OCEAN COUNTY HEALTH DEPARTMENT

1-11-06
Date

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

No. 034613

BOARD OF HEALTH OF Manchester

CERTIFICATE OF COMPLIANCE

Issued to Arthur Holst
(Owner or Contractor)

THIS IS TO CERTIFY ~~That the~~

INDIVIDUAL SEWAGE SYSTEM Repair

~~INDIVIDUAL WATER SYSTEM~~ _____

Installed at Block No. 1-139

Lot No. 9-12 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. D34613 dated 1-11-06

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
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

Approved for Inspection
per Inspection

OCEAN COUNTY HEALTH DEPARTMENT
NO PLAN APPROVED
DATE 7/11/06

Official Use Only
Fee Paid 034643

Manchester
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 139

Lot(s) 2+2

___ (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
L (E) To replace or repair a septic system

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 Arthur Horst PHONE NO. 349 5652

ADDRESS 608 7th Ave CITY Manchester STATE NJ ZIP 08759

DIRECTIONS TO LOCATION Commonwealth to Manchester to 7th Ave

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 1 Family Dwelling Unit: No. of Bedrooms 3

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

PERCOLATION TEST PERFORMED BY ___ Date ___ Phone ___

WEATHER CONDITIONS AT TIME OF TEST ___

ENGINEER'S SIGNATURE AND SEAL Brewer Septic 360 Mannock Ave Whiting NJ 08759 732 849 1669

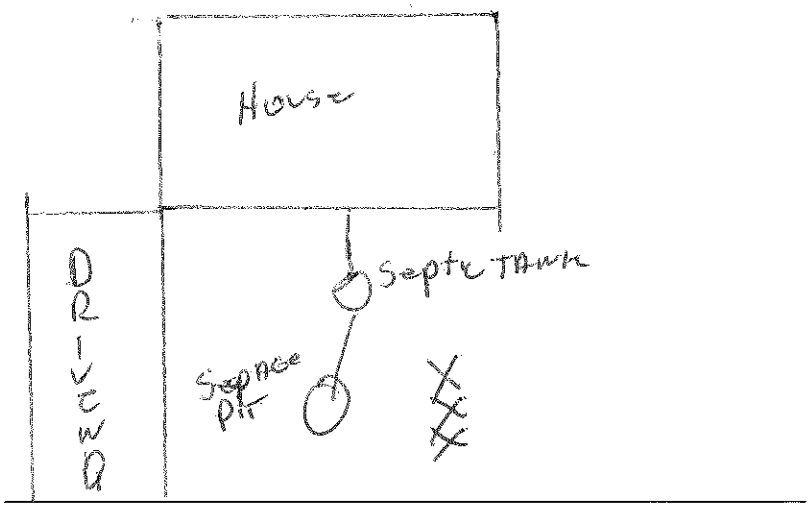
NOTE: All engineering data relating to soils, percolation & system design must be on engineer's drawing. Engineer's drawings must be signed & sealed by the engineer.

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.

Stipulations (1) Inspection req prior to backfilling
(2) Any deviation from this approved plan will require engineering

H.D. 45

BREWER SEPTIC & CONSTRUCTION
360 Monroe Avenue, Whiting NJ 08759
Phone 732-849-1669 Fax 732-849-1445



for
608 Seventh Avenue
Manchester, NJ 08757

Restone seepage pit

No well within 100ft.

Water table below 10 ft

XXX Will bury debris

Lot 9-12 **Block 1-139**