OCEAN COUNTY HEALTH DEPARTMENT

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

12-21-94
Date

No. 008946

BOARD OF HEALTH OF LAKEWOOD

CERTIFICATE OF COMPLIANCE

Issued to Reischer
(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM Repair

~~INDIVIDUAL WATER SYSTEM~~

Installed at Block No. 79

Lot No. 19 is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No. 8946 dated 11-16-94

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
PO Box 2191, Sunset Avenue
Toms River, NJ 08754-2191

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

008946
OCEAN COUNTY HEALTH DEPARTMENT
APPROVE 11-16-94
DATE

Official Use Only

Fee Paid

X Lakewood
MUNICIPALITY

Comm. Code 15
Official Use Only

Block X 79

Lot(s) X 19

___ (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 septic system
___ (E) To replace or repair a septic system Restore
F ~~SEPTIC ABANDONMENT~~

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 X Reischer PHONE NO. 367-7663

ADDRESS X 25 Kimball Rd CITY Lakewood STATE N.J. ZIP 08701

DIRECTIONS TO LOCATION off 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 Resident 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~~ CONTRACTOR R-ALL-IN-ONE CONST Date 10/30/94 Phone 928-3800

WEATHER CONDITIONS AT TIME OF TEST _____ Kevin Wisbham

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.

3 4

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.

No change in size or location Bury all waste material on site. There be no change without an engineer or approval from O.C.B.H City water

Emergency Repairs

Kevin Wisbham

H.D. 45

Location - Address 25 Kimball Rd Lakewood or Block No. 79 Lot No. 19

Owner (Print) Reischer

Present Address Same 367-7669

A-ALL-IN-ONE SERVICES

Box 381-A RD 2
Jackson, N.J. 08527

908
201-928-3600

Type of Building to be Served Resident Use: Yearly X Summer

Dwelling Unit: No. of Bedrooms #3 Expansion Attic: Yes No X

Other: Type of Business No. Plumbing Units

Size of Lot 1/4 A Area Sq. Ft.

PRIMARY TREATMENT (For Definitions See Other Side)

Septic Tank Shape Rectangular* Cylindrical* Material

Width Length Liquid Depth Total Depth

Diameter (if cylindrical) Capacity (Gals.)

SECONDARY TREATMENT (For Definition See Other Side)

Disposal Trenches: Width Depth Area Sq. Ft.

Distance between lines Type and size of pipe

Disposal Bed: Width Length Area Sq. Ft.

Feet of pipe Type and size of pipe

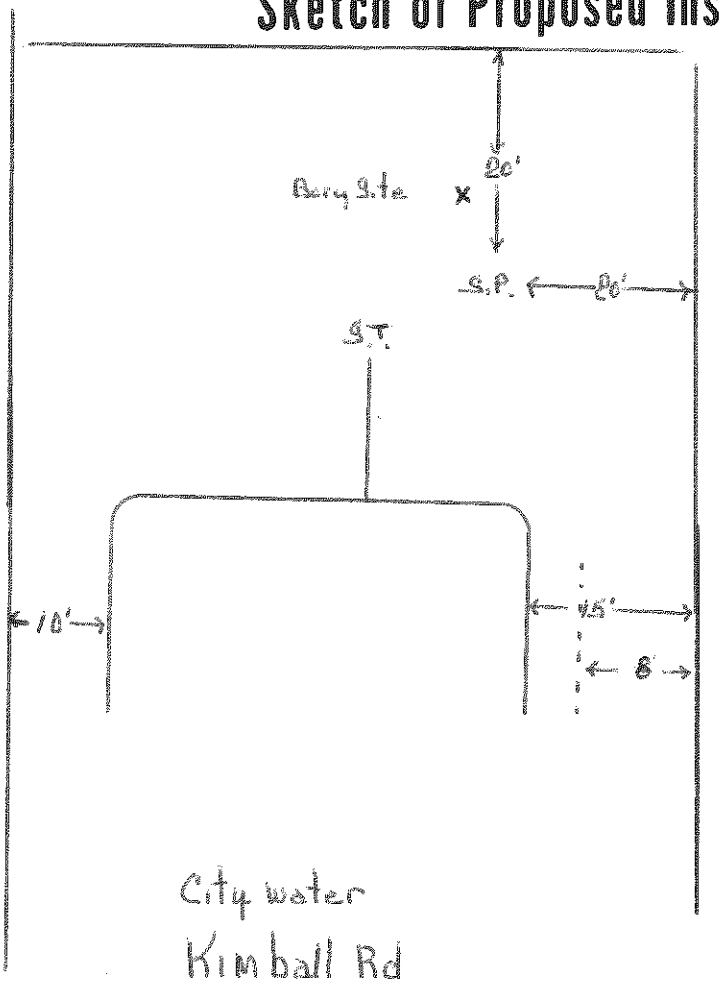
Distance between lines

Seepage Pits: Number Shape Rectangular Cylindrical Material

Width Length Total Distance between pits

Diameter (if cylindrical) Area Sq. Ft. (sides only)

Sketch of Proposed Installation



Soil Log