

EPD
CC. Building
Dept



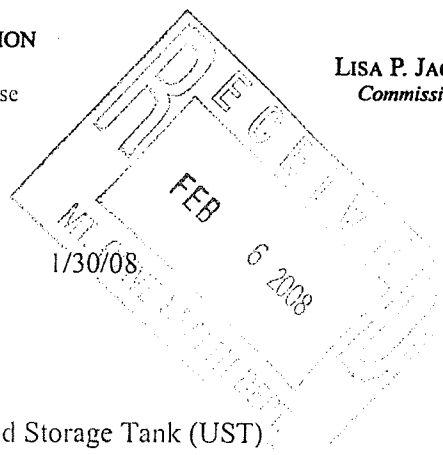
State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Remediation Management & Response
Northern Bureau of Field Operations
7 Ridgedale Avenue
Cedar Knolls, NJ 07927-1112
973-631-6401

LISA P. JACKSON
Commissioner

JON S. CORZINE
Governor

File



Kenneth Trevorow
106 Flanders Bartley
Flanders, NJ 07836

Re: Area of Concern: One 550 Gallon No. 2 Fuel Oil Underground Storage Tank (UST)
Unrestricted Use No Further Action Letter and-Covenant Not to Sue
Block 5300 Lot 32
106 Flanders Bartley Rd
Mount Olive Township, Morris County
Preferred ID: 436010
Activity Number Reference: BFO070001
Communication Center # 07-03-05-1022-52

Dear Mr. Trevorow:

Pursuant to N.J.S.A. 58:10B-13.1 and N.J.A.C. 7:26C, the New Jersey Department of Environmental Protection (Department) makes a determination that no further action is necessary for the remediation of the area of concern specifically referenced above, except as noted below, so long as Kenneth Trevorow did not withhold any information from the Department. This action is based upon information in the Department's case file and Kenneth Trevorow's final certified report dated 12/6/2007. In issuing this No Further Action Determination and Covenant Not to Sue, the Department has relied upon the certified representations and information provided to the Department.

By issuance of this No Further Action Determination, the Department acknowledges the completion of a Remedial Action and accompanying report pursuant to the Technical Requirements for Site Remediation (N.J.A.C. 7:26E) for the 550 Gallon No. 2 Fuel Oil UST and associated contaminated soils only, and no other areas. Post excavation sample analytical results were below the cleanup criteria developed for the site. Ground water was encountered at the site during the course of the remedial action and the analytical results were within *Ground Water Quality Standards*, N.J.A.C. 7:9-6.

No Further Action Conditions

As a condition of this No Further Action Determination pursuant to N.J.S.A. 58:10B-12o, Kenneth Trevorow and any other person who was liable for the cleanup and removal costs, and remains liable pursuant to the Spill Act, shall inform the Department in writing within 14 calendar days whenever its name or address changes. Any notices submitted pursuant to this paragraph shall reference the above case numbers and shall be sent to: Bureau of Risk Management, Initial Notice and Case Assignment - Case Assignment Section, Division of Remediation Support, P.O. Box 28, Trenton, N.J. 08625.

Well Sealing

Pursuant to N.J.S.A. 58:4A, Kenneth Trevorow shall properly seal all monitor wells and/or sumps installed as part of a remediation that will no longer be used for ground water monitoring. Wells shall be sealed by a certified and licensed well driller in accordance with the requirements of N.J.A.C. 7:9-9. The well abandonment forms shall be completed and submitted to the Division of Water Supply, Bureau of Water Systems & Well Permitting. Please call 609-984-6831 for forms and information.

COVENANT NOT TO SUE

The Department issues this Covenant Not to Sue (Covenant) pursuant to N.J.S.A. 58:10B-13.1. That statute requires a covenant not to sue with each no further action letter. However, in accordance with N.J.S.A. 58:10B-13.1, nothing in this Covenant shall benefit any person who is liable, pursuant to the Spill Compensation and Control Act (Spill Act), N.J.S.A. 58:10-23.11, for cleanup and removal costs and the Department makes no representation by the issuance of this Covenant, either express or implied, as to the Spill Act liability of any person.

The Department covenants, except as provided in the preceding paragraph, that it will not bring any civil action against:

- (a) the person who undertook the remediation;
- (b) subsequent owners of the subject property;
- (c) subsequent lessees of the subject property; and
- (d) subsequent operators at the subject property,

for the purposes of requiring remediation to address contamination which existed prior to the date of the final certified report (12/6/2007 Remedial Action Report) for the real property at the area(s) of concern identified above, payment of compensation for damages to, or loss of, natural resources or payment of cleanup and removal costs for such additional remediation.

Pursuant to N.J.S.A. 58:10B-13.1d, this Covenant does not relieve any person from the obligation to comply in the future with laws and regulations. The Department reserves its right to take all appropriate enforcement for any failure to do so.

The Department may revoke this Covenant at any time after providing notice upon its determination that:

- (a) any person with the legal obligation to comply with any condition in this No Further Action Determination has failed to do so;

This Covenant, which the Department has executed in duplicate, shall take effect immediately once the person who undertook the remediation has signed and dated the Covenant in the lines supplied below and the Department has received one copy of this document bearing original signatures of the Department and the person who undertook the remediation.

By: Kenneth Trevorrow

Signature: _____

Title: Homeowner

Dated: _____

NEW JERSEY DEPARTMENT OF
ENVIRONMENTAL PROTECTION

By: Yacoub E. Yacoub

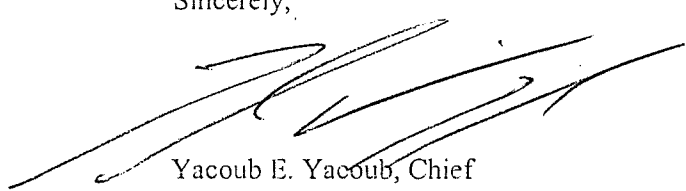
Signature: _____

Title: Bureau Chief

Dated: 01-30-08

Thank you for your attention to these matters. If you have any questions, please contact, Gary Charyak at (973) 656-4441.

Sincerely,


Yacoub E. Yacoub, Chief
Northern Bureau of Field Operations

c: Health Department
File # 14-27-252
Steve Rich Environmental Contractors
One Passaic Street-Unit A
Wood Ridge, NJ 07075



TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

5300/32

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE
OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: Frederick
106 Flanders Bentley
Owner's Name
Street Address

Pumping Contractor: ACTON 360-5060
Name of Firm Telephone

Date Of Pumping: 5/7/87

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	<u>1000</u>	<u>100</u>
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided NO

Location Of Tanks: ☒ Front Yard Liquid Level in tank is above ___ outlet invert
☐ Rear Yard below ___ outlet invert
☐ Side Yard at ☒ outlet invert

Type of Tank: ☐ Metal Condition of Tank(s): Acceptable ☒
☒ Precast Concrete Problem with Lid ___
☐ Cinder Block Problem With Baffle ___
☐ Other Other Problems ___

Disposal Area Design: ☐ Seepage Pits Condition of Disposal Area: Satisfactory ☒
☐ Bed Unsatisfactory ___
☐ Trenches
☒ Unknown
☐ Other

Reason for Pumpout: ☒ Routine Maintenance
☐ Surfacing on Ground
☐ Plumbing Backup
☐ Other (explain)

Disposal Site of Pumped Material: Seal Rich SVS
Company's Name/Address

[Signature]
Signature of Pumper

Dale Davis
Name(Print)

TOWNSHIP OF MOUNT OLIVE
204 FLANDERS DRAKESTOWN ROAD
BUDD LAKE NJ 07828
973-691-0900

CERTIFICATE

IDENTIFICATION

Date Issued: 02/25/2008

Control #: 19842

Permit #: 20070111

Block: 5300 Lot: 32 Qualification Code: _____

Work Site Location: 106 BARTLEY-FLANDERS RD
MOUNT OLIVE

Owner in Fee: TREVORROW, KENNETH M. & BARBARA M.

Address: 106 BARTLEY-FLANDERS RD
FLANDERS NJ 07836

Telephone: _____

Agent/Contractor: STEVE RICH ENVIRONMENTAL CONTRATORS

Address: ONE PASSAIC STREET -UNIT A
WOOD RIDGE NJ 07075

Telephone: 973 458-1188

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:


GARY LINDSAY Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: _____
Tank Removal - 550 gal. UST / , Tank Installation - 275 AST in bsmt.

Update Desc. of Wk/Use: _____

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$0.00

Paid ☒ Check No.: 020809

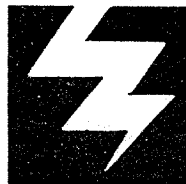
Collected by: pm



Township of Mt. Olive



ELECTRICAL SUBCODE TECHNICAL SECTION



PERMIT NO. 9405
 DATE ISSUED 10/17/88
 REVISION DATE _____
 Block 16 Lot 7.2
 Subdivision _____

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only When changing contractors, notify this office

Owner Kenneth H. Trevorrow Contractor Kenneth Trevorrow
PHILIP M. TREVORROW
 Address 106 BARTLEY FLANDERS, N.J. Address (OWNER)
BRIDGEWATER, N.J.
 Tel. _____ Tel. (____) _____
 Work Site Address (ABOVE) Lic.No./Bus. Permit _____
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Kenneth H. Trevorrow
 AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
_____	Switching Outlets	\$ _____	_____	H.V.A.C. Equipment	\$ _____	COLUMN 1 \$ _____
_____	Lighting Outlets	_____	_____	Switching Devices	_____	COLUMN 2 \$ _____
_____	Receptacle Outlets	_____	_____	Transformers	_____	SUBTOTAL \$ _____
_____	Range/Oven	_____	_____	Motors/Generators/Compressors	_____	Minimum Electrical Fee (If applicable) \$ _____
_____	Dryer, Electric	_____	_____	(state no. and size of each)	_____	Total Electrical Fee (Greater of Minimum or Subtotal) \$ <u>55.-</u>
_____	Water Heater, Electric	_____	_____	Other _____	_____	<u>3.50</u>
_____	Heating, Electric	_____	_____	Other _____	_____	<u>\$ 60.50</u>
_____	Switches	_____	_____	Other _____	_____	
_____	Lighting Fixtures	_____	_____	Other _____	_____	
_____	Receptacles	_____	_____	Other _____	_____	
_____	Bonding, Pool/Vault	_____	_____	Other _____	_____	
_____	Service/Feeders	_____	_____	Other _____	_____	
COLUMN 1 \$ _____			COLUMN 2 \$ _____			

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
 Service: _____ Amps _____ Phase _____ System Type _____
 _____ Wire _____ Volts _____ Wiring Method _____
 Total No. of Meters: _____
 Estimated Cost of Electrical Work: \$ 750.

D. COMMENTS

In ground Pool WIRING TO BE IN ACCORDANCE WITH 1975 ELECTRICAL CODE
☐ Partial Releases ☐ Prototype Processing

[illegible]**JOB CONDITION/COMMENTS**

JOB SUMMARY																											
☐ No Plans Required ☐ Plan Review Approved Date: 10/16/18 Approved By: [Signature]		INSPECTIONS <table border="1"><thead><tr><th>Type</th><th colspan="2">Failure Dates</th><th>Approval Date</th></tr></thead><tbody><tr><td>☒ Rough</td><td>10/16/18</td><td></td><td>11/14/18</td></tr><tr><td>☐ Energy</td><td></td><td></td><td></td></tr><tr><td>☐ Mechanical</td><td></td><td></td><td></td></tr><tr><td>☐ TCO</td><td></td><td></td><td></td></tr><tr><td>☐ Other</td><td></td><td></td><td></td></tr></tbody></table>		Type	Failure Dates		Approval Date	☒ Rough	10/16/18		11/14/18	☐ Energy				☐ Mechanical				☐ TCO				☐ Other			
Type	Failure Dates		Approval Date																								
☒ Rough	10/16/18		11/14/18																								
☐ Energy																											
☐ Mechanical																											
☐ TCO																											
☐ Other																											
INSPECTIONS FINAL ☐ CO ☐ ZCO ☐ CA Date: 9/12/19 Inspected By: [Signature]		CUT-IN <table border="1"><thead><tr><th></th><th>Date Issued</th><th>Expiration Date</th></tr></thead><tbody><tr><td>Temporary Cut-in-Card</td><td></td><td></td></tr><tr><td>Temporary Cut-in-Card</td><td></td><td></td></tr><tr><td>Final Cut-in-Card</td><td></td><td></td></tr></tbody></table>			Date Issued	Expiration Date	Temporary Cut-in-Card			Temporary Cut-in-Card			Final Cut-in-Card														
	Date Issued	Expiration Date																									
Temporary Cut-in-Card																											
Temporary Cut-in-Card																											
Final Cut-in-Card																											

☐ Plan Review Approved

Approved By:

INSPECTIONS FINAL

☒ ~~ECO~~

CA

Date:

Inspected By:

INSPECTIONS

Type

Failure Dates

Approval Date

Energy

☐ Mechanical

☐ TCO

☐ Other.

CUT-IN

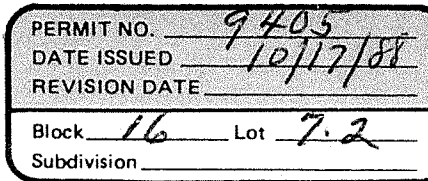
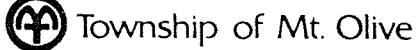
Temporary Cut-in-Card

Date Issued

Expiration Date

Temporary Cut-in-Card

Final Cut-in-Card



APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Contractor _____
Address _____ **Tony Zaleski**
Inground Pools
Tel. (____) _____ **Chester, N. J. 07930**
Lic. No. _____
Federal Emp. No. _____

Tel. _____
Work Site Address (ABOVE)

gent.
AGENT SIGNATURE

☐ See Plans

☐ New Building
☐ Addition
☐ Alteration/Renovation
 ☐ Roofing
 ☐ Siding
 ☐ Other _____
☐ Demolition
☐ Miscellaneous
 ☐ Fence
 ☐ Sign
 ☒ Pool
 ☐ Elevator
 ☐ Other _____

or 

	\$
5 ⁰⁰	
2.100	
3 ⁰⁰	
SUBTOTAL	\$
Minimum Building Fee (if applicable)	\$
Total Building Fee	\$
<i>Greater of Minimum</i>	
<i>or Subtotal)</i>	\$

USE GROUP: _____ Present. _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ 5,200.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE

JOB CONDITION/COMMENTS

11-10-88- BACKFILL OK *AB*

9-11-89- FINAL ~~OK~~ N.G. *AB*

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Frame	_____	_____
☐ Architectural	_____	_____
☐ Other _____	_____	_____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

TOWNSHIP OF MOUNT OLIVE
204 FLANDERS DRAKESTOWN ROAD
BUDD LAKE NJ 07828
973-691-0900

CERTIFICATE IDENTIFICATION

Date Issued: 03/04/2010
Control #: 19858
Permit #: 20070141

Block: 5300 Lot: 32 Qualification Code: _____

Work Site Location: 106 BARTLEY-FLANDERS RD
MOUNT OLIVE

Owner in Fee: TREVORROW, KENNETH M. & BARBARA M.

Address: 106 BARTLEY-FLANDERS RD
FLANDERS NJ 07836

Telephone: _____

Agent/Contractor: GILSON & SONS INC.

Address: 20 INDUSTRIAL AVE.
UPPER SADDLE RIVER NJ 07458

Telephone: 201 818-1100

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

☐ **CERTIFICATE OF OCCUPANCY**

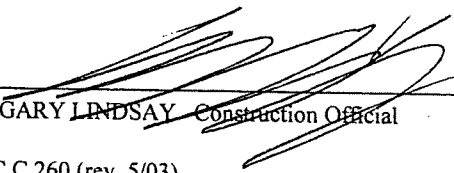
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:


GARY LINDSAY Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

BOILER - replacement (oil)

Update Desc. of Wk/Use: _____

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$0.00

Paid ☒ Check No.: 001315

Collected by: pm

TOWNSHIP OF MOUNT OLIVE
204 FLANDERS DRAKESTOWN ROAD
BUDD LAKE, NJ 07828
973-691-0900

CERTIFICATE IDENTIFICATION

Date Issued: 03/27/2013
Control #: 29868
Permit #: 20130341

Block: 5300 Lot: 32
Work Site Location: 106 BARTLEY-FLANDERS ROAD
MOUNT OLIVE
Owner in Fee: TREVORROW, KENNETH M. & BARBARA M.
Address: 106 BARTLEY-FLANDERS ROAD
FLANDERS NJ 07836
Telephone:
Agent/Contractor: 2B DEVELOPMENT CORP.
Address: 34-2 DEFOREST AVENUE
E HANOVER NJ 07936
Telephone: 973 795-4626
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Tearoff/Reroof

Update Desc. of Wk/Use:

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

GARY LINDSAY Construction Official

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period(____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Fees: \$0.00
Paid ☒ Check No.: 119959
Collected by: PM