIEW



1 INLET - 8 OUTLETS

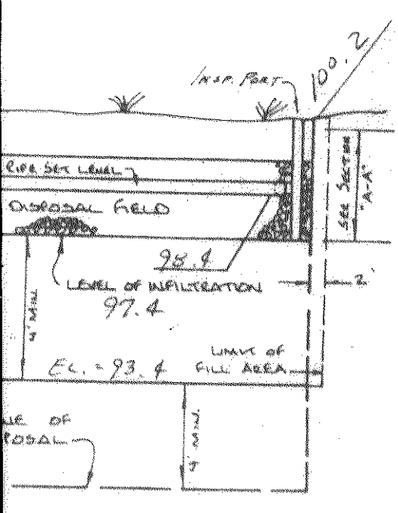
DISTRIBUTION BOX
N.T.S.

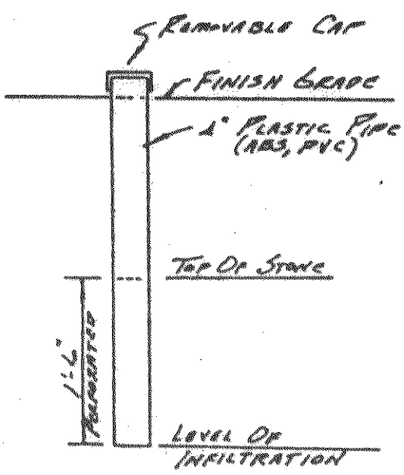
BY R. & E. MERSHON CONCRETE
PRECAST CONCRETE DIST. BOX

DESIGN ELEVATIONS FOR SEPTIC SYSTEM

ELEV.	
100.4	EXISTING/DESIGN GRADE
-2.0	
98.4	LATERAL INVERTS
-1.0	
97.4	LEVEL OF INFILTRATION
-4.9	
92.5	SEASONAL HIGH WATER TABLE

100.4	EXISTING/DESIGN GRADE
-2.0	
98.4	PIPE INV. IN BED & DIST. BOX (OUTLET)
+0.1	
98.5	PIPE INV. @ DIST. BOX (INLET)
+0.5	SLOPE
99.0	PIPE INV. @ SEPTIC TANK (OUTLET)
+0.2	
99.2	PIPE INV. @ SEPTIC TANK (INLET)
+0.2	SLOPE
99.4	PIPE INV. @ FOUNDATION
+1.0	COVER
100.4	GRADE @ FOUNDATION
+1.78	EXPOSURE
102.18	FINISH FLOOR ELEVATION





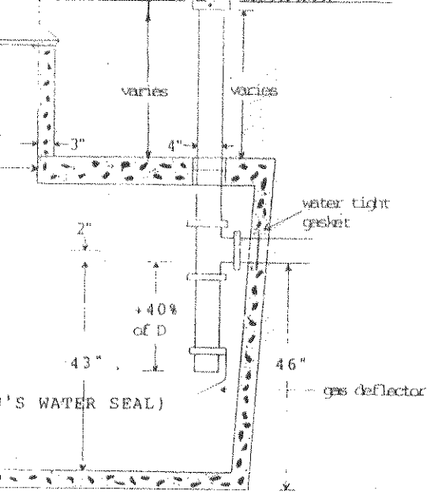
INSPECTION PORT DETAIL
N.T.S.

LEGEND:

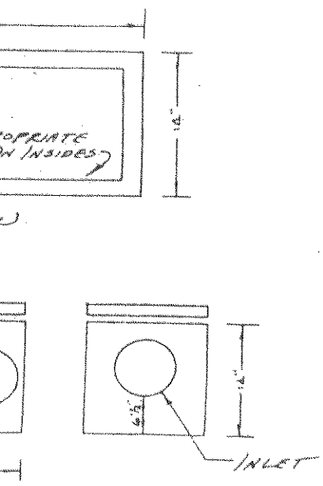
(105) = DESIGN CONTOUR

105.0 = DESIGN ELEVATION

106 = EXISTING CONTOUR



nk is 4000 psi concrete- steel reinforced
ncrete conforms to ACI 318-16-4.5.1
and 318-16-4.5.2



OUTLETS
RIBUTION BOX
N.T.S.
E. MERSHON CONCRETE
CONCRETE DIST. BOX

KEY MAP ~ 1"=1,400'

DESIGN DATA

1. ONE FAMILY DWELLING: 4 BED ROOMS
   DESIGN CRITERIA BASED ON 4 BED ROOMS
2. SEPTIC TANK: 4 x 250 GALS. = 1000 GALLON TANK
   (MINIMUM & DESIGN)
3. DAILY FLOW: 1ST. BEDROOM----------200 G/D
   EA. ADDITIONAL (150)
   3 x 150----------450 G/D
   TOTAL DAILY FLOW --------650 G/D
4. DISPOSAL AREA: PERMEABILITY OF REPLACEMENT SOIL TO BE 6-20 IN/HR.
   A/Q (1.61 ft.²/gal./day)
   1.61 x 650 = 1047 S.F. DISPOSAL AREA (MINIMUM)
   1050 S.F. DESIGN
   DISPOSAL BED = 25' x 42' (8 - 4" LATERALS)

NOTES:

1. NO ADJOINING SEPTIC SYSTEMS AND/OR WELLS ARE WITHIN MINIMUM REQUIRED STANDARDS.
2. ON-SITE SOILS TESTED RESULTED IN A PERMEABILITY RATE FASTER THAN 20 IN/HR. WITH A SOIL SUITABILITY OF IIHc. THIS SYSTEM SHALL BE INSTALLED AS A SOIL REPLACEMENT-FILL ENCLOSED DISPOSAL FIELD. REPLACEMENT FILL MATERIAL SHALL HAVE A PERMEABILITY RATE OF 6 TO 20 IN/HR. (K-4) AS SAID RATE WAS UTILIZED FOR DESIGN PURPOSES.
3. SEE APPLICATION FORMS FOR SOIL ANALYSIS DATA.
4. SEPTIC SYSTEM NOT SIZED FOR A DOMESTIC GARBAGE GRINDER.
5. THE CONSTRUCTION OF THIS SYSTEM SHALL COMPLY WITH N.J.D.E.P. "STANDARDS FOR INDIVIDUAL SUB-SURFACE SEWAGE DISPOSAL SYSTEMS".
6. ELEVATIONS ARE BASED ON ASSUMED DATUM. BENCH MARK AS NOTED ON PLAN.
7. GRADING ON THIS LOT HAS BEEN DESIGNED TO PROVIDE POSITIVE RUN-OFF AWAY FROM DWELLING AND SEPTIC SYSTEM.
8. SOIL CLASSIFICATION AS PER OCEAN COUNTY SOIL SURVEY IS EvB.
9. SEASONAL HIGH WATER TABLE ELEVATION=92.5
10. SOIL SUITABILITY CLASSIFICATION: IIHc.

DESIGN ELEVATIONS FOR SEPTIC SYSTEM

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-2.0	
98.4	- LATERAL INVERTS
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LEGEND:

105 = DESIGN CONTOUR

105.0 = DESIGN ELEVATION

106 = EXISTING CONTOUR

PLAN DATED 9/22/95 APPROVED WITH STIPULATIONS 10/3/95, ENGINEER'S COND. [illegible]

SITE PLAN OF

LOTS 2.9 AND 11 BLOCK 33

TAX MAP SHEET 21

LAKEWOOD TWP. ~ OCEAN CO. ~ N.J.

DATE 9-22-95
SCALE 1"=30'
DRAWN HGM
JOB ENGLAND

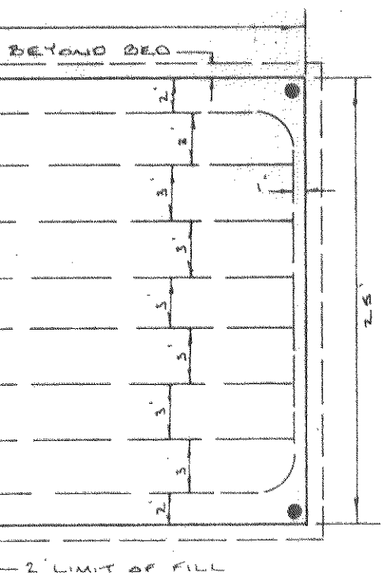
MAGER ASSOCIATES
PROFESSIONAL
LAND SURVEYING - PLANNING
326 FIRST STREET
LAKEWOOD, N.J. 08701
(908) 363 - 0138

HARRY W. MAGER, JR. PROF. LAND SURVEYOR - L.S. 20810
PROF. PLANNER - P.P. 2106

9.24.95

R.C. BURDICK
CONSULTING ENGINEERS
PLANNING · ENVIRONMENTAL PERMITTING
808 OCEAN ROAD
POINT PLEASANT, NJ 08742
(908)892-5050 FAX (908)892-5888

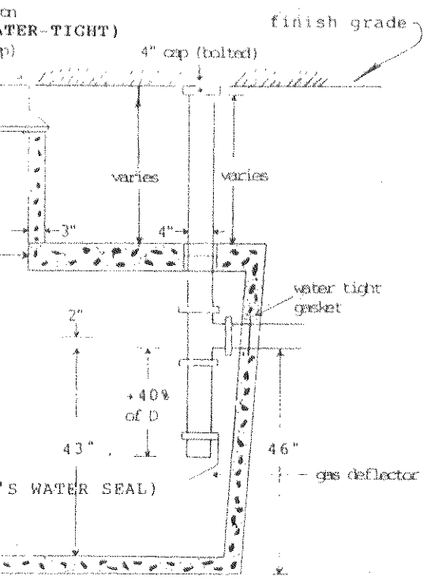
ROBERT C. BURDICK
PROFESSIONAL ENGINEER 30929
PROFESSIONAL PLANNER 04383



FIELD-PLAN VIEW
"GRAVITY" N.T.S.

ONE PIECE

RODUCTS, INC.



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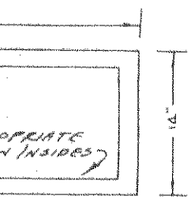

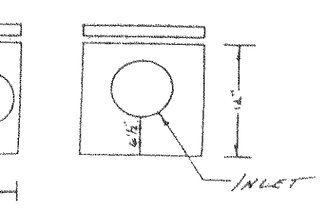

OUTLETS
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N.T.S.
E. MERSHON CONCRETE
CONCRETE DIST. BOX

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