OCEAN COUNTY HEALTH DEPARTMENT

P.O. BOX 2191
TOMS RIVER, N.J. 08754-2191
(732) 341-9700

12/1/09
Date

No. 041334

BOARD OF HEALTH OF Plumsted

CERTIFICATE OF COMPLIANCE

Issued to Walter Tagiello
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Approval - Repair

INDIVIDUAL WATER SYSTEM N/A

Installed at Block No. 74

Lot No. 3 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 041334 dated 10/22/09

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 Approval

Reg T. B

B.D. 26

60.09

Approval

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

OCEAN COUNTY HEALTH DEPARTMENT
NO 12-1104
PLAN APPROVED
DATE

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

Official Use Only

Fee Paid 041334

Plumsted
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 74

Lot(s) 3

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

AS Built

Type of Water System

___ (A) Potable Non-Public
___ (B) Potable Public Non-Community
___ (C) Non-Potable
___ (D) Public Community System

(Current address of applicant required. All information must be completed.)

NAME OF APPLICANT Walter Jagiello PHONE NO. 732-294-4770

ADDRESS 34 Highbridge Road CITY New Egypt STATE NJ ZIP 08533

DIRECTIONS TO LOCATION Take N. Main St out of New Egypt Towards RT 537 Turns into High Bridge Rd

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. # ___ Driller Phone # ___
(Print)

DRILLER ___ State Well Permit # ___
(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. NJDEP's "Well Record" must be immediately submitted to the Health Department upon installation of well.

SEPTIC APPLICATION

TYPE OF BUILDING TO BE SERVED Residential Dwelling Unit: No. of Bedrooms 4

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

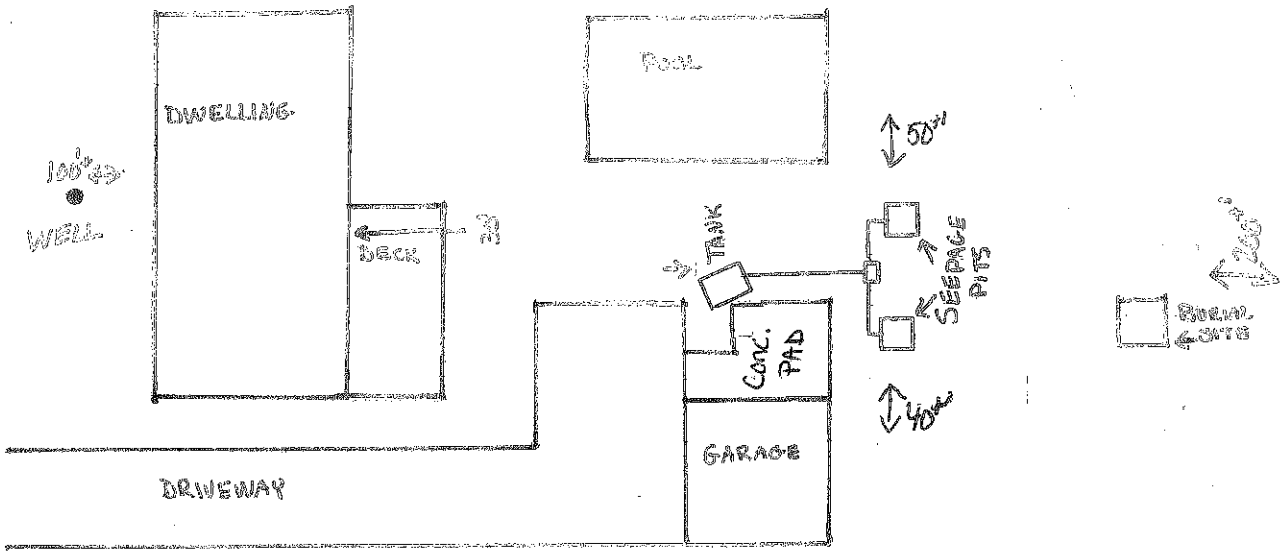
PERCOLATION TEST PERFORMED BY ___ Date ___ Phone ___

WEATHER CONDITIONS AT TIME OF TEST ___

ENGINEER'S SIGNATURE AND SEAL ___

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, and all fees are paid. Permit is valid for one (1) year from date of issuance.



DRAWING NOT TO SCALE

34 HIGH BRIDGE ROAD
PLUMSTED TWP
OCEAN COUNTY

BLOCK: 74
LOT: 3

AS BUILT

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

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

OCEAN COUNTY HEALTH DEPARTMENT
NO PLAN APPROVED 3/22/09
DATE
Official Use Only

Fee Paid 041334

Plumsted
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 74

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___ (D) To construct or alter a septic system
X (E) To replace or repair a septic system
Replace Absorption Area

Type of Water System

___ (A) Potable Non-Public
___ (B) Potable Public Non-Community
___ (C) Non-Potable
___ (D) Public Community System

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NAME OF APPLICANT Walter Jagiello PHONE NO. ~~[illegible]~~ 732-294-4770

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WELL APPLICATION

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TYPE AND METHODS OF SEALING JOINTS: Type ______ Method ______

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

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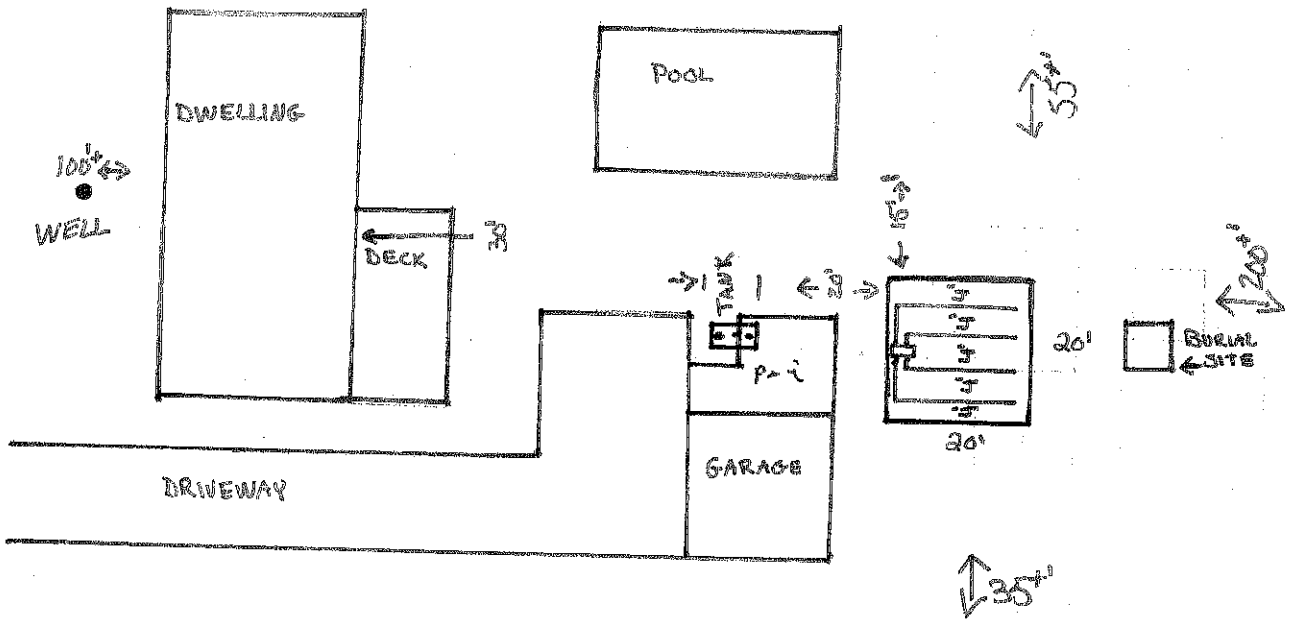
[illegible] (1) [illegible] (2) [illegible]

H.D. 45



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