

OCEAN COUNTY HEALTH DEPARTMENT

4-6-06

Date

P.O. BOX 2191

TOMS RIVER, N.J. 08754-2191

(732) 341-9700

No. 035149

BOARD OF HEALTH OF

LAKEWOOD

CERTIFICATE OF COMPLIANCE

Issued to

ELI SEMEN

(Owner or Contractor)

THIS IS TO CERTIFY That the

INDIVIDUAL SEWAGE SYSTEM

APPROVED

INDIVIDUAL WATER SYSTEM

N/A

Installed at Block No.

411

Lot No.

46

is in compliance with the

Application for Permit to Locate and Construct or

Alter Such Systems.

No.

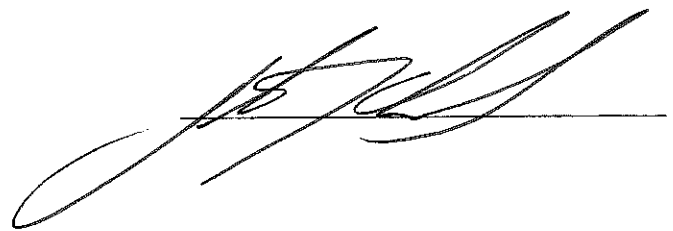
035149

dated

4-5-06

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



RECEIVED
OCEAN COUNTY HEALTH DEPARTMENT
TOMS RIVER, N.J.
APR 6 2006
LH & V S-01-00
02/11/06

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

OCEAN COUNTY
HEALTH DEPARTMENT

NO
PLAN APPROVED
DATE 4-5-06
Official Use Only

Fee Paid

035149

w/ship

<u>Lakewood</u> MUNICIPALITY	☐ (A) To construct both a septic & water supply system	☐ (A) Potable Non-Public
Comm. Code <u>15</u> Official Use Only	☐ (B) To construct a water supply system	☐ (B) Potable Public Non-Community
Block <u>411</u>	☐ (C) To replace or alter a water supply system	☐ (C) Non-Potable
Lot(s) <u>46</u>	☐ (D) To construct or alter a septic system	☐ (D) Public Community System
	☒ (E) To replace or repair a septic system	

(Current address of applicant required. All information must be completed.)

NAME OF APPLICANT Eli Semch PHONE NO. 995 0935
ADDRESS 92 Jones St CITY Lakewood STATE NJ ZIP 08701
DIRECTIONS TO LOCATION Rt 9 to Jones St

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 _____ (Signature) State Well Permit # _____

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 Home Dwelling Unit: No. of Bedrooms 3
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 [Signature]
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.

Ship: ① Any deviation from proposed repair shall constitute a alteration and require engineering.
② waste materials etc. to be buried 4' min. above water table.

- water table below 12 feet
- all city water
- no septic within 50 feet

35'

Bury
old
debris

existing
septic
tank

replace
existing
septic
tank

92 James st
Lot 46
Box 411

- city
water

Uncut

R.R. Tracks

James st