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

Date Issued 1/23/2014
Control Number 06166
Permit Number 20081344
Permit Issue Date 6/4/2008
Certificate Number 20081344

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1 DESAI COURT Howell Township, NJ Block: 175.01 Lot: 1 Qual:

Owner in Fee: LEFEBVRE, DAVID P & DONNA

Owner Address: 1 DESAI COURT FREEHOLD NJ 07728

Telephone:

Contractor LAWES ENVIRONMENTAL SERVICES, LLC

Address P.O. BOX 258 SHEWSBURY NJ 07702

Telephone: (732) 530-4333 Fax:

License Number or Builders Registration Number: US00796 13VH00059700 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/23/2014 U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-4-06
Control # 06166
Date Issued
Permit # 20081344

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

Block 175.01 Lot 1 Qualification Code

Work Site Location 1 Desai Ct

Owner in Fee: Lefebvre

Tel. [redacted]

Address
street municipality zip code

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 Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. : Lic. # 13VH00059700 DEP # US00796

Federal Emp. ID No. FAX: (732) 741-8527

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [X] Combustible Capacity 1,000

Total Cost of Fire Protection Work $ 1275.00

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. Dean Diagaline
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 1,000 gal. UST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other TANK REMOVAL		50.00
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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6/2/08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date 6/17/08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System	TANK REMOVAL	6/11/08 Pending Receipts- No Holes Found		
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/17/08	
Other				

Receipts Received

U.C.C. F140 (rev. 10/06)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

MAZZA

Metal Recyclers

3230 Shafto Rd. Tinton Falls, NJ 07753
Tinton Falls, NJ
(732) 922-9292

NO. D 3

DATE 6/12/08

Customer's Name Lawes

Address 750 - Howell

	Weight	Price
Cast Iron		
Steel	1760	206.43
Lt. Iron		
Copper #1		
Copper # 2		
Weigher		

	Weight	Price
Lt. Copper		
Brass		
Alum Clean		
Lead		
Stainless		
Battery		
TOTAL AMOUNT		206.43

PAID
JUN 12 2008
THANK YOU

Customer

To: Howell Building Department
938-7411

From: LAWES ENVIRONMENTAL SERVICES, LLC
P.O. BOX 258
SHREWSBURY NJ 07702
732-530-4333 FAX: 741-8527
DEP LIC. # 00796
FED ID # 223363157

Re: Close permits Permit # 20081344 1 Desai Ct, Howell

Jun. 16. 2008 10:27AM No. 5637 P. 2/2

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

671371

SALES ORDER #

GENERATOR/LOCATION

NAME
INFORMATION/ATTENTION LINE
ACCOUNT APPROVAL CODE
DELIVERY ADDRESS
CITY
STATE
ZIP
PHONE NUMBER
PURCHASE ORDER NUMBER
TIME IN
TIME OUT

BILL TO (IF DIFFERENT FROM LOCATION)

NAME
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	D018	425				
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						
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.

X _____
Print Name Title

X _____
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

X _____ PPM

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 _____

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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.

X _____
Print Name

X _____
Signature Date

LORCO REPRESENTATIVE

CUSTOMER