BLOCK 32 LOT 5305 QUALIF /CODE _____ ADDRESS (SITE) 139 South Rd PERMIT NO. 2004-0136

RECEIVED
APR - 2 2004
#8219

4-6-04

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I,II,III (optional). IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 139 South Rd Chester Twp.
2. Name of Owner in Fee: Susan Moniot Tel. (908-879-5415
   Address: 139 South Rd (street) Chester Twp (municipality) NJ 07830 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Care Environmental Remediation Svcs Tel. (973-361-7373
   Address 1248 Sussex Tpk A-Co
   Randolph NJ 07869
   License No. OR, if new home, Builder Reg. No. US01354 Exp. Date 11/05
   Federal Employee No. 11-3663319 Fax ( )
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Ward Donigian
   Tel. (973) 361-7373 Fax (973 366-3630

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 46.-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	—		
10. Subtotal	$		
11. Cert. of Occupancy	n/c		
12. Other			
13. TOTAL CK 1300	$ 46 (B)		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone N/A	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	995-								
TOTAL COSTS	995-								

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

Demo
U
049

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Professional Printing
(856) 468-7933

FOLD FOLD

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to compiy with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name _____ Care Environmental Remediation Services, Inc.
Address _____ 1248 Sussex Turnpike, Bldg. A, Unit 6
_____ Randolph, NJ 07869

Telephone (973) 361-7373
Signature Dara VFinam (agent for) _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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Professional Printing
(856) 468-7933

FOLD

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X						
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation	X	X							
☐ N.J. Department of Environmental Protection	X	X							
☐ Utility Dig No.			X						
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

FOLD

TOWNSHIP OF CHESTER
1 PARKER ROAD
CHESTER NJ 07930
908-879-5100

CERTIFICATE

IDENTIFICATION

Date Issued: 04/28/2004
Control #: 8219
Permit # 20040136

Block: 32 Lot : 53.05 Qual: _____

Work Site : 139 SOUTH ROAD
CHESTER TOWNSHIP

Owner in Fee: MONIOT, JEROME & SUSAN C.

Address: 139 SOUTH ROAD
CHESTER NJ 07930

Telephone: 908 879-5415

Agent/Contractor: CARE ENVIRONMENTAL CORP.

Address: 10 ORBEN DRIVE
LANDING NJ 07850

Telephone: 973 361-7373

Lic. No./ Bldrs. Reg.No.: US00578 Federal Emp. No.: 22-3070727

Social Security No.: _____

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: REMOVAL OF 550 GAL UST OIL TANK

[ ] **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.

[X] **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 the owner will be subject to fine or order to vacate.

[ ] **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

5-4-04

James A. Fania Construction Official

Fees $0.00
Paid[X]Check No 1300
Collected by DJG

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4-2-04
Date Issued 4-6 04
Control # 8219
Permit # 2004-0136

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 32 Lot ~~5~~ 53.05
Work Site Location 139 South Rd
Chester Twp
Owner in Fee Susan Moniot
Address 139 South Rd
Chester Twp NJ 07830
Tele. (908) 879-5415
Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
Address 1248 SUSSEX TURNPIKE, BLDG, A. UNIT 6
RANDOLPH, NEW JERSEY 07869
Tele. (973) 361-7373 Fax (973) 366-3630
Lic. No. or Bldrs. Reg. No. US01354
Federal Emp. No. 11-3663319

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of 550 Gallon UST
2 Heating Oil
Non-Regulated

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	4-5-04	JS
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[X] Demolition Tank/UST

FEE (Office Use Only)
$ _____
Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ ~~Free~~

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U Demo.
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 995-
3. Total (1+ 2) $ 995-

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Professional Printing
(856) 468-7933

1. White/Inspector Copy 2. Canary/Office Copy
3. Pink/ Office Copy 4. White Tag

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4-2-04
Date Issued 4-6-04
Control # 8219
Permit # 2004-0136

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 32 Lot ~~5~~ 53.05
Work Site Location 139 South Rd
Chester Twp
Owner in Fee Susan Monot
Address 139 South Rd
Chester Twp NJ 07930
Tele. (908) 879-5415
Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
Address 1248 SUSSEX TURNPIKE, BLDG. A, UNIT 6
RANDOLPH, NEW JERSEY 07869
Tele. (973) 361-7373 Fax (973) 366-9930
Lic. No. or Bldrs. Reg. No. US01354
Federal Emp. No. 11-3669319

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of 550 Gallon UST
+ 2 Heating Oil
Non-Regulated

53.05

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	4-5-04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-6-04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4-6-04	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[X] Demolition Tank/UST

FEE (Office Use Only)
$ 44.-

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ 44.-

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Demo.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 995-
3. Total (1+ 2) $ 995-

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(856) 468-7933

1. White/Inspector Copy 2. Canary/Office Copy
3. Pink/ Office Copy 4. White Tag

DATE	JOB CONDITION / COMMENTS

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

4-2-04

Date Issued 4-6-04
Control # 829
Permit # 2004-01360

IDENTIFICATION Block 32 Lot ~~53.05~~ 53.05

Work Site Location 139 South Rd
Chester Twp

Owner in Fee Susan Moniot
Address 139 South Rd
Chester Twp NJ 07930
Tele. (908) 879-5415

Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
Address 1248 SUSSEX TURNPIKE, BLDG, A. UNIT 6
RANDOLPH, NEW JERSEY 07869
Tele. (973) 361-7373 Fax (973) 366-3630
Lic. No. or Bldrs. Reg. No. US01354
Federal Emp. No. 11-3663319

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Removal of 550 Gallon UST
#2 Heating Oil
Non-Regulated

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 995-

4-5-04
Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	—
Cert. of Occ.	N/C
Other	
Total	46 —
Check No.	1300
Cash	
Collected By:	DMH

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations, insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

UCC/PRO170 (REV3/96)
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(856) 468-7933

STATE OF NEW JERSEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

CARE ENVIRONMENTAL REMEDIATION SVS INC.
1248 SUSSEX TPK BDG A UNIT 6
RANDOLPH , NJ 07869

having duly met the requirements of the

Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
is hereby approved to perform the following services:

CLOSURE
SUBSURFACE

US01354
PERMANENT CERTIFICATION NUMBER

11/30/05
EXPIRATION DATE

ASSISTANT COMMISSIONER, DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

D7601F R10/98

TOWNSHIP of CHESTER

MORRIS COUNTY
1 PARKER ROAD
CHESTER, NEW JERSEY 07930
(908) 879-5100
FAX (908) 879-8281

Date: 4-2-04

Name: Minoit

Address: 139 South Rd

Block 32 **Lot** 53.05

Plans received (2 sets signed "sealed" if necessary) _____
Plot Plans received (3 copies if necessary) _____
Sewer Permit Application & Fee (if necessary) _____
Tree Removal Permit Application & Fee (if necessary) _____
Application documents received and complete ✓

Building _____
Electric _____
Fire _____
Plumbing _____
CPA Signed _____

OT Removal

Electrical Subcode Official:

Denied:_____ Approved:_____

Plumbing Subcode Official:

Denied:_____ Approved:_____

Fire Subcode Official:

Denied:_____ Approved:_____

Building Subcode Official:

Denied:_____ Approved:_____

Construction Official:

Denied:_____ Approved: 4-5-04

Permit/Plan Review

Care Environmental
Remediation Services, Inc.

April 30, 2004

Chester Township
1 Parker Road
Chester Township, New Jersey 07930
Attention: Mr. James Fania, Construction Code Official

Re: Non - Regulated Heating Oil UST Closure Report - By Removal
Moniot Residence - 550 Gallon UST
139 South Road, Chester Township, New Jersey
Block:32 Lot: 53.05
Permit # 2004-0136

Dear Mr. Fania:

Attached please find the *UST CLOSURE REPORT dated April 30, 2004* for the above referenced property to close the permit.

If there is any additional information that you may need, please do not hesitate to contact me at (973) 361-7373.

Very Truly Yours,

Ward G. Donigian
Senior Project Manager
Care Environmental Remediation Services, Inc.
NJDEP UST License #US01354

Enclosure

COPY

Care Environmental

Remediation Services, Inc.

MONIOT RESIDENCE
139 SOUTH ROAD
CHESTER TOWNSHIP, NEW JERSEY
MORRIS COUNTY

PROJECT SUMMARY
UST CLOSURE REPORT

NON-REGULATED 550 GALLON HOME HEATING OIL UST / BY REMOVAL
CHESTER TOWNSHIP CONSTRUCTION PERMIT # 2004-0136

PREPARED BY:
CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
April 30, 2004

1248 Sussex Turnpike, Bldg. A, Unit 6 • Randolph, New Jersey 07869 • (973) 361-7373 • FAX: (973) 366-3630

CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
UST CLOSURE INSPECTION FORM

[X] HOMEOWNER [ ] BUSINESS

DATE OF PROJECT: 4/26/2004

CLIENT NAME: Susan Moniot BLOCK # 32 LOT# 53.05

ADDRESS: 139 South Road CITY: Chester Township STATE: NJ

TELEPHONE #: 908-879-5415

NON-REGULATED HOME HEATING OIL UST CLOSURE

UST/AST SIZE: 550 gallon UST AGE OF TANK 25 years

REGULATED: [ ] NON-REGULATED [X]

TYPE OF TANK: [X] STEEL [ ] FIBERGLASS

TANK LOCATION: Front Yard of Dwelling

[ ] TANK ABANDONMENT IN PLACE [X] TANK REMOVAL

PRODUCT THICKNESS IN TANK: 5 inches 30 gallons

EVIDENCE OF CONTAMINATION: [ ] YES [X] NO

PHOTOIONIZATION DETECTOR READING: 0 ppm

PRODUCT DISPOSAL COMPANY: LORCO Petroleum Services, Old Bridge, NJ

TANK DISPOSAL COMPANY: Raimo of Stanhope, Inc., Byram Township, NJ

CERTIFIED FILL COMPANY: County Concrete Corp., Kenvil, NJ

[ ] SAND [ ] CONCRETE [X] GRAVEL

CARE ENVIRONMENTAL PROJECT MANAGER: Ward Donigian

SIGNATURE (FOR) DATE: 4/30/2004

TOWNSHIP INSPECTOR: Jim Fania - Chester Township C.O. INSPECTION DATE: 4/26/2004

ADDITIONAL JOB INFORMATION: See Attached Receipts

CHESTER TOWNSHIP
908-879-5100, XT 821

Date Issued 4-6-04
Control # 8219
Permit # 2004-0136

CONSTRUCTION PERMIT NOTICE

Block 32 Lot 53.05

Work Site Location 134 South Rd

AUTHORIZED FOR:

- [X] BUILDING
- [ ] ELECTRICAL
- [ ] PLUMBING
- [ ] FIRE PROTECTION
- [ ] ELEVATOR DEVICES
- [ ] DEMOLITION
- [ ] OTHER

Description of Work: OT Removal 550 UGST

J. Fania Lfg

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

U.C.C. F180
PRO. (rev. 3/96)

(908) 879-5100 FAX: (908) 879-8281

CHESTER TOWNSHIP
1 PARKER ROAD
Chester, NJ 07930

Construction Official
Jim Fania ext. 822

CHESTER TOWNSHIP
908-879-5100, XT 821

For Information Call:

Permit No. 04-0136

APPROVAL FOR BUILDING

	Date	Inspector
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Insulation		
[ ] Mechanical		
[ ] Other	4-28-04	
[ ] Other		
[ ] Final		

Professional Printing

4-2-04

CONSTRUCTION PERMIT

Date Issued 4-6-04
Control # 8219
Permit # 2004-0136

IDEN CATION Block 32 Lot ~~52~~ 53.05

Work Site Location 139 South Rd
Chester Twp

Owner in Fee Susan Moniot
Address 139 South Rd
Chester Twp NJ 07930
Tele. (908) 879-5415

Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
Address 1248 SUSSEX TURNPIKE, BLDG. A, UNIT 6
RANDOLPH, NEW JERSEY 07869
Tele. (973) 361-7373 Fax (973) 366-3630
Lic. No. or Bldrs. Reg. No. US01354
Federal Emp. No. 11-3663319

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
Removal of 550 Gallon UST
+ 2 Heating Oil
Non-Regulated

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 995-

4-7-04
Date

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building 40
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ. N/C
Other
Total 40
Check No. 1300
Cash
Collected By: DMUTTA

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-6-04
Date Issued 4-6-04
Control # 8219
Permit # 2004-0136

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 32 Lot 5 53.05

Work Site Location 139 South Rd
Chester Twp

Owner in Fee Susan Moniot

Address 139 South Rd
Chester Twp NJ 07930

Tele. (908) 879-5415

Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.

Address 1248 SUSSEX TURNPIKE, BLDG. A, UNIT 6
RANDOLPH, NEW JERSEY 07869

Tele. (973) 361-7873 Fax (973) 366-3630

Lic. No. or Bldrs. Reg. No. US01354

Federal Emp. No. 11-3663319

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of 550 Gallon UST
2 Heating Oil
Non-Regulated

53.05

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4-5-04	JS
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[X] Demolition Tank/UST

FEE (Office Use Only)
$ _____
Ufb

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	Ufb

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Disturbed _____ Sq. Ft.

Demo

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 995-
3. Total (1+ 2) $ 995-

RAIMO of STANHOPE, INC.

DE TROLIO CORP.
"BUYERS OF SCRAP IRON AND METALS"
ROUTE 206
BYRAM TOWNSHIP, NEW JERSEY 07874
PHONE: (973) 347-4545
FAX: (973) 347-4366

№ 50928

SOLD TO: C.E.R.S

ADDRESS:

COMMODITY 550 UST

TRUCK# | DRIVER

DATE

GROSS WT. Moniot

TARE WT.

NET WT. 139 South Rd
Chester

TOTAL
AMOUNT

DELIVERED & RECEIVED BY

THIS IS TO CERTIFY THAT I DELIVERED THE ABOVE MATERIAL FROM THE ABOVE NAMED SUPPLIER who is the owner of the material. This will also certify that I, on behalf of the above named supplier am familiar with RAIMO'S list of unacceptable/prohibited materials, and that the above load does not contain any unacceptable/prohibited materials, including any Class I (chlorofluorocarbons) or Class II (hydrechlorofluorcarbons) refrigerants (FREON), which under Federal Clean Air Act, must be reclaimed, not vented.
It is understood that the seller is lawful owner of material described above for which full value is received.

COUNTY CONCRETE CORP.

Ready Mix Concrete • Sand and Gravel
50 Railroad Ave., P.O. Box F • Kenvil, New Jersey 07847
Telephone: (973) 584-7122 • Fax: (973) 584-4370

SAND & GRAVEL PLANT
Kenvil (973) 584-7122
Morristown (973) 538-3113
Hackettstown (908) 852-0240
Sussex (973) 875-3124
Oxford (908) 453-4446

K/SG 98267

SOLD TO	CUSTOMER NO.	PURCHASE ORDER NO.	TICKET NO.
Care Environmental Remediation 1248 Sussex Turnpike Building A Randolph NJ 07869	CARE02		95782
	ORDER NO.	JOB NO.	TIME 13:43 / DATE 04/26/04

DELIVER TO: SMALL/SILVER-DUMP

SPECIAL INSTRUCTIONS: FOB - OWN TRUCKS Monot Residence

LEAVE PLANT	ARRIVE JOB	LEAVE JOB	ARRIVE PLANT

TRUCK	HAUL NO.	HAULER
M4		

16500 LB GROSS
10480 LB TARE
6120 LB NET

DRIVER -

PRODUCT	DESCRIPTION	QTY.	TODAY	LOADS	RATE	EXT.
410-20	3/4" Road Stone	3.06	3.06	1		

EXTRA UNLOADING TIME - $60.00/HR
NOT RESPONSIBLE FOR DAMAGE DONE WHEN DELIVERING OFF PUBLIC ROADS.
EXCESS UNLOADING TIME CHARGED AFTER 10 MINUTES.
SUBJECT TO GENERAL TERMS AND CONDITIONS OF SALE ON REVERSE.

TAX

TOTAL

CUSTOMER'S COPY

WEIGHMASTER
Ralph L. Peterson

RECEIVED BY: [signature]

Lorco Petroleum Services
450 South Front St.
Elizabeth, NJ 07202
(908) 820-8800
(800) 734-0910
FAX: (908) 820-8412

LORCO PETROLEUM SERVICES

www.lorcopetroleum.com

STANDARD COLLECTION ORDER FORM

493056

SALES ORDER #

GENERATOR/LOCATION

NAME: Market

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE

DELIVERY ADDRESS: 139 South Rd

CITY

STATE

ZIP: 07

PHONE NUMBER

PURCHASE ORDER NUMBER

TIME IN

TIME OUT

BILL TO (IF DIFFERENT FROM LOCATION)

NAME: CABE

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE:

DELIVERY ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

PURCHASE ORDER NUMBER

MANIFEST NUMBER

SHIPPING INFORMATION

This is to certify that the below named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

NO.	TYPE	QTY.	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	SALES REPRESENTATIVE

SERVICE SECTION

SALES CODE	DESCRIPTION	WASTE CODE	QUANTITY	UNIT PRICE	PRICE	TAX	LINE TOTAL
40500	USED OIL REMOVAL						
40300	ANTI-FREEZE REMOVAL						
40400	OILY WATER DISPOSAL		30 gals				
41100	SLUDGE DISPOSAL						
41000	GASOLINE/WATER						
40900	DRUM DISPOSAL						
41507	TANK ENTRY						
40600	OIL FILTER REMOVAL						
40800	PARTS WASHER SERVICE						
40611	NEW 55 GAL DRUM / 17H						
42001	DEXSIL TEST KIT TAX						
41506	TRANSPORTATION						
40700	LLD ANTI-FREEZE						
41508	TRUCK AND OPERATOR						
					TOTAL		

PARTS WASHER SERVICE INTERVAL _____ DAYS.
USED OIL CUSTOMER SERVICED EVERY 30 DAYS UNLESS OTHERWISE INDICATED.
USED OIL SERVICE INTERVAL _____ DAYS.

GENERATOR WARRANTS AND REPRESENTS THAT THE MATERIALS PROVIDED LORCO HEREUNDER HAVE NOT BEEN MIXED, COMBINED, OR OTHERWISE BLENDED IN ANY QUANTITY WITH MATERIALS CONTAINING POLYCHLORINATED BIPHENYLS (PCB) OR ANY OTHER MATERIAL DEFINED AS HAZARDOUS WASTE UNDER APPLICABLE LAWS, INCLUDING BUT NOT LIMITED TO 40 CFR PART 261, GENERATOR AGREES TO INDEMNIFY AND HOLD LORCO HARMLESS FOR ANY DAMAGES, COSTS, ATTORNEY'S FEES, ETC. ARISING OUT OF OR IN ANY WAY RELATED TO A BREACH OF THE ABOVE WARRANTY BY THE GENERATOR.

Generator certifies that the waste is ☐ used oil ☐ used antifreeze ☐ oily water ☐ oil filter ☐ parts washer solvent

☐ Other _____
Description

In accordance the N.J.A.C. 7:26-12.1 et seq, LORCO has the required permits to accept the above described waste.

Tom Carlson
Print Name — Title

Signature — Date

GENERATOR/CUSTOMER

CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR CERTIFICATION

I certify that this generator generates less than 100 kilograms of hazardous waste per month, as defined at 40 C.F.R. 261, and does not accumulate more than 1,000 kilograms of such waste during the month.

X _____
GENERATOR'S SIGNATURE

NON CONDITIONALLY EXEMPT LARGE QUANTITY GENERATOR CERTIFICATION

DEXSIL CDT TEST RESULTS

_____ PPM

CUSTOMER

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT SECTION. $ _____
INVOICES REFLECTING CHARGES TO CUSTOMER ARE SUBJECT TO AN INTEREST RATE OF THE LESSER OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. IN THE EVENT OF DEFAULT, LORCO SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES. INITIAL _____

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED
CHECK NUMBER	

In accordance with NJAC7:26-6.7b + 40CFR PART 279 LORCO has notified the US EPA of its location and used oil management activities.

Print Name

Signature — Date

LORCO REPRESENTATIVE

STATE OF NEW JERSEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

CARE ENVIRONMENTAL REMEDIATION SVS INC.
1248 SUSSEX TPK BDG A UNIT 6
RANDOLPH , NJ 07869

having duly met the requirements of the

Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8

is hereby approved to perform the following services:

CLOSURE
SUBSURFACE

US01354
PERMANENT CERTIFICATION NUMBER

11/30/05
EXPIRATION DATE

ASSISTANT COMMISSIONER, DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY