OCEAN COUNTY HEALTH DEPARTMENT

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

1-5-11
Date

No. 042787

BOARD OF HEALTH OF Lakewood

CERTIFICATE OF COMPLIANCE

Issued to Champion Court.
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Approved

INDIVIDUAL WATER SYSTEM N/A

Installed at Block No. 12.07

Lot No. 5 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 042787 dated 1-5-11

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.

Finink

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

OCEAN COUNTY HEALTH DEPARTMENT
NO PLAN APPROVED DATE 1/5/10
Official Use Only

Fee Paid 042787

Lakewood
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 12.07

Lot(s) 5

___ (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

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 Champion Contracting PHONE NO. 732-730-1317

ADDRESS 520 New Egypt Rd CITY Lakewood STATE NJ ZIP 08701

DIRECTIONS TO LOCATION 717 Valley Rd - off Central 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 _____ Dwelling Unit: No. of Bedrooms _____

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.

SEPTIC STIPULATIONS: AS CHECKED BELOW

X INSPECTION REQUIRED PRIOR TO BACKFILL
X ANY DEVIATION FROM THIS APPROVED PLAN WILL REQUIRE ENGINEERING DESIGN AND SUBMITTAL OF NEW PLANS.

WELL STIPULATIONS: AS CHECKED BELOW

_____ INSPECTION REQUIRED PRIOR TO BACKFILL
_____ WELL DRILLER'S RECORD REQUIRED
_____ WELL ABANDONMENT REPORT REQUIRED
_____ PROOF OF UTILITIES REQUIRED PRIOR TO FINAL APPROVAL
_____ VALID WATER ANALYSIS REQUIRED PER OCEAN COUNTY ORDINANCE 94-1

H.D. 45

Block 12.07
Lot 5

Champion Contracting
732-730-1317

Replacing 1 seepage tank to the right