6-18-85
Date

No. 5-682-84

BOARD OF HEALTH OF Lakewood

CERTIFICATE OF COMPLIANCE

Issued to D. Rudnisky
(Owner of Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM X

INDIVIDUAL WATER SYSTEM —

INDIVIDUAL PLUMBING SYSTEM —

Installed at Block No. 26

Lot. No. 7 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. _____ dated 12-26-84

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.

Frederick J. Erickson

H.D.26

S6882-84

OCEAN COUNTY
HEALTH DEPARTMENT
Date
NO
Permit No.
PLAN APPROVE
Fee $
DATE 12-26-84
FINAL INSPECTION
APPROVAL
DATE
INSPECTOR

County
Copy

Board of Health of Lakewood, New Jersey

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT AN INDIVIDUAL DISPOSAL SYSTEM

DATE 12/18/84

LOCATION–ADDRESS 24 Kimball (Number / Street) or BLOCK NO. 76 LOT NO. 7

OWNER (print) D. Rudnisky

PRESENT ADDRESS 24 Kimball, Lakewood, NJ 08701

NAME AND ADDRESS OF CONTRACTOR (print) A-All-In-One Services

RD 2, Box 381-A, Jackson, NJ 08527

TYPE OF BUILDING TO BE SERVED Residential USE: YEARLY X SUMMER

DWELLING UNIT – NUMBER OF BEDROOMS 3 EXPANSION ATTIC: YES NO X

OTHER – TYPE OF BUILDING GALLONS PER PERSON

TYPE OF FACILITIES PERSONS

SIZE OF LOT 100 x 110 AREA SQ. FT.

SEPTIC TANK – Liquid Capacity Shape Material

Width Length Diameter

Liquid Depth Distance from liquid level to underside of top

LIQUID DISPOSAL – Disposal Trenches Disposal Bed Seepage Pits

DISPOSAL TRENCHES – Width Depth Lin. Feet of Pipe

Distance between lines Type of pipe

DISPOSAL BED – Width 20' Length 20' Area in sq. ft. 400'

Linear feet of pipe 100' Type of pipe 4" Preferated PVC

Distance between lines 3'

SEEPAGE PITS – Number Diameter

Depth below inlet Distance between pits

Shape of pits Construction material

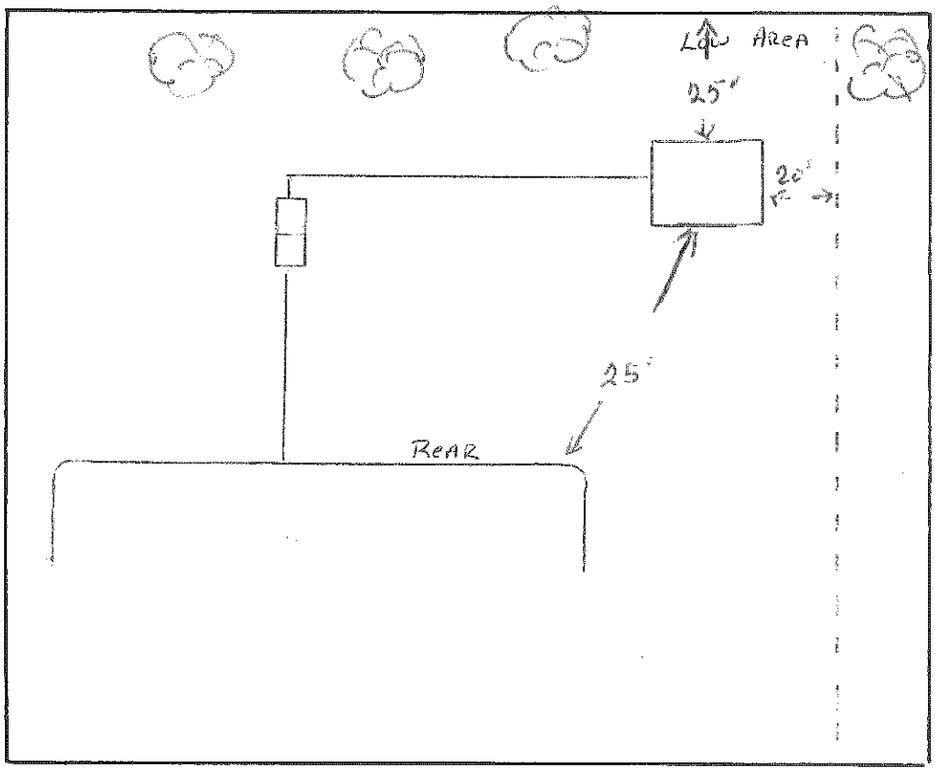
Depth of permeable material to be penetrated

PERCOLATION TESTS RESULTS

PERFORMED BY

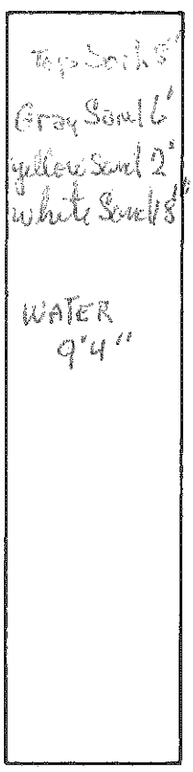
DATE

Sketch of Proposed Installation



City water
No wells 100'

Soil Log



S. T. – (Show capacity in gallons and Manufacturer's Name)

S. P. – (Show area in square feet, below inlet not including bottom and Manufacturer's Name)

Certify:

Design of individual sewerage disposal system and individual water system in accordance with the Individual Sewage Disposal System Code of New Jersey – 1963

WATER AND SEWERAGE PLAN

Block_____ Lot_____

Township of Lakewood, County of Ocean

New Jersey