

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

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			
12. Other			
13. TOTAL	\$ 46.00		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ sq. ft.
 no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

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

Est. Cost

OPTIONAL (for office use only)[illegible]

TOTAL COSTS

995-
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 | 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| 2. ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| UCC/PRO 5-100 (REV 2/06) | 5. ☐ Cross-Connections/Backflow
Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| | | 9. ☐ Underground Storage Tanks |

UCC/PRO F-100 (REV3/96)
Professional Printing
(856) 468-7933

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:

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 comply 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 _____

Address _____

Telephone (973) 361-7373

Signature Dea V. Fenn (agent for)

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

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No			
☐ Temporary Certificate of Compliance	No			
☐ Continued Certificate of Occupancy	No			
☐ Certificate of Compliance	No			
☐ Certificate of Occupancy	No			
☐ Certificate of Approval	No			
☐ Lead Abatement Clearance Certificate	No			



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.

☒ **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.


James A. Fania Construction Official

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

☐ **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[X] Check No 1300

Collected by DJG



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 32 Lot 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

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
☒	No Plans Required	<u>4-5-04</u>	<u>JS</u>	Type:			
☐	All			Footing			
☐	Footing			Foundation			
☐	Foundation			Slab			
☐	Frame			Frame			
☐	Other			Barrier-Free			
Joint Plan Review Required:				Insulation			
☐	Elec.	☐	Plumb.	Finishes			
☐	Fire	☐	Elevator	Energy			
SUBCODE APPROVAL				Mechanical			
☐	CO	☐	CCO	TCO			
☐	CA			Other			
Date: _____				Final			
Approved by: _____				Barrier-Free			

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.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ 995-
3. Total (1+ 2) \$ 995-



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

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.

Chia H. Kwan
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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 _____

☒ Demolition Tank/UST

FEE (Office Use Only)

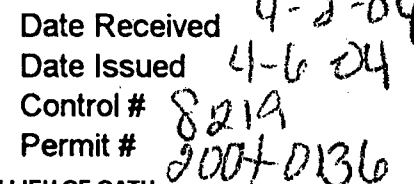
\$ _____

496

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 496

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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



Block 32 Lot 53.05
Work Site Location 139 South Rd
Chesler Twp
Owner in Fee Susan Maniot
Address 139 South Rd
Chesler Twp NJ 07730
Tele. (908) 879-5415
Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
Address 1248 SUSSEX TURNPIKE, BLDG. A, UNIT 6
RANDOLPH, NEW JERSEY 07669
Tele. (973) 361-7373 Fax (973) 368-3930
Lic. No. or Bldrs. Reg. No. US01354
Federal Emp. No. 11-3663319

PLAN REVIEW			INSPECTIONS		Dates (Month/Day)			
	Date	Initial	Type:	Failure	Failure	Approval	Initial	
☒ No Plans Required	4-5-04	[Signature]						
☐ All			Footing					
☐ Footing			Foundation					
☐ Foundation			Slab					
☐ Frame			Frame					
☐ Other			Barrier-Free					
Joint Plan Review Required:			Insulation					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes					
SUBCODE APPROVAL			Energy					
☐ CO ☐ CCO ☐ CA			Mechanical					
Date: 4/26/04			TCO					
Approved by: [Signature]			Other					
			Final					
			Barrier-Free					

Use Group	Present _____	Proposed <u>u</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.

Est. Cost of Bldg. Work:

- | | | |
|-----------------|----|-------------------|
| 1. New Bldg. | \$ | <u> </u> |
| 2. Alteration | \$ | <u>995-</u> |
| 3. Total (1+ 2) | \$ | <u>995-</u> |

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

Signature _____

DESCRIPTION OF WORK

Removal of 550 Gallon UST
2 Heating Oil
Non-Regulated

[] 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

☒ Demolition Tank/UST

4/6

Administrative Surcharge	\$	_____
Minimum Fee	\$	_____
DCA Training Fee	\$	_____
TOTAL FEE	\$	<u>116.00</u>

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

DATE

JOB CONDITION / COMMENTS

013

31-1332

01324

11-0683310

213

3083010-

REMOVED FROM THE 11-0683310
1548 2000 11-0683310
CVR3 11-0683310



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4-2-04
4-6-04
8219
2004-0136

IDENTIFICATION Block 32Lot ~~53.05~~ 53.05Work Site Location 139 South RdChester TwpOwner in Fee Susan MoniotAddress 139 South RdChester Twp NJ 07930Tele. (908) 879-5415Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.Address 1248 SUSSEX TURNPIKE, BLDG. A. UNIT 6RANDOLPH, NEW JERSEY 07869Tele. (973) 361-7373 Fax (973) 366-3630Lic. No. or Bldrs. Reg. No. US01354Federal Emp. No. 11-3663319

is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

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-

Date

4-5-04

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building 46

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee _____

Cert. of Rec. ntc

Other _____

Total 46Check No. 1300

Cash _____

Collected By: Altheth

(see reverse side)

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.

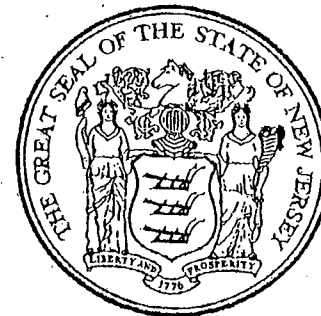
UCC/PRO170 (REV3/96)
Professional Printing
(856) 468-7933



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

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: 45-04

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.

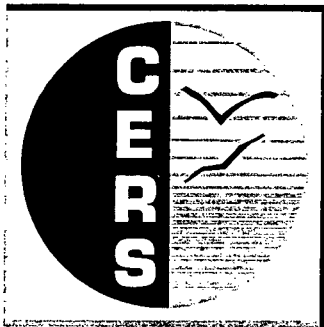
If there is any additional information that you may need, please do not hesitate to contact me at (973) 361-7373.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Ward G. Donigian", is written over the typed name.

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**

CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.
UST CLOSURE INSPECTION FORM

☒ 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 ☒

TYPE OF TANK: ☒ STEEL

☐ FIBERGLASS

TANK LOCATION: Front Yard of Dwelling

☐ TANK ABANDONMENT IN PLACE

☒ TANK REMOVAL

PRODUCT THICKNESS IN TANK: 5 inches

30 gallons

EVIDENCE OF CONTAMINATION: ☐ YES

☒ 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

☒ GRAVEL

CARE ENVIRONMENTAL PROJECT MANAGER: Ward Donigian

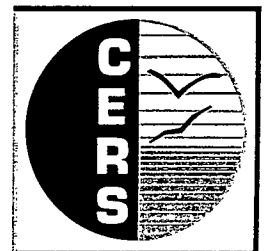
SIGNATURE

(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 # 2064-0136

CONSTRUCTION PERMIT NOTICE

Block 32 Lot 53.05
Work Site Location 134 South Rd

AUTHORIZED FOR:

- | | |
|--|--|
| ☒ BUILDING | ☐ ELECTRICAL |
| ☐ PLUMBING | ☐ FIRE PROTECTION |
| ☐ ELEVATOR DEVICES | ☐ DEMOLITION |
| ☐ OTHER _____ | |

Description of Work: DT Removal 550 UGST

J. Fania

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
908-879-5100, XT 821



For Information Call:

Permit No. 04-0136

APPROVAL FOR BUILDING

Date

Inspector

- | | | |
|-------------------------|----------------|--------------------|
| [] Footing | _____ | _____ |
| [] Foundation | _____ | _____ |
| [] Frame | _____ | _____ |
| [] Insulation | _____ | _____ |
| [] Mechanical | _____ | _____ |
| [] Other <i>104</i> | <u>4-28-04</u> | <i>[Signature]</i> |
| [] Other <i>220013</i> | _____ | _____ |
| [] Final | _____ | _____ |



CONSTRUCTION PERMIT

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

IDEN TATION Block 32 Lot 53.05

Work Site Location 139 South Rd
Chester Twp

Contractor CARE ENVIRONMENTAL REMEDIATION SERVICES, INC.

Address 1248 SUSSEX TURNPIKE, BLDG. A. UNIT 6

RANDOLPH, NEW JERSEY 07869

Owner in Fee Susan Moniot

Address 139 South Rd

Tele. (973) 361-7373

Fax (973) 366-3630

Chester Twp NJ 07930

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

Tele. (908) 879-5415

Federal Emp. No. 11-3653319

is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

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-

Date 4-5-04

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building 410

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee _____

Cert. of Occ. nic

Other _____

Total 410

Check No. 1300

Cash _____

Collected By: Moniot

(see reverse side)

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

UCC/PRO170 (REV3/96)

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

NE 50928

SOLD TO:

C.E.R.S

ADDRESS:

COMMODITY

SSO UST

TRUCK#

DRIVER

DATE

GROSS WT.

Moniot

TARE WT.

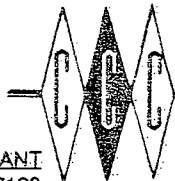
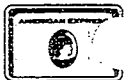
NET WT.

139 South Rd
Chester

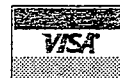
TOTAL
AMOUNT

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 (hydrochlorofluorocarbons) 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: Care Environmental Remediation 1248 Sussex Turnpike Building A Fairfield NJ 07003		CUSTOMER NO. CARE02	PURCHASE ORDER NO.		TICKET NO. 95782	
DELIVER TO: SMALL/SILVER-DUMP		ORDER NO.	JOB NO.		TIME 13:43	DATE 04/26/04
SPECIAL INSTRUCTIONS FOR - OWN TRUCKS <i>Moniot Residence</i>						
LEAVE PLANT	ARRIVE JOB	LEAVE JOB	ARRIVE PLANT	16500 LB GROSS		
TRUCK M4	HAUL NO.	HAULER		10480 LB TARE		
DRIVER -				6120 LB NET		
PRODUCT 410-20 3/4" Road Stone	DESCRIPTION	QTY. 3.05	TODAY 3.05	LOADS 1	RATE	EXT.
EXTRA UNLOADING TIME - \$50.00/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



www.lorcopetroleum.com

STANDARD
COLLECTION
ORDER FORM

493056

GENERATOR/LOCATION

SALES ORDER #

BILL TO (IF DIFFERENT FROM LOCATION)

NAME

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE

NAME

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE

DELIVERY ADDRESS

CITY

STATE

ZIP

DELIVERY ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

PURCHASE ORDER NUMBER

PHONE NUMBER

PURCHASE ORDER NUMBER

TIME IN

TIME OUT

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						

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.

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

TOTAL

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

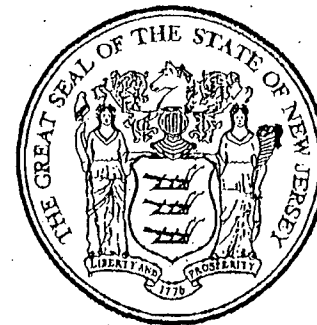
LORCO REPRESENTATIVE



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:

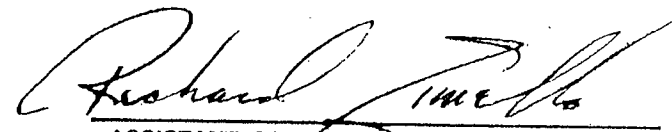
CLOSURE
SUBSURFACE

US01354

PERMANENT CERTIFICATION NUMBER

11/30/05

EXPIRATION DATE


ASSISTANT COMMISSIONER, DEPARTMENT OF
ENVIRONMENTAL PROTECTION

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY