

Donna Belton

27 494

From: Josie Kennedy <opra+request-30983-2f400af4@requests.opramachine.com>
Sent: Monday, April 11, 2022 3:39 PM
To: clerkforms
Subject: OPRA request - 13 Pheasant Pl underground oil tank permits or decommissioned

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: 13 Pheasant Place, Howell Requesting any permits pertaining to underground oil tank or decommissioned underground oil tank.

Yours faithfully,

BL 237.08
L 13

Josie Kennedy
732-740-5604

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-30983-2f400af4@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,rr_GM_NPG06ICTdjnd5qaTFwykAoThNAKOBnKe7LT11mN7cbHjpi126IT0XvuqX_mAwcKEeBbFuTguKIfo6CS7OrNd0emJBNM9INbxybL_WAC9Xczuw,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,dLqgiwTw8reCgdE4EWb5XHxftt52CszUt3PJqBOvPPpUcQIA6P7qD1UN37vgEG7cGRssZ8ozsTJilNyNOgnON40ZG0YYirIKN6pzRhJ-WJR3Vt4e0kcQ&typo=1>

View this OPRA request & responses online:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2f13_pheasant_pl_underground_oil_t&c=E,1,TfgvQRdzCmXxR5jWiPAjUiO6i-njY8b69ov9UiOTnZC7oUqDZsy2C_uivVSOLL-CsQ8mIWc2gOBQmRBqWdNEdkWARRCOOAGA_aaQ3gBi7Osw4XM_&typo=1

CLERK'S OFFICE
2022 APR 11 P 3:54

Please note that in some cases publication of requests and responses will be delayed.

RECEIVED
TOWNSHIP OF HOWELL

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Donna Belton

From: Janine Martuscelli
Sent: Tuesday, April 12, 2022 8:53 AM
To: Donna Belton
Cc: Justin Meyer
Subject: RE: OPRA 22-494
Attachments: BLK237.08 - L13 CA UST TANK REMOVAL - 2008-07-11.pdf; BLK237.08 - L13 CA AST INSTALL-2013-11-26.pdf

Donna

Attached are all closed permits for Oil Tank Removals and Installs. There is nothing for land use and engineering.

Janine

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, April 11, 2022 4:17 PM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 22-494

Good Afternoon,

Attached please find OPRA 22-494 for your review. Please forward your findings to me no later than 4/21/2022.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

NOTICE OF CONFIDENTIALITY

This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Township of Howell. Access to this message by anyone other than the sender and the intended recipient(s) is unauthorized. If you are not the intended recipient of this message, any disclosure, copying, distribution or action taken or not taken in reliance on it, without the expressed written consent of the Township, is prohibited. If you have received this message in error, you should not save, scan, transmit, print, use or disseminate this message or any information



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 7/14/2021
Control Number 06670
Permit Number 20081691
Permit Issue Date 7/11/2008
Certificate Number 20081691

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 13 PHEASANT PLACE Howell Township, NJ Block: 237.08 Lot: 13 Qual: _____
Owner in Fee: KRAETSCH, GERTRUDE
Owner Address: 13 PHEASANT PLACE HOWELL NJ 07731
Telephone: _____
Contractor: LAWES ENVIRONMENTAL SERVICES, LLC
Address: P.O. BOX 258 SHEWSBURY NJ 07702
Telephone: (732) 530-4333 Fax: _____ Federal Emp. Number: 223363157
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: 5B
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: TANK REMOVAL - UST

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 7/14/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



FIRE PROTECTION 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: 23208

Lot: 13

Qualification Code: _____

Work Site Location

13 Pharesett Pl.

Owner in Fee

Tel: 732 344-1500

e-mail: _____

Address

Contractor: Lawes Environmental Services, LLC

Tel: (732) 530-4333

Address: 499 Sycamore Ave., P. O. Box 258, Shrewsbury, NJ 07702

e-mail: _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Alarm Contractor No. _____

Home Improvement Contractor Registration No. _____

Federal Emp. ID No. _____

Lic. # 13VH00059700 DE # US00796

FAX: (732) 741-8527

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed _____

Conty. Class: Present Proposed _____

Heating System: 1 New or 1 Existing 1 HVAC

Type: 1 Gas 1 Oil 1 Electric 1 Solar

Location: _____

Fuel Storage Tank: _____

Fuel Type: 1 Flammable or 1 Combustible

Capacity: 290 gal

Location of Main Control Valve: _____

Total Cost of Fire Protection Work: \$ 12750

C. CERTIFICATION IN LIEU OF OATH

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

Certified Contractor: Lawes

Applicant's Signature/Coordinator's Signature: _____

Permit # 10081691

Date Received: 7-11-08

Date Issued: 06670

Control # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

Water Supply Source: _____

Method of Alarm/Suppression System Supervision: _____

Flammable/Combustible Tanks

Alarm Systems

1 110v Interconnected

1 CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flood)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other Systems _____

Kitchen Hood Exhaust System

Smoke Control System _____

Fired Appliances 1 Gas or 1 Oil

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Jun. 30, 2021 2:48PM

Elizabeth, NJ 07202
(908) 820-8800
(800) 734-0910
FAX: (908) 820-8412



www.lorcopetroleum.com

No. 1088 P. 2

STANDARD
COLLECTION
ORDER FORM

30000

GENERATOR/LOCATION

SALES ORDER #

BILL TO (IF DIFFERENT FROM LOCATION)

NAME

NAME

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE

DELIVERY ADDRESS

DELIVERY ADDRESS

CITY

STATE

ZIP

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						
41100	SLUDGE DISPOSAL						
41000	GASOLINE/WATER						
40900	DRUM DISPOSAL						
41507	TANK ENTRY						
40600	OIL FILTER REMOVAL						
40800	PARTS WASHER SERVICE						
40811	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 with 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

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 1% 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

GENERATOR'S SIGNATURE

In accordance with NJAC 7:26-6.7b + 40CFR PART 279 LORCO has notified the US EPA of its location and used oil management activities.

Print Name _____

Signature _____

Date

LORCO REPRESENTATIVE

MAZZA

Metal Recyclers

3230 Shafio Rd. Tinton Falls, NJ 07783

Tinton Falls, NJ
(732) 922-9292

NO. _____

DATE

9/10/08

Jun. 30. 2021 2:48PM

Customer's Name

Lowes

Address

250 Hk

250 Barington

SEP 10 2008

Weight Price

Weight Price

Steel

620 41.52

Lt. Iron

Copper # 1

Copper # 2

26760

20140

620

Lt. Copper

Brass

Alum Clean

Lead

Stainless

Battery

TOTAL AMOUNT:

\$41.52

Weight

Vol

Customer

Playbook-VL

Pub. No. 0 25000000

No. 1088 P. 3



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 11/26/2013
Control Number 06892
Permit Number 20081962
Permit Issue Date 8/8/2008
Certificate Number 20081962

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 13 PHEASANT PLACE , NJ Block: 237.08 Lot: 13 Qual: C1000
Owner In Fee: KRAETSCH, GERTRUDE
Owner Address: 13 PHEASANT PLACE HOWELL NJ 07731
Telephone: _____
Contractor LAWES COAL CO.
Address 71 BANNARD STREET FREEHOLD NJ 07728
Telephone: (732) 462-1044 Fax: _____
License Number or Builders Registration Number: 13VH04384700 Federal Emp. Number: _____
13VH00059700

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work/Use: TANK INSTALL - AST

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

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

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:


Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 23708 Lot 13 Pleasant Hill Qualification Code C000

Work Site Location Kreetsch Howell

Owner in Fee Kreetsch Howell

Address S.A.A.

Tel 732 462-1049 FAX 0728

Contractor Lanes Coal Co Spei Ductlet & Land

Address 11 DANFORD ST TRENTON NJ

Tel 732 462-1049 FAX 0728

Contractor License No. 210-117-114000

Federal Emp. No. 210-117-114000

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic

Building Sewer Size Public Water Private Well

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 100.00

JOB SUMMARY (Office Use Only) Final lines

PLAN REVIEW No Plans Required

Joint Plan Review Required: No

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 2/18/10

Approved by: Man Daetz

SUBCODE APPROVAL CO CCO CA

Date: 10/2/10

Approved by: Man Daetz

TCO 10/2/10

FIWA 10/2/10

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature Man Daetz

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

Date Received 8-8-08

Control # 06892

Date Issued 2008/1/16

Permit # 2008/1/16

NO. 1

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

FEE (Office Use Only)

\$ 45

\$ 1

\$ 42

TOTAL FEE \$ 42

Administrative Surcharge \$ 45

Minimum Fee \$ 1

State Permit Surcharge Fee \$ 42

TOTAL FEE \$ 42

U.C.C. F130 (rev. 1/04)

1 Write = Inspector Copy 2 Canary = Office Copy 3 Tag = Office / Other



FIRE PROTECTION 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 237.08 Lot 13 Qualification Code C1000
Work Site Location 13 Pleasant PL Howell

Owner in Fee Kraetsch
Address SA

Tel 732-361-3800
Contractor James Coal Co. DBA: Duckert & Land
Address 71 Bannock St. Freehold

Tel (732) 462-1044 FAX ()

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____

Location: BACK OF house
Fuel Type: [] Flammable or [] Combustible Capacity 275 double wall
Total Cost of Fire Protection Work \$ 1100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Alarm [] Other
Date: 7/1/08
Approved by: [Signature]

INSPECTIONS
Type: Alarm System Failure _____
Suppression Sys. _____
Standpipe _____
Fire Pump _____
Pre-Eng. System _____
Mechanical _____
Smoke Control _____
Flam/Combust Tanks _____
Approved by: [Signature]



Date Received 8-8-08
Control # 06892
Date Issued 2008/11/22
Permit # _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of _____ and am authorized to make this application.
Applicant's Signature/Contractor's Signature _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Removal #06670

Water Supply Source 77th St. 2084411
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks
Alarm Systems
[] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow)
Supervisory Devices (i.e., lamps, low/high air)
Signaling Devices (i.e., horns/strobes, bells)
Other Devices _____

TOTAL
Suppression Systems
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____

Pre-engineered Systems
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 _____
Other _____

Other Systems
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fired Appliances [] Gas or [] Oil _____
Fireplace Venting/Metal Chimney _____
Other _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 50.00