OCEAN COUNTY HEALTH DEPARTMENT

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

Date 3/4/97 No. 013188

BOARD OF HEALTH OF Lakewood

CERTIFICATE OF COMPLIANCE

Issued to J. Berkovics
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM ✓

~~INDIVIDUAL WATER SYSTEM~~

Installed at Block No. 12.08

Lot No. 8 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 013188 dated 9/12/96

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

Fred Magee (Jag)

H.D. 26

OCEAN COUNTY HEALTH DEPARTMENT

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

Date 3/4/97 No. 013188

BOARD OF HEALTH OF JACKSON

CERTIFICATE OF COMPLIANCE

Issued to JOSEPH BERKOVICS
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM 3/4/97

~~INDIVIDUAL WATER SYSTEM~~

Installed at Block No. 12.08

Lot No. 8 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 013188 dated 9/12/96

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

Fred Magee (Jag)

H.D. 26

INVOICE

No. 2K

OCEAN COUNTY HEALTH DEPARTMENT
P.O. BOX 2191
TOMS RIVER, NJ 08754

INVOICE DATE: 3-4-97
CUSTOMER'S ORDER NO.:

SOLD TO: Doug Hart

SHIP TO: P/U DATE 3-11-97

SALESMAN	SHIPPED VIA	TERMS	F.O.B.

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		Eng Cert		N/C
		MANCHESTER B1.321 L17 (13668)		
		LAKEWOOD B12.08 L8 (13188)		

DK

Adams NC 3878

Invoice

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

		Date 9/12/96
Signature of Inspecting Official: Finelite	Municipality	Time - (2400 Hours) Begin

REG. NO.	REMARKS (Please specify area)
	Citywater
	Septic-Well Permit Review # 01 3188
	(Plan Intake — 9/25/96) · Block 12.08 Lot 8
	Municipality (Jackson)
	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 CHANGE TO APPROVED APPLICATION/PLAN WILL REQUIRE RE-SUBMISSION/ REVISED PLAN
	Reviewers Signature:

(Attach additional sheets if necessary)

H.D. 67

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/Alter/Repair and Individual Subsurface Sewage Disposal System which was approved by the administrative authority. Part C will be completed if 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: BLOCK 12.08 LOT 8

   Municipality LAKEWOOD

   Street Address VALLEY RD.

3. Name and Present Address of Applicant: JOE BERKOVICS 125 GUDZ Rd. LAKEWOOD, NJ 08701

   Applicant's Phone Number 367-2692

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

IVAN JELINEK

Name (Type or Print) License NJ #14207

Date: 3-4-97

OCEAN COUNTY HEALTH DEPARTMENT
PO Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

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

APPROVED WITH STIPULATIONS
OCEAN COUNTY
HEALTH DEPARTMENT
9/13/96
NO
PLAN APPROVED
DATE

Official Use Only

Fee Paid #013188

LAKEWOOD
MUNICIPALITY

Comm. Code 15
Official Use Only

Block 12.08

Lot(s) 8

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

Type of Water System

___ (A) Potable Non-Public
X (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 Joseph Berkovics PHONE NO. 367-2692

ADDRESS 125 GUOZ RD. CITY Lakewood, STATE N.J., ZIP 08701

DIRECTIONS TO LOCATION South side of Valley Dr.,200 ± north of Central Ave.

WELL APPLICATION

TYPE OF CASTING: 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 RES. Dwelling Unit: No. of Bedrooms 3

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

~~PERCOLATION~~ TEST PERFORMED BY D.G.HART Date 8-8-96 Phone 657-7728

WEATHER CONDITIONS AT TIME OF TEST fair

ENGINEER'S SIGNATURE AND SEAL _____ IVAN JELINEK, P.E. Lic. # 14207

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.

APPENDIX B

COUNTY/MUNICIPALITY **OCEAN / LAKEWOOD**

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

FORM 1 - GENERAL INFORMATION

1. T ype of Permit Needed : (Check Applicable Catergories) :

   X New Construction

   _____Alteration/No Expansion or change of Use

   _____Alteration/Expansion or Change of Use

   _____Alteration/Malfunctioning System

   _____Deviation from Standards

   _____Repairs to Existing System

2. Location of Project :

   Municipality **LAKEWOOD** Block No. **12.08** , Lot No. **8**

   Street Address **VALLEY DRIVE , LAKEWOOD, N.J.,** Zip **08701**

3. Name of Applicant (Print) : **JOSEPH BERKOVICS**

4. Applicants Present Address : 125 GOD2 Rd., LAKEWOOD, NJ., 08701

5. Applicat's Phone Number : **367-2692**

6. Type of Facilty : X Residential , _____Commercial/Institutional

   Specify Type of Establishment : _____

7. Type of waste 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 : _____

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 in This State and Subject to Prosecution .

Signature of Applicant _____, Date Aug 30 1996

FOR AGENCY USE ONLY

_____Application denied-Reason for denial/citation of rules Violated: _____

L Application Approved WITH STIPULATIONS

_____Application Approved subject to approval by NJDEP

Date of Action 9/12/96 Signature of Authorized Agent _____

Name and Tilte _____

COUNTY/MUNICIPAL OCEAN / LAKEWOOD

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

FORM 2a - GENERAL SITE EVALUATION DATA

BLOCK - 12.08 LOT- 8

1. Name of Site Evaluator (Print) : DOUGLAS G. HART,L.S.

2. Business Address of Site Evaluator : 3674 RIDGEWAY ROAD LAKEHURST,N.J.,08733

3. Business Phone Number of Site Evaluator : 908-657-7728

4. Special Site Limitations Identified (Check Appropriate Categories): N/A

_____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 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 Disintergration 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) Piezometer A: Depth to Bottom _____ Depth of water Level (24 Hours)_____

c) Piezometer B: Depth to Bottom_____ Depth of water Level (24 Hours)_____

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 Survay 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 Soil Evaluator : Douglas G. Hart Date 8-29-96

Signature of Professional Engineer _____ Lic. # 14207

COUNTY/MUNICIPALITY OCEAN / LAKEWOOD

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

FORM 2b -SOIL LOG AND INTERPRETATION

BLOCK - 12.08 LOT - 8

1. Log Number A 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 Plan)

3. Ground Water Observations : DRY HOLE @ 108"
_____ 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 _____
____ Excessive Coarse Horizon - Depth Top to Bottom _____
X Excessively Coarse Substratum - Depth to Top 60"
____ Hydraulically Restrictive Horizon - Depth Top to Bottom _____
____ Hydraulically Restrictive Substratum - Depth to Top _____
____ Perched Zone of Saturation - Depth Top to Bottom _____
X Regional Zone of Saturation - Depth to Top 12'

5. Soil Suitability Classification : IISC

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.A.C. 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 8-29-96

Signature of Professional Engineer _____ Date 8-29-96

FORM 2b -SOIL LOG AND INTERPRETATION

BLOCK - 12.08 LOT - 8

1. Log Number B 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 Plan)

3. Ground Water Observations : DRY HOLE @ 108"
_____ 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 _____
____ Excessive Coarse Horizon - Depth Top to Bottom _____
X Excessively Coarse Substratum - Depth to Top 66"
____ Hydraulically Restrictive Horizon - Depth Top to Bottom _____
____ Hydraulically Restrictive Substratum - Depth to Top _____
____ Perched Zone of Saturation - Depth Top to Bottom _____
X Regional Zone of Saturation - Depth to Top 12'

5. Soil Suitability Classification : I

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.A.C. 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 8-29-96

Signature of Professional Engineer _____ Date 8-29-96

COUNTY/MUNICIPALITY OCEAN / LAKEWOOD

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

FORM 4 - GENERAL DESIGN DATA

BLOCK - 12.08 LOT - 8

1. Volume of Sanitary Sewage , Gal. : 500

X Residential : No. of Dwelling Units 1 Total No. of Bedrooms 3

_____ Commerical/Institution - 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 aily Flow , and Maximum Recorded Daily eadings : _____

2. Alteration or Repairs : N/A

a) Reason For Alteration or Repair (Check Appropriate Categories) :

_____ Expansion or change of Use , _____ Upgrade existing Facilities , _____ Correct Malfunctioning System

_____ Other - Specify _____

3. System Components :

a) Grease trap capacity , Gals._____ , Show Calculations Used : _____

b)Septic Tank capacity , Gals. 1000 , First (single) Compartment 1

_____ , 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 7 Total , Lenght 32' Pipe , Size 4" , Spacing 36"

f) Connecting Pipe : Size 4" , Length 14.7 '

g) Manifold : Size N/A , Length _____

h) Disposal Field : Type of Installation SRE , Design Permeability (Percolation Rate) 6-20

Trenches : Width 24' Total , Length 34' , Bed : Area 816 SQFT

i) Seepage Pits : Design Percolation Rate _____ , # of Pits _____ Total Percolation Area Provided _____

4. Attachments (Check Items Included) :

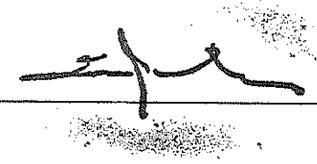
X General Plan of System Showing Location of All System Components

X X-Sections of each System component Including Grease Traps , Septic Tanks , Dosing Tanks , 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.A.C. 58:10-A-1 et seq.) And is subject to Penalties as Prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer  Date 8-29-96

COUNTY/MUNICIPALITY OCEAN / LAKEWOOD

APPLICATION FOR LICENSE TO OPERATE AN INDIVIDUAL
SUBSURFACE SEWAGE DISPOSAL SYSTEM

FORM 1. GENERAL INFORMATION

1. Municipality LAKEWOOD Block - 12.08 Lot - 8

2. Name of Applicant (Print) JOSEPH BERKOVICS

3. Applicants Address : 125 6002 Rd. , LAKEWOOD,N.J.,08701

4. Applicants Phone Number : 367-2692

5. Certificate of compliance : Date of Issuance _____
If No Certificate was issued , Indicate Approximate Age of System _____

6. Type of Facility : X Residential - Indicate Number of Occupants _____
_____Commerical/Institutional - Specify Type of Establishment _____

7. Type of waste Discharged : X Sanitary Sewage Only , _____Industrial Waste
_____Other - Specify Type _____

8. Volume of Wastes : Average Flow, Gal/Day _____ Max. Daily Flow, Gal. _____

_____Based on Water Meter Data

_____Assumed Based on Data Related to Water Usage - Show data Below :

_____Number of users (Patrons, Guest, Visitors, Etc.) Per Day _____

_____Number of Employees _____, _____Total Employee Hours Per Day _____

_____Number of Fixtures _____ , Specify Type _____

_____Size of Building Ft3 _____ ,

_____Other - Specify _____

9. Indicate System Components , Provide What Information is Available :

_____Grease Traps : Capacity , Gals. _____ , _____Septic Tank : Capacity , Gals. _____

_____Dosing Tank : Capacity , Gals. _____ , Dosing Device : _____Pump , _____Siphon

_____Disposal Bed : area , ft.2 _____

_____Disposal Trenches : Width, Ft. _____ , Number _____ Total Lenght _____

_____Seepage Pits : Number _____ , Diameter , Ft. _____ , Depth , Ft. _____

_____Interceptor Drains ,

_____Other - Specify _____

10. I Hereby Certify that the Information Furnished on Form 1 of This application (and Attachments thereto) is True and ccurate. I am Aware that Falsification of Data is a Violation of The Pollution Control Act (N.J.A.C. 58:10A-1 et seq.) And is subject to Penalties as Prescribed in N.J.A.C. 7:14-8.

Signature of Septic System Inspector _____ Date _____

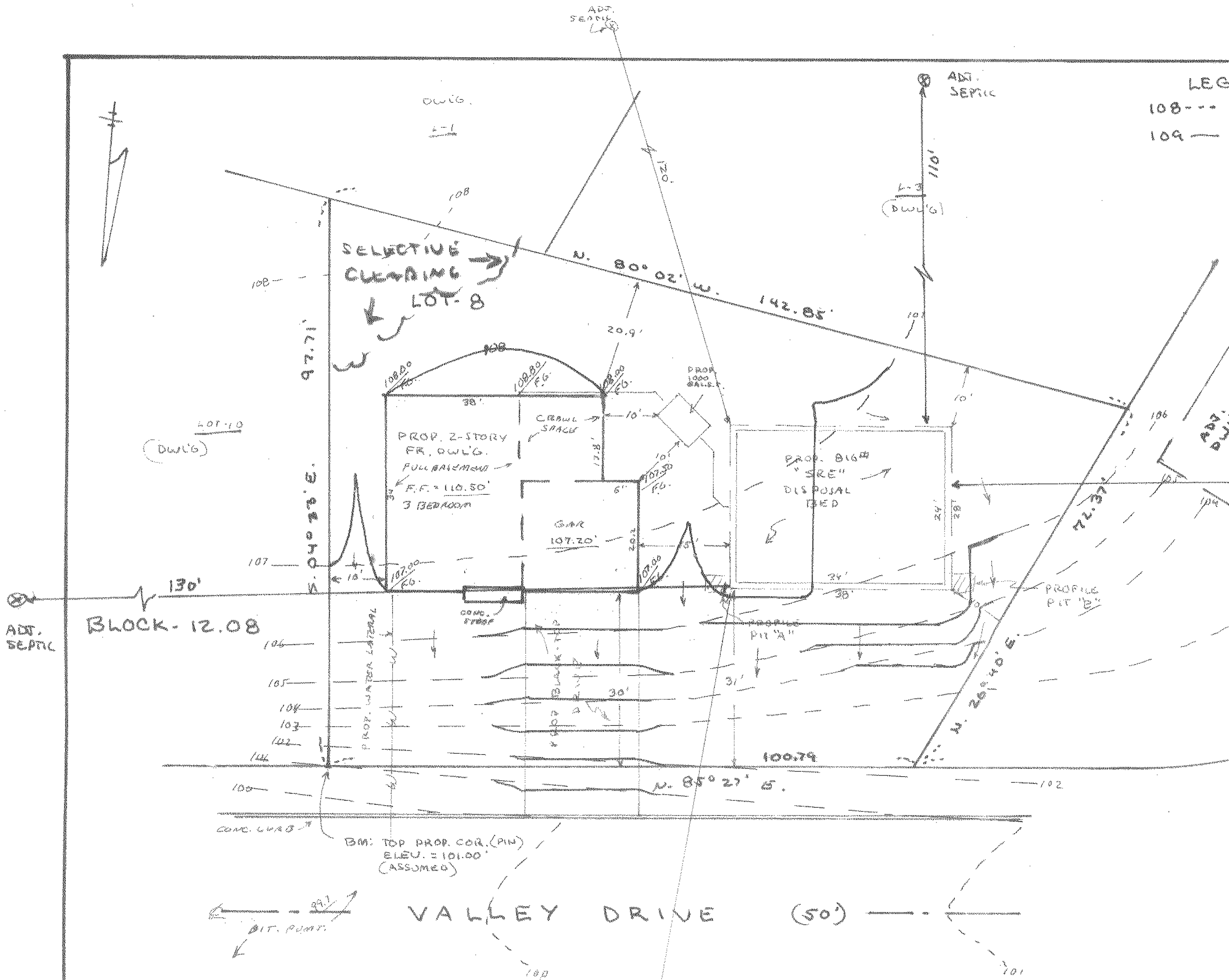
For Agency Use Only :

_____Application Denied - State reason for Denial _____

_____Application Approved - License Number _____

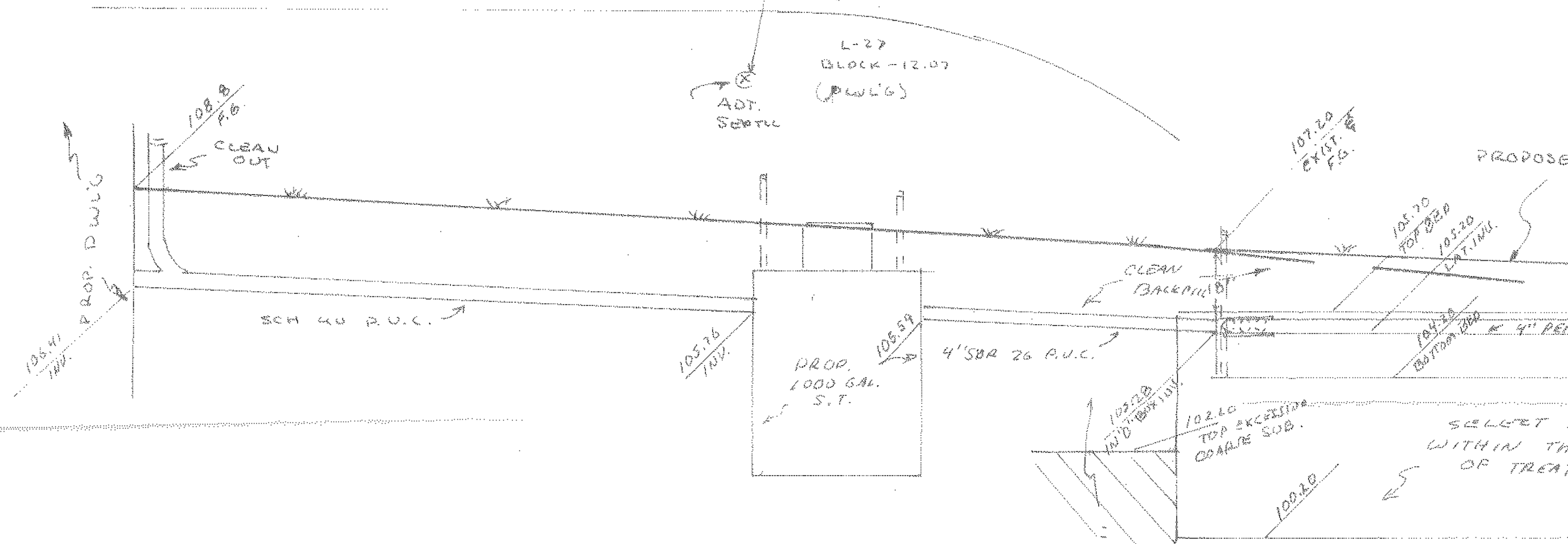
Date of Action _____ Signature of Authorized Agent _____

Name and Title _____



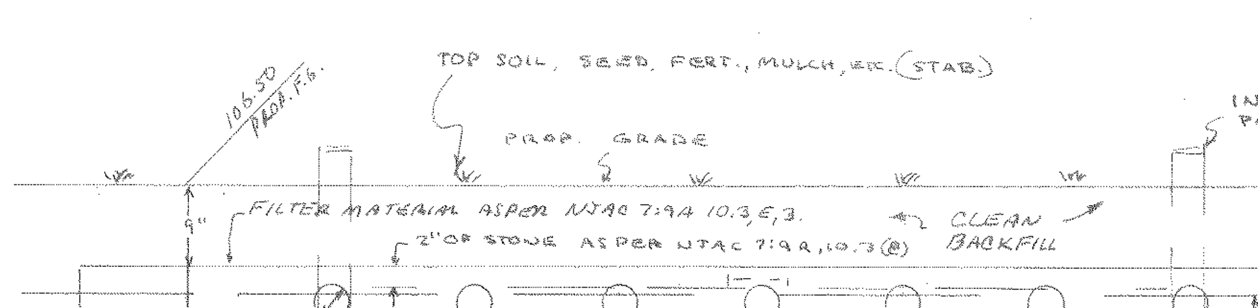
PLOT PLAN

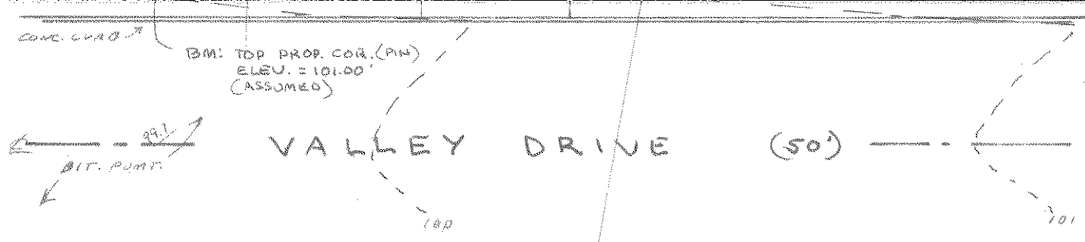
SCALE : 1" = 20'



HYDRAULIC PROFILE & SIDE VIEW CROSS SECTION

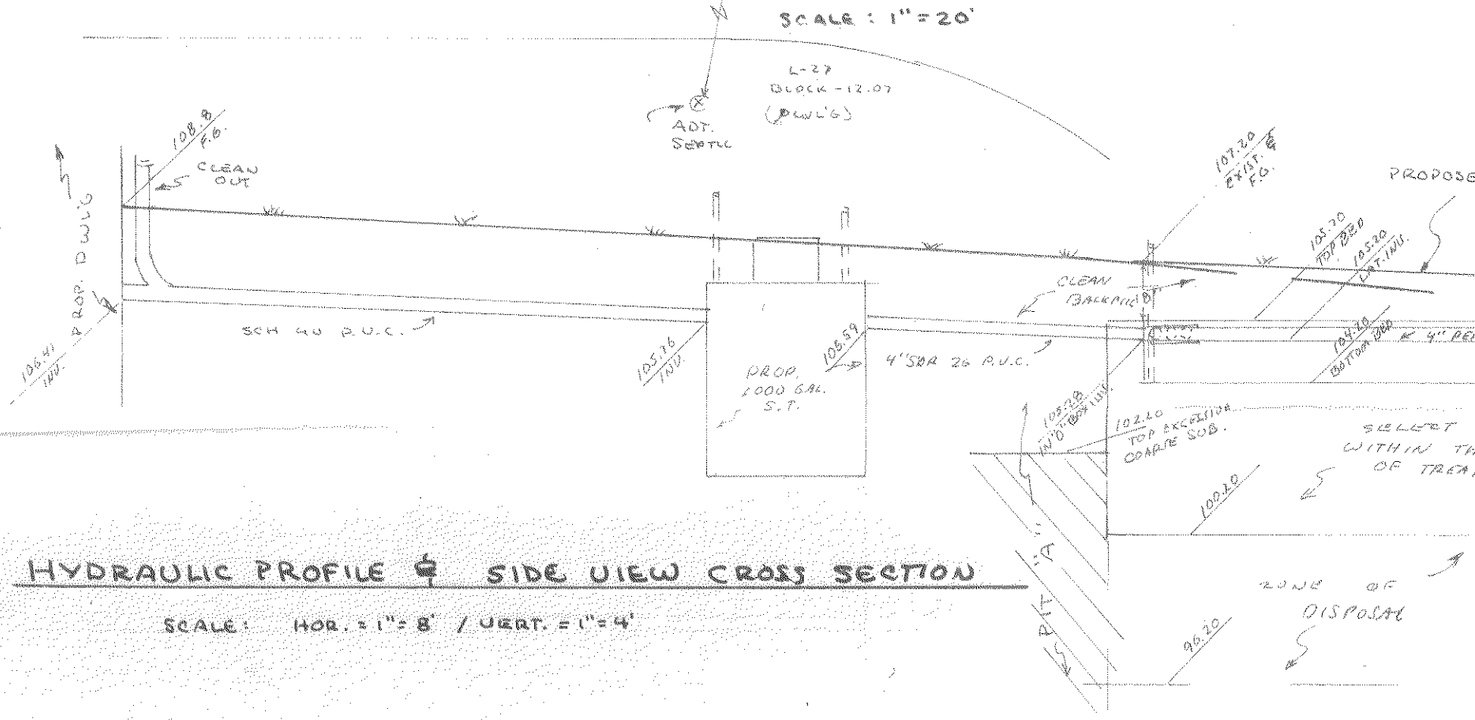
SCALE: HOR. = 1" = 8' / VERT. = 1" = 4'





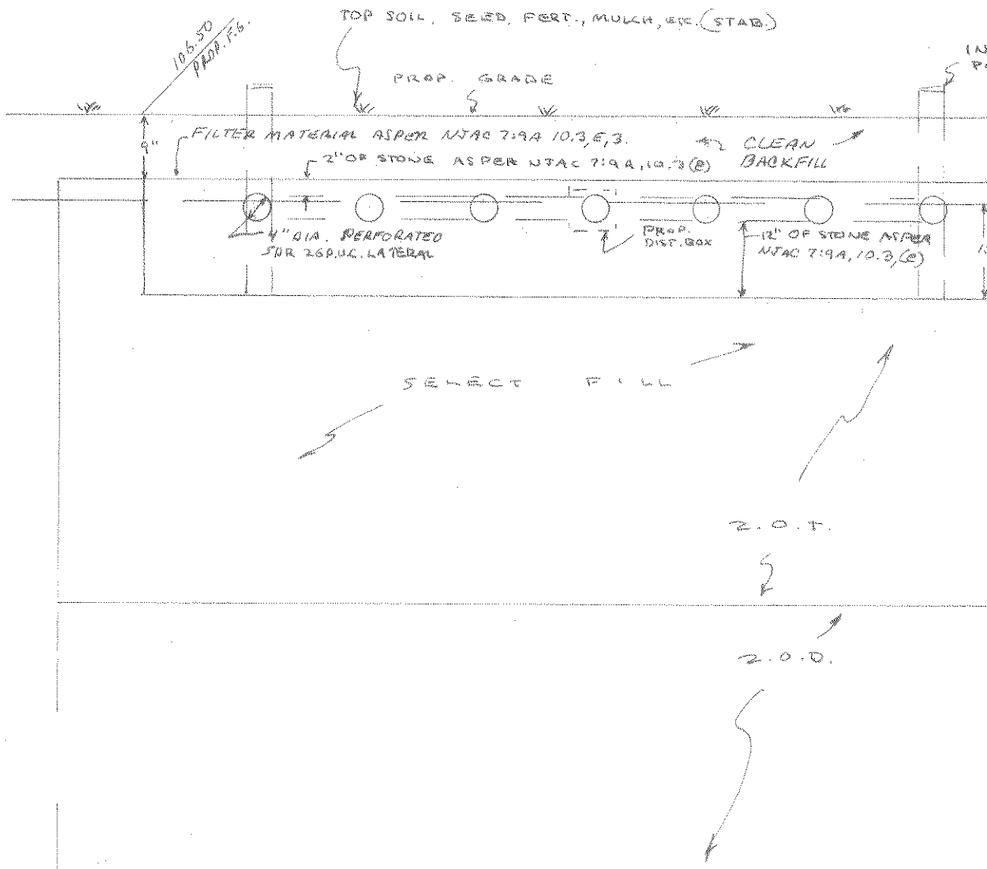
PLOT PLAN

SCALE : 1" = 20'



HYDRAULIC PROFILE & SIDE VIEW CROSS SECTION

SCALE: HOR. = 1" = 8' / VERT. = 1" = 4'



PREPARED FOR:
J. BERKOVITZ
LAKEWOOD, N.J.

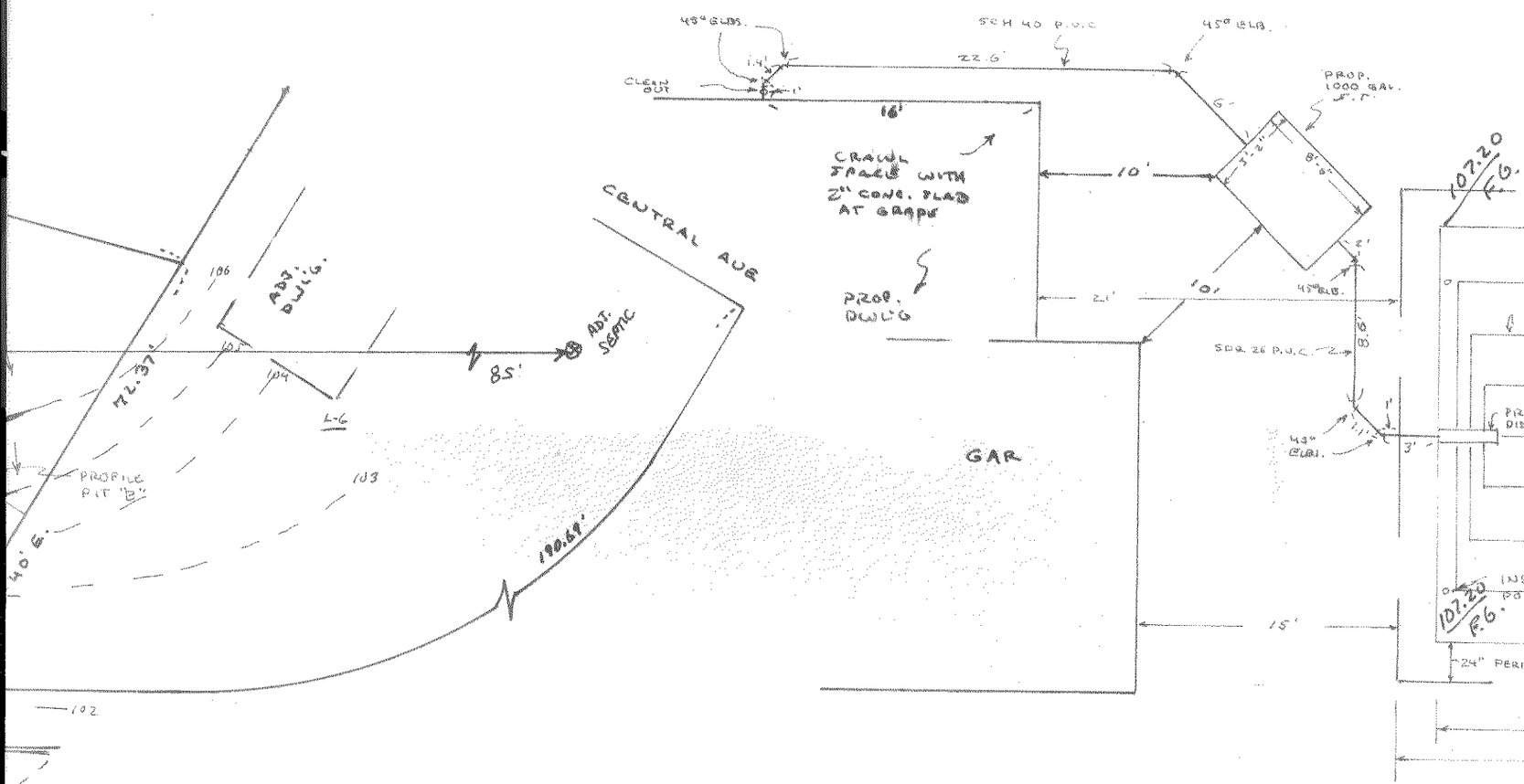
END VIEW SECTION

N.T.S.

LEGEND:

108--- : EXISTING CONTOUR

109 —— : PROP. CONTOUR

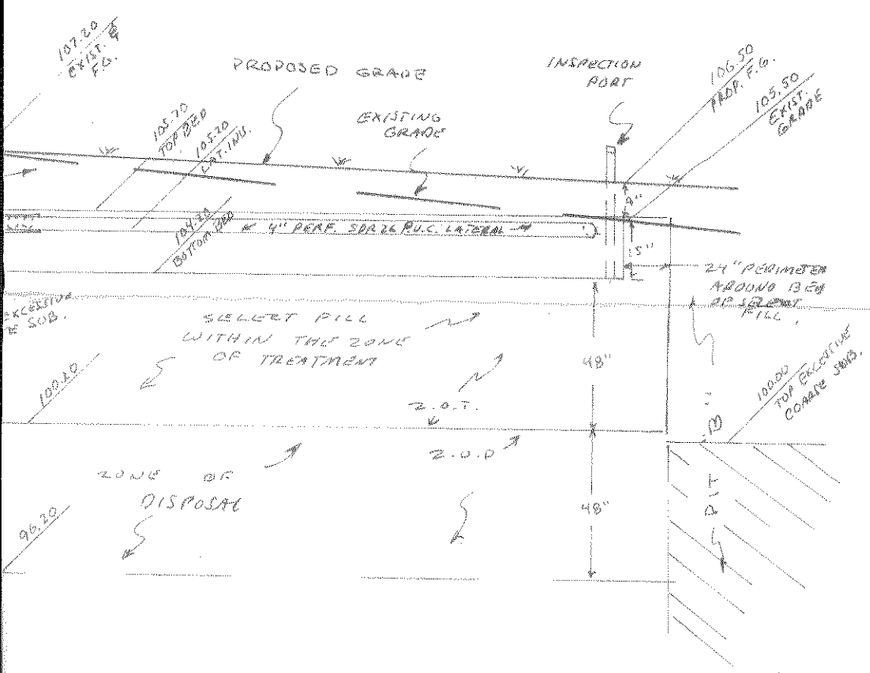


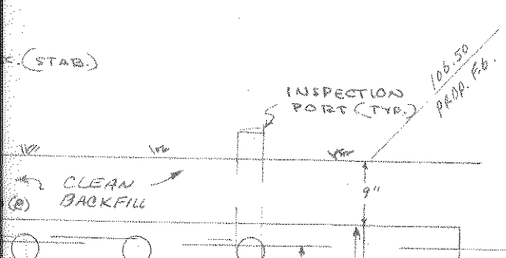
NOTE:

PROP. DWLG TO BE SERVICED BY MUNICIPAL WATER SUPPLY, LOT-27 IN BLOCK-12.07, LOTS-1,3,6,& 10 IN BLOCK-12.08 ARE SERVICED WITH MUNICIPAL WATER. NO WELLS HAVE BEEN LOCATED WITHIN A RADIUS OF 150' FROM THE PROPOSE SEPTIC.

PLAN VIEW

SCALE: 1" = 8'



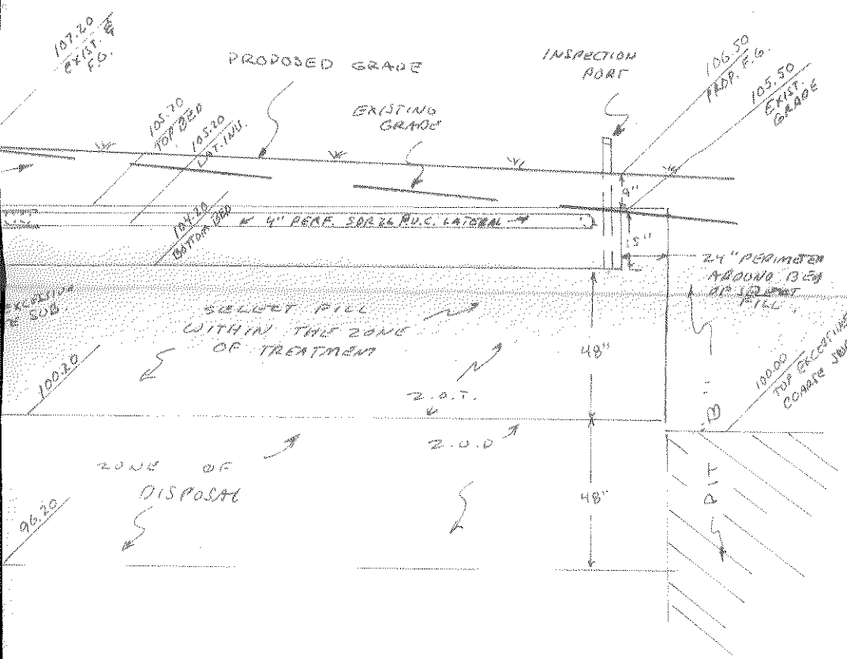


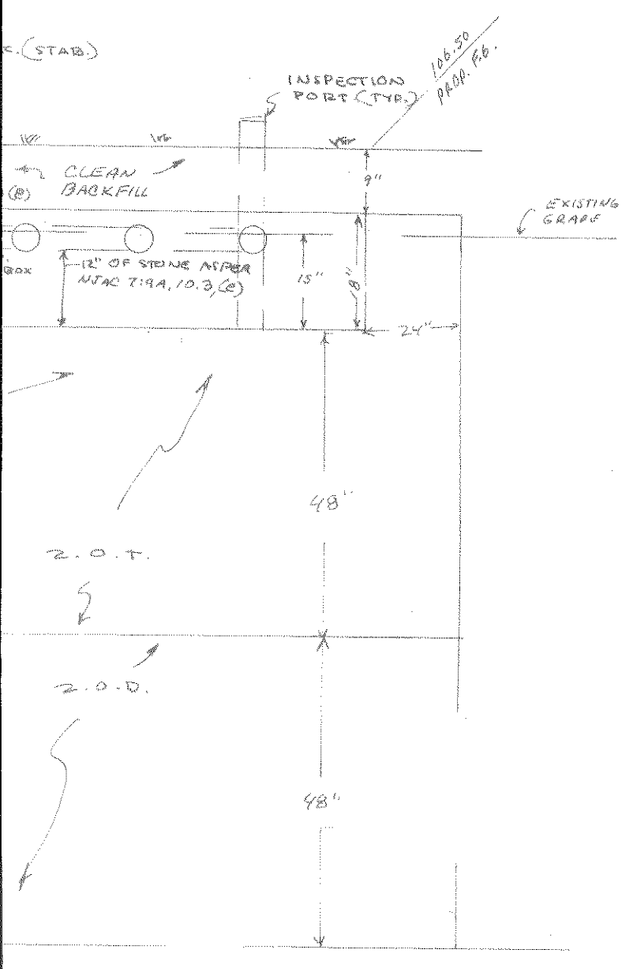
NOTE:

PROP. DWLG TO BE SERVICED BY MUNICIPAL WATER SUPPLY, LOT - 27 IN BLOCK - 12.07, LOTS - 1, 3, 6, & 10 IN BLOCK - 12.08 ARE SERVICED WITH MONICIPAL WATER. NO WELLS HAVE BEEN LOCATED WITHIN A RADIUS OF 150' FROM THE PROPOSE SEPTIC.

PLAN VIEW

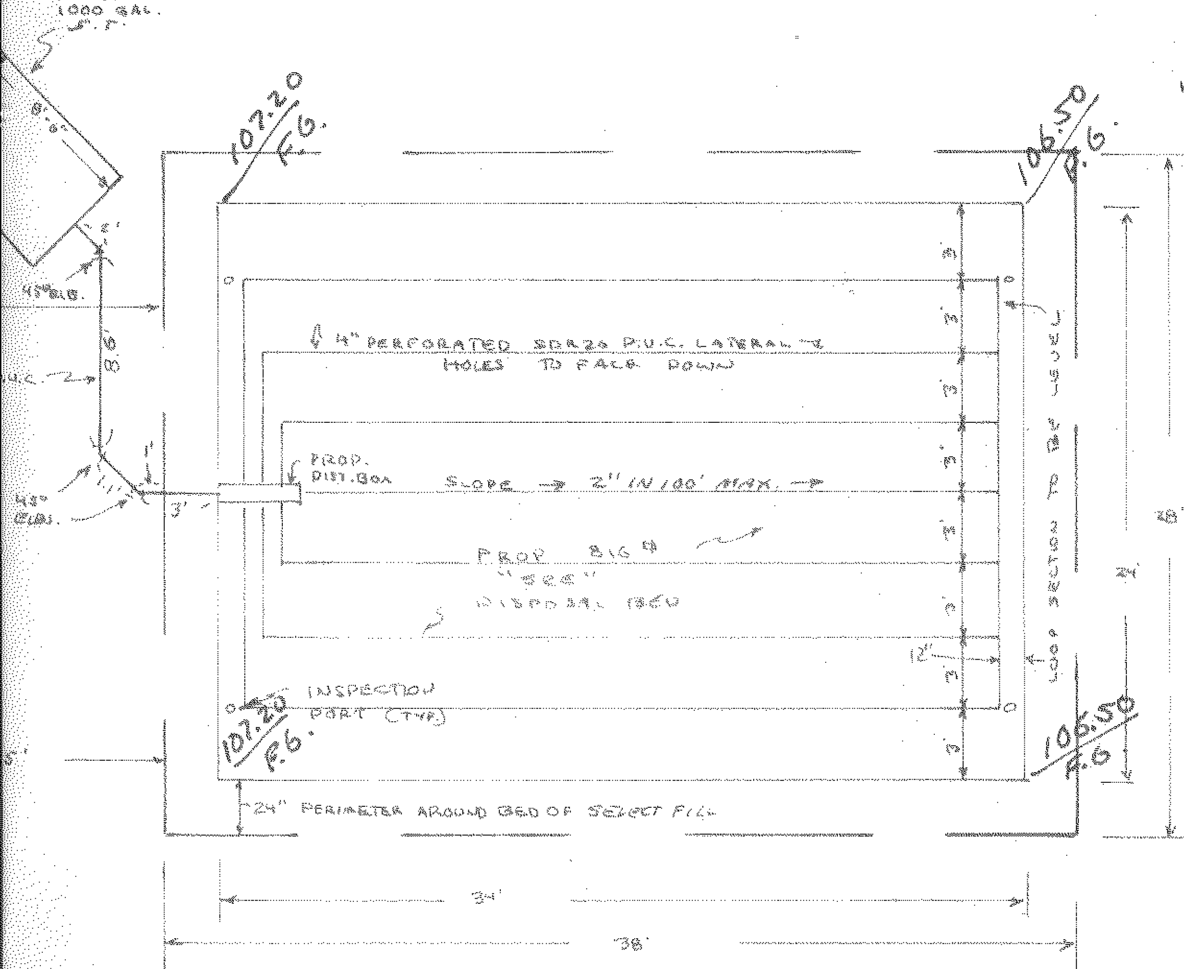
SCALE: 1" = 8'





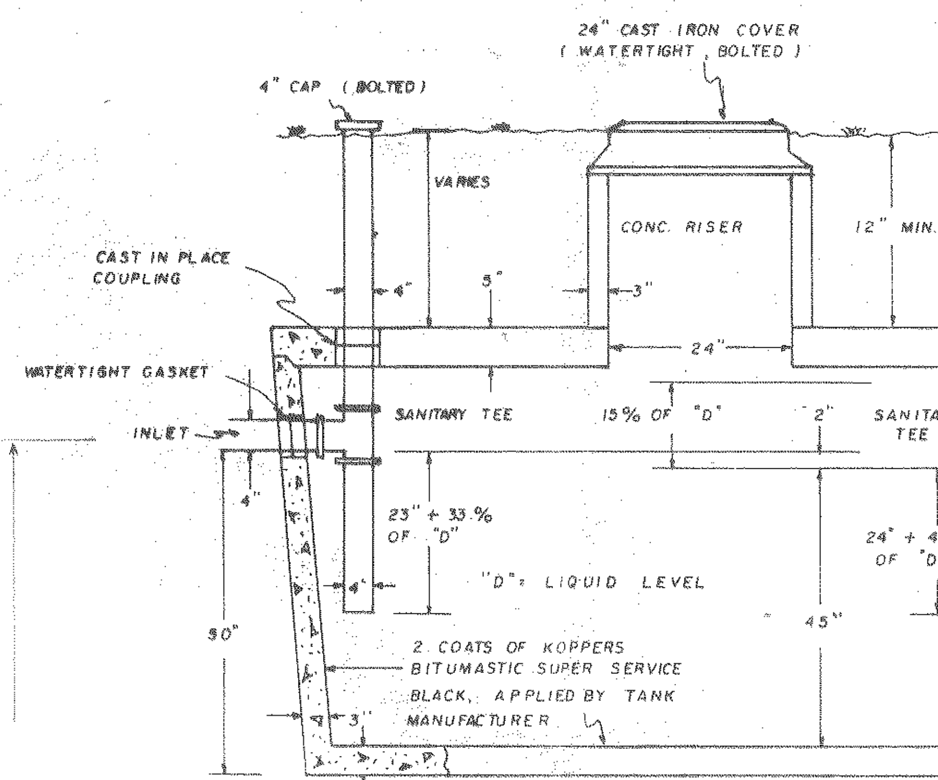
DEPTH	SOI
0"-2"	
2"-6"	
6"-24"	SUB.
24"-60"	SUB
* 60"-108"	EX SIN
	PIT
	NO TY

DATE OF PIT :
METHOD :
LOCATION :
MOTTLES :
S.H.G.W. :
WIT. BY :



VIEW

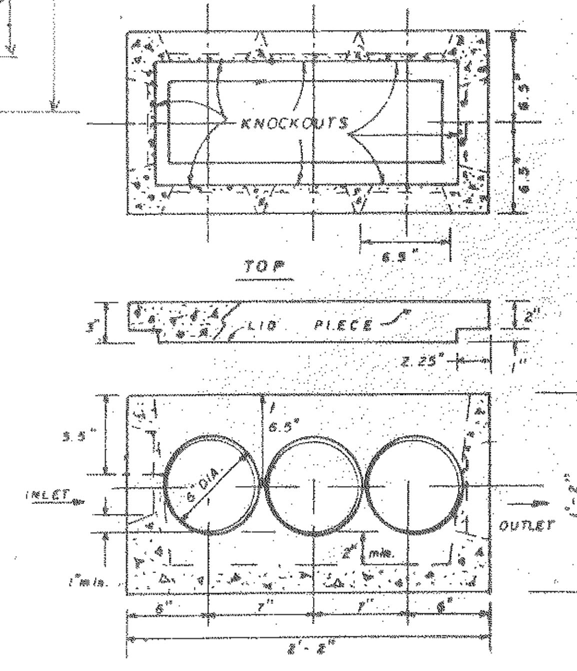
1" = 8'



TANK TAPERS, TOP TO BOTTOM AND IS TRAPEZOIDEL IN CROSS SECTION.
TANK IS 4000 PSI., STEEL REINFORCED CONCRE...
CONFORMS TO ACI 318-16-4.5.1, 318-16-4.5...
TANK TYPE: MERSHON, 1000 GAL. SEPTIC TA...

SEPTIC TANK DETAIL

N.T.S.

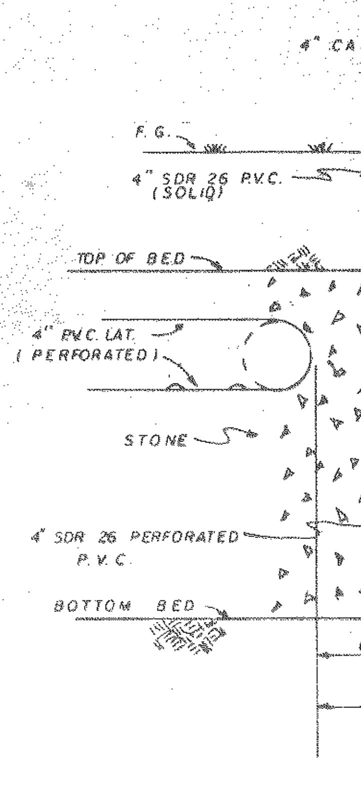


NOTES:

1. BOX SHALL COMPLY WITH NJAC 7:9A, 9.4 AND BE RESISTANT TO SULPHURIC ACID.
2. DIST. BOX SHALL BE CONSTRUCTED IN A WATERTIGHT MANNER.
3. CONCRETE TO BE 4,000 p.s.i. AT 28 DAYS.
4. TYPE: D. VOGEL OR EQUAL.

DISTRIBUTION BOX DETAIL

N.T.S.



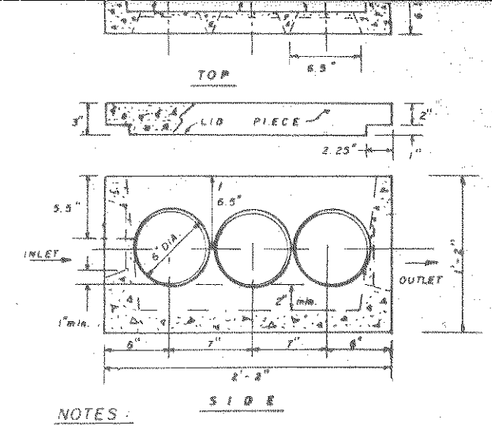
INSPECTION PO

N.T.S.

38'

J VIEW

E: 1"= 8'



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DISTRIBUTION BOX DETAIL

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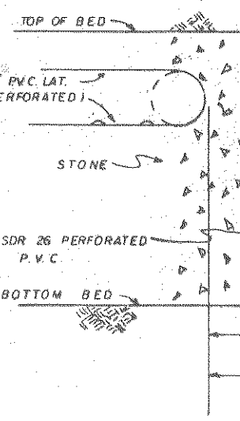


INSPECTION P

N.T.S.

PROFILE PIT "A"

DEPTH	USDA & UNIFIED SOIL CLASSIFICATION	MUNSELL SOIL COLOR
0"-2"	TURF ,PT	
2"-6"	TOP SOIL	
6"-24"	LOAMY SAND ,SW SUB.ANG.,BLOCKY,SOFT,<20%C.F.	10YR 5/8 YEL/BROWN
24"-60	LOAMY SAND ,SW SUB.ANG.,BLOCKY,SOFT,<10%C.F.	10YR 7/8 YELLOW
* 60"-108"	EXCESSIVE COARSE SAND ,GW SINGLE GRAIN ,LOOSE,>50% C.F.	10YR 5/8 YEL/BROWN
	DRY HOLE	
	* = EXCESSIVE COARSE SUBSTATUM	
	PIT TERMINATED @ 108" DUE TO CAVING	
	NO SAMPLES TAKEN DUE TO TYPE SYSTEM USED "SRE"	

DATE OF PIT :	8-8-96
METHOD :	BACKHOE
LOCATION :	SEE PLAN
MOTTLES :	NOT ENCOUNTERED
S.H.G.W. :	12'
WIT. BY :	NO SHOW

PROFILE PIT "B"

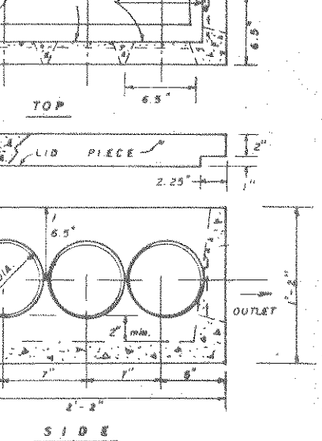
DEPTH	USDA & UNIFIED SOIL CLASSIFICATION	MUNSELL SOIL COLOR
0"-2"	TURF ,PT	
2"-6"	TOP SOIL	
6"-24"	LOAMY SAND ,SW SUB.ANG.,BLOCKY,SOFT,<20%C.F.	10YR 5/8 YEL/BROWN
24"-66	LOAMY SAND ,SW SUB.ANG.,BLOCKY,SOFT,<10%C.F.	10YR 7/8 YELLOW
* 66"-108"	EXCESSIVE COARSE SAND ,GW SINGLE GRAIN ,LOOSE,>50% C.F.	10YR 5/8 YEL/BROWN
	DRY HOLE	
	* = EXCESSIVE COARSE SUBSTATUM	
	PIT TERMINATED @ 108" DUE TO CAVING	
	NO SOIL SAMPLES TAKEN DUE TO TYPE SYSTEM USED "SRE"	

DATE OF PIT :	8-8-96
METHOD :	BACKHOE
LOCATION :	SEE PLAN
MOTTLES :	NOT ENCOUNTERED
S.H.G.W. :	12'
WIT. BY :	NO SHOW

	Appro
DATE :	REVISIO
DATE: 8-28-96	SCALE: A

L
OC

IVAN JELIN
P.O. BOX 17
WHITING, N.



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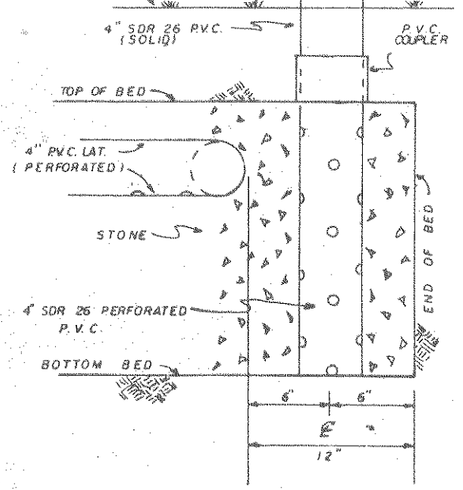
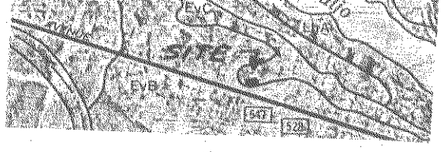
D. VOGEL OR EQUAL.

TION BOX DETAIL
N.T.S.



INSPECTION PORT DETAIL

N.T.S.



O.C. SOIL SURVEY MAP
SOIL TYPE: EvC, EvE SBORO SLOPE: 5-10 %
S.H. GROUND WATER: 76" BOOK / EST. @ 12'
SOIL SUITABILITY CLASS: IIIe

SCALE: 1" = 1,666'

DESIGN NOTES :

PROPOSED 3 BEDROOM DWELLING = 3 BED ROOM DESIGN.
300 gal. FOR FIRST BEDROOM AND 150 gal. FOR EACH ADDITIONAL BR.
300 gal. X 1.6 = 605 sq.ft. DISPOSAL BED REQUIRED.
PROVIDED : 24" X 36" = 816 sq.ft. "SRE" SYSTEM
SEPTIC TANK SIZE 3 BR. X 250 gal. =1000 gal. REQUIRED Min.
1000 gal. TANK PROVIDED

GENERAL NOTES :

1. Installation and construction to comply with local administrative authority.
2. Proposed septic system is not in conflict with chapter NJAC 7:9A.
3. All inspection ports are to be carried up to finish grade and have a cap, bolted or locked on.
4. The concrete riser shall be carried up to finish grade and have a water tight cast iron cover, bolted or locked on.
5. The proposed septic tank shall be approved type to meet the latest edition of NJAC 7:9A.
6. All construction of the septic system to be done under the supervision of the design engineer, and same must be notified 3 working day prior to the start of construction.
7. Contractor shall submit specifications on proposed materials of construction, for approval by the design engineer, prior to the construction of the septic system.
8. The general contractor shall provide positive drainage away from the septic system and the dwelling.
9. A visual inspection be the design engineer indicates that there are no outcrops, streams, lakes, or drainage systems within a radius of 150' from the proposed septic system, unless noted on the plan.
10. Installation of the proposed septic system shall be made in conformance with NJAC 7:9A-10.4(c) thru (i) and references to subchapter 7:9A-10.3(b),(c,1-5),(d) and(e) contained therein. (grading,piping,excavation,filter mat'l.,backfill & final grade.
11. All pipe to be used in the construction of the septic system shall be SDR 26, PVC, unless noted different on the plans.
12. SELECT FILL SOIL COMPOSITION :
When fill material is utilized within the ZONE OF TREATMENT, the fill shall meet the following requirements.
i. Coarse fragment content less than 15 percent by volume or less than 25 percent by weight.
ii. Texural analysis composition ,by weight,of size fraction passing the two millimeter sieve : from 85 to 95 percent sand, from 5 to 15 percent silt plus clay, min. 2 % clay.
iii. Permeability from six to twenty inches per hour, or a percolation rate of three to thirty minutes per inch.
When fill material is utilized within the ZONE OF DISPOSAL, the fill shall meet the following requirements.
i. Texural Analysis (composition, by weight, of size fraction passing the two millimeter sieve): 85 percent or more sand:and
ii. Permeability greater than two inches per hour, or percolation rate faster than 30 minutes per inch.
13. COMPACTION NOTE :
Fill material shall be spread and compacted in layers of one foot or less, compacting may be done manually or mechanically, by tamping, or rolling, or by driving over the fill area in a controlled pattern using a tracked or rubber-tired vehicle. Upon final inspection , design engineer shall certify that the compaction has been accomplished properly.
14. WETLANDS:
There are no wetlands located on this lot or within a 150 ft. radius of the proposed septic and/or well.

T "B"

D TION	MUNSELL SOIL COLOR
%C.F.	10YR 5/8 YEL/BROWN
%C.F.	10YR 7/8 YELLOW
,GW %C.F.	10YR 5/8 YEL/BROWN
S	
E TO	
IKED DOS O "SRE"	

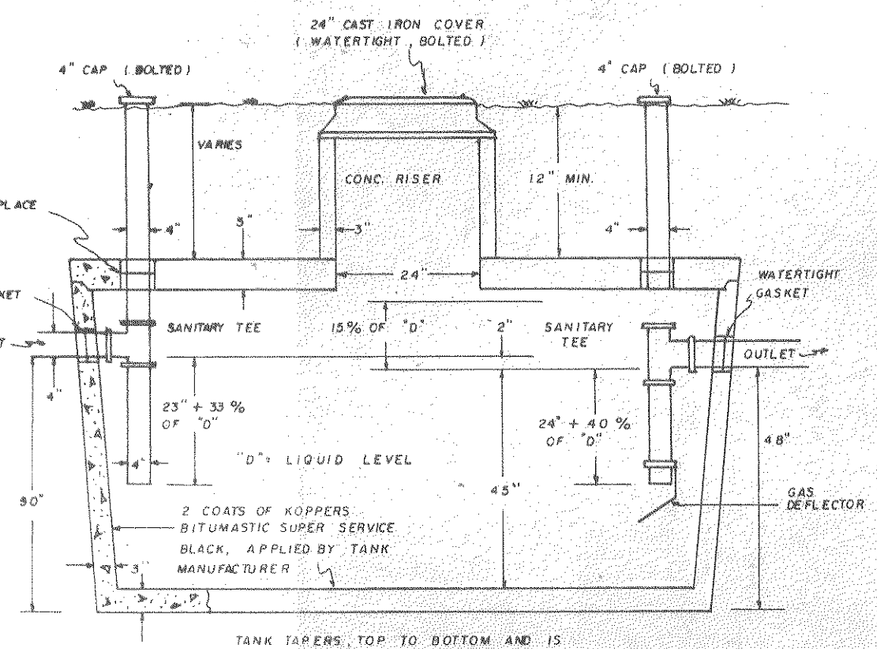
96
HOE
LAN
UNTERED
"
HOW

DATE:	REVISION: APPROVED WITH STIPULATIONS 9/12/96 FINDINGS OF FACT
DATE: 8-28-96	SCALE: AS NOTED / DRN. BY: D.G.H. / CHK. BY: I.J.

PLOT PLAN
LOT - 8 : BLOCK - 12.08
LAKEWOOD TOWNSHIP
OCEAN COUNTY, NEW JERSEY

IVAN JELINEK, P.E.
P.O. BOX 172
WHITING, N.J.
LIC. 14207

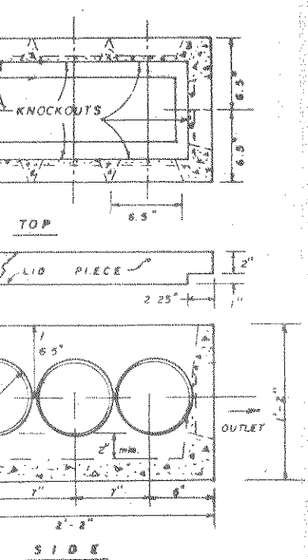
DOUGLAS G. HART, L.S.
3674 RIDGEWAY RD.
LAKEHURST, N.J.
LIC. 36734



TANK TAPERS, TOP TO BOTTOM AND IS TRAPEZOIDEL IN CROSS SECTION.
TANK IS 4000 P.S.I. STEEL REINFORCED CONCRETE CONFORMS TO ACI 318-16-4.5.1, 318-16-4.5.2
TANK TYPE: M.E.RSHON, 1000 GAL. SEPTIC TANK.

SEPTIC TANK DETAIL

N.T.S.



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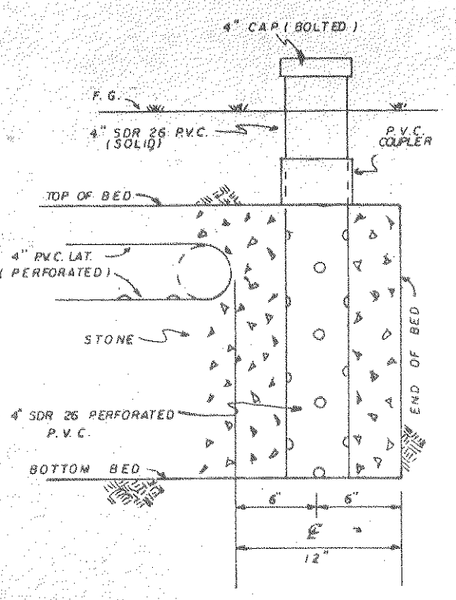

INSPECTION PORT DETAIL

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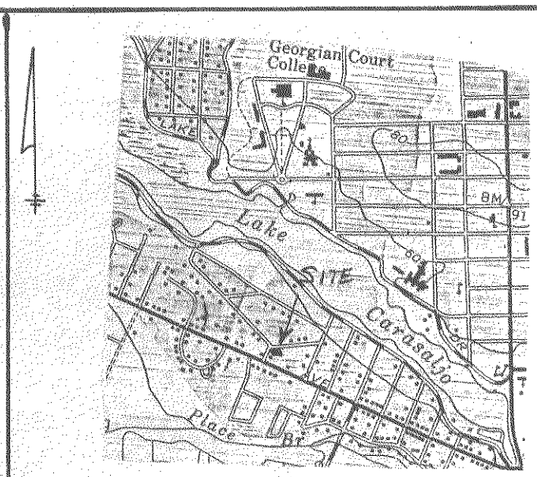

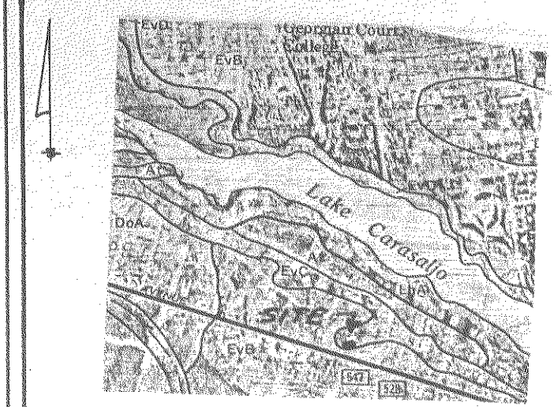

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500 gal. X 1.41 = 805 sq.ft. DISPOSAL BED REQUIRED.
PROVIDED : 24' X 36' = 816 sq.ft. SIZE SYSTEM
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