Let's protect our earth

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
Trenton, N.J. 08625-0029

George G. McCann, P.E.
Director

RE: Underground Storage Tank (UST) Billing Deficiency

Dear Underground Storage Tank Owner/Operator: UST# [illegible]

Please find enclosed your:

___ payment instrument
___ registration questionnaire
___ invoice
___ receipt
___ Annual Certification Questionnaire
___ other (specify): _____

being returned for the below listed reason (s):

___ improper pay to
___ miscalculated fee
___ check not signed/dated
___ retain for your records
___ fee not submitted
___ not submitted

Additional Comments/other: _____

_____

_____

Please correct the above marked deficiency (ies) and return all appropriate material to this office within thirty (30) days from receipt of this letter.

*** NOTE ***

Compliance with this program is mandated by P.L. 1986, c. 102, The Underground Storage of Hazardous Substances Act.

Please contact Mr. Brian Shorten of my staff at (609) 984-3156 if you have any questions pertaining to this letter.

Your cooperation in expediting these corrections will be appreciated. Thank you.

Respectfully,

Rob Nugent, Acting Section Chief
Registration & Billing Section

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Resources
CN-029
Trenton, New Jersey 08625

FOR STATE USE ONLY

UST #- 0091505

	YES	NO
CK. IN.	☑	☐
AMT.	☑	☐
AUTH.	☐	☐
SP. ROUTE	☐	☐
SITE PLN.	☐	☐
SIGN.	☐	☐
COMCODE		

RECEIVED JUN 15 1988

*** ANNUAL CERTIFICATION ***
UNDERGROUND STORAGE TANK REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
Registration Section
1-800-722-TANK

Use this form ONLY when submitting corrections/changes to registration at Annual Certification

General Facility Information

1. Facility name: NATIONAL WASTE DISPOSAL INC.

2. Facility location: _____ (NUMBER AND STREET)
_____ (CITY OR MUNICIPALITY)
_____ (COUNTY) NJ (STATE) _____ (ZIP CODE)

3. Owner's mailing address: PO BOX 14581 NAVESINK NJ 07701 (NUMBER AND STREET)
_____ (CITY OR MUNICIPALITY)
_____ (COUNTY) _____ (STATE) _____ (ZIP CODE)

4. Owner's name: JOHN ZUCCARELLI

5. Contact person (Facility Operator) JAMES ZUCCARELLI (PERSON OR TITLE)

6. Contact telephone number: 201 (AREA CODE) 363 (EXCHANGE) 1698 (NUMBER)

7. Total number of facility underground storage tanks _____ (Complete Questions 12 thru 33 for each tank)

8. Total facility underground storage tank capacity (gallons) _____

9. Status of owner: (mark one) A. ☐ CURRENT B. ☐ FORMER

10. Type of owner: (mark one) A. ☐ STATE OR LOCAL GOVERNMENT B. ☐ PRIVATE OR CORPORATE C. ☐ OWNERSHIP UNCERTAIN D. ☐ FEDERAL GOVT. (GSA FACILITY I.D. NUMBER)

11. Two copies of a site plan are submitted with this registration. A. ☐ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are operating or existing, (E); abandoned, (A); or out of service, (C). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

UST NO._____

ALL underground tanks, including those taken out of operation. **(UNLESS THE TANK WAS REMOVED FROM THE GROUND)** must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
12. Tank Identification Number					
13. CASRN Number (Hazardous Substances Only)					
14. Tank Age (Years)					
15. Tank Size (gallons)					
16. Tank Contents (MARK ONE X)					
A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☐	☐	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
K. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
L. Aviation fuel	☐	☐	☐	☐	☐
M. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
N. Other; Please Specify					
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
B. Carbon steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
C. Stainless steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
D. Aluminum	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
E. Polyvinyl chloride	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
F. Concrete	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
G. Bronze	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
H. Earthen walls	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
J. Fiberglass reinforced plastic	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
K. Fiberglas-clad steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
L. Painted/asphalt steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
M. Vaulted	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
N. Composite	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
P. Iron (cast or ductile)	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
R. Non-metallic	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
S. Other; Please Specify					
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
B. Double wall	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
C. Manway in tank	☐	☐	☐	☐	☐
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Rubber	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
B. Epoxy	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
C. Alklyd	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
D. Phenolic	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
E. Glass	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
F. Clay	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
G. None	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
H. Other, Please Specify					

UST NO. _____

Tank I.D. No.	TANK NO.		TANK NO.		TANK NO.		TANK NO.		TANK NO.	
20. Tank and Piping Lining installed (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. At purchase of tank	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Retrofitted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21. Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Liner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Vault	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Double wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Wrapped	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Sprayed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Sacrificial anode	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Impressed current	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Other, Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Manual sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Ground water monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. System in secondary containment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. System outside backfill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. System within piping (piping leak detector)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Event activated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Audio	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Visual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. Electric sensor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Stock/inventory control (manual)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Stock/inventory control (electronic)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Tile drain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
J. Vapor sniff wells	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
K. Internal inspection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
L. Other, Please Specify										
M. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. No	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Test positive (MARK IF LEAK WAS DISCOVERED)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. None (Never tested)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Within the past 1 to 5 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. More than 5 years ago	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. No Records	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

UST NO. _____

Tank I.D. No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
27. Tank Status (MARK ONE X) A. Operational	☐	☐	☐	☐	☐
(+) B. Temporarily out of service (Less than 90 days)	☐	☐	☐	☐	☐
(+) C. Extended out of service (90 days to 2 years)	☐	☐	☐	☐	☐
D. Long term out of service (Greater than 2 years)	☐	☐	☐	☐	☐
* SEE BELOW E. Abandoned, in place	☐	☐	☐	☐	☐
F. Abandoned, in place, filled only	☐	☐	☐	☐	☐
G. Abandoned, in place, sealed only	☐	☐	☐	☐	☐
H. Abandoned, in place, filled and sealed	☐	☐	☐	☐	☐
* (+) J. Seasonal (Answer only for motor fuel uses)	☐	☐	☐	☐	☐
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X) A. Yes	☐	☐	☐	☐	☐
B. No	☐	☐	☐	☐	☐
29. Overfill protection (tank only) (MARK ONE X) A. Yes	☐	☐	☐	☐	☐
B. No	☐	☐	☐	☐	☐
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X) A. Yes	☐	☐	☐	☐	☐
B. No	☐	☐	☐	☐	☐

*** If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.**

31. Substance last used in tank (MARK ONE X) A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☐	☐	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
I. Heating oil (No. 4)	☐	☐	☐	☐	☐
J. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
K. Aviation fuel	☐	☐	☐	☐	☐
L. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
M. Other, Please Specify					
32. Estimated date last used (month/year)	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.
33. Estimated quantity (gallons) left in tank					

*** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility (7:14B-2.3 (a) 1). ***

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

John Lucarelli
(SIGNATURE)

John Lucarelli
(PRINT OR TYPE NAME)

PRESIDENT
(TITLE)

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
BUREAU OF UNDERGROUND STORAGE TANKS
Registration and Billing Section
CN-029
TRENTON, NEW JERSEY 08625
1-800-722-TANK

Let's protect our earth

009505 X
For State Use Only

	Yes	No
Ck.	✓	
A/C	✓	
Inv.		
R/F		
Sp. Hnd.		
Staff		

RECEIVED JUN 15 1988

ANNUAL CERTIFICATION QUESTIONNAIRE

SECTION A:

Have there been any changes in this facility's registration status during the past twelve months that have not already been reported to the Bureau of Underground Storage Tanks on a Standard Reporting Form?

☐ NO ☒ YES

If NO, please complete Sections B, D, E and return this form with the top half of the billing invoice and the appropriate fee.

If YES, please check the appropriate type of change (s) below that occurred and complete the enclosed Registration Questionnaire with the NEW information ONLY and sign the questionnaire and return it along with the top half of the billing invoice, this form and the appropriate fee.

✓ Company Name and Address (ownership change)

____ Facility location

____ Operator(s)

✓ Contact Person(s)

____ Type of product(s) stored

____ Spills, accidents or leaks

____ Other (explain)

(OVER)

SECTION B:

Are inventory records maintained on-site?

☐ NO ☑ YES

Have any unaccountable losses been discovered at your facility?

☑ NO ☐ YES

NOTE It is required that all leaks be reported to the NJDEP within 24 hours of discovery by contacting the NJDEP Hotline telephone number (609) 292-7172.

SECTION C:

Failure by owner or operator of an underground storage tank to comply with any requirement of the State Act or this chapter may result in the penalties set forth in N.J.S.A. 58:10A-10.

SECTION D:

CERTIFICATION

*** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility. (7:14B-2.3 (a) 1). ***

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(Signature)

6/13/88
(Date)

JOHN Tuccarelli
(Name - print or type)

PRESIDENT
(Title)

***UST NO. 0091505
(Use the UST Number from you invoice)

SECTION E:

The Fee Schedule is printed on the reverse side of the billing invoice. Please make your payment instrument payable to: "Treasurer", State of New Jersey. Use of the enclosed return envelope will expedite the processing of your certification.

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Resources
CN-029
Trenton, New Jersey 08625

0091505
WILENTA BROS CARTING INC

AUTH.	☐	☐
SP. ROUTE	☐	☑
SITE PLN.	☑	☐
SIGN.	☑	☐
COMCODE	15712	

MAY 08 1986

UNDERGROUND STORAGE TANK REGISTRATION QUESTIONNAIRE

Bureau of Ground Water Quality Management
Underground Storage Tank Section
(609)984-9736

COMPLIANCE WITH THIS REGISTRATION WILL MEET ALL REGISTRATION REQUIREMENTS OF THE FEDERAL LAW. P.L. 93-616, THE HAZARDOUS AND SOLID WASTE AMENDMENTS OF 1984, SUBTITLE 1, SECTIONS 9001-9010.

General Facility Information

1. Facility name: Wilenta Bros. Carting Inc.
2. Facility location: 1149A Whitesville Road
   NUMBER AND STREET
   Jackson
   CITY OR MUNICIPALITY
   Ocean (COUNTY) NJ (STATE) 08527 (ZIP CODE)
3. Owner's mailing address: PO Box 4458
   NUMBER AND STREET
   Lakewood
   CITY OR MUNICIPALITY
   Ocean (COUNTY) NJ (STATE) 08701 (ZIP CODE)
4. Owner's name: Annie Wilenta
5. Contact person (Facility Operator) Peter Corti
   PERSON OR TITLE
6. Contact telephone number: 201 (AREA CODE) 363 (EXCHANGE) 1698 (NUMBER)
7. Total number of facility underground storage tanks: 0004 (Complete Questions 12 thru 33 for each tank)
8. Total facility underground storage tank capacity (gallons): 0020500
9. Type and status of owner (mark all that apply).

A. ☐ CURRENT B. ☐ FORMER C. ☐ STATE OR LOCAL GOVERNMENT D. ☒ PRIVATE OR CORPORATE E. ☐ OWNERSHIP UNCERTAIN F. ☐ FEDERAL GOVT. (GSA FACILITY I.D. NUMBER)

10. Two copies of a site plan are submitted with this registration. A. ☑ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are operating or existing, (E); abandoned, (A); or closed, (C). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

UST NO. 9150

11. All underground tanks used after January 1, 1974 including those taken out of operation, **(UNLESS THE TANK WAS REMOVED FROM THE GROUND)** must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or Closed C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
12. Tank Identification Number	0001	0002	0003	0004	
13. CASRN Number (Hazardous Substances Only)					
14. Tank Age (Years)	05	10	10	10	
15. Tank Size (gallons)	010000	004000	004000	002500	
16. Tank Contents (MARK ONE X)					
A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☒	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☒	☒	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☒	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
K. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
L. Aviation fuel	☐	☐	☐	☐	☐
M. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
N. Other; Please Specify					
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping
A. Bare steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
B. Carbon steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
C. Stainless steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
D. Aluminum	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
E. Polyvinyl chloride	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
F. Concrete	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
G. Bronze	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
H. Earthen walls	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
J. Fiberglass reinforced plastic	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
K. Fiberglas-clad steel	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
L. Painted/asphalt steel	☒ ☐	☒ ☐	☒ ☐	☒ ☐	☐ ☐
M. Vaulted	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
N. Composite	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
P. Iron (cast or ductile)	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
R. Non-metallic	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
S. Other; Please Specify	galvanize steel Pipe/Gal. steel Pipe		Galvanize steel Pipe/Gal stee Pipe		
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping
A. Single wall	☒ ☒	☒ ☒	☒ ☒	☒ ☒	☐ ☐
B. Double wall	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
C. Manway in tank	☐	☐	☐	☐	☐
19. Internal Tank and Piping Lining (MARK ONE X)	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping	Tank / Piping
A. Rubber	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
B. Epoxy	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
C. Alklyd	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
D. Phenolic	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
E. Glass	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
F. Clay	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
G. None	☒ ☐	☒ ☐	☒ ☐	☒ ☐	☐ ☐
H. Other, Please Specify	Pipe-galvanize steel/Pipe Gal steel		Pipe-Gal. steel/Pipe Gal steel		

UST NO. 9150X

Tank I.D. No.	TANK NO. 0001		TANK NO. 0002		TANK NO. 0003		TANK NO. 0004		TANK NO.	
20. Tank and Piping Lining installed (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. At purchase of tank	X	X	X	X	X	X	X	X	☐	☐
B. Retrofitted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21. Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Liner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Vault	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Double wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. None	X	X	X	X	X	X	X	X	☐	☐
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Wrapped	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Sprayed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Sacrificial anode	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Impressed current	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Other, Please Specify	Tar Tank+Pipe		Tar Tank+Pipe		Tar Tank+Pipe		Tar Tank+Pipe			
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Manual sampling	X	X	X	X	X	X	X	X	☐	☐
C. Ground water monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. System in secondary containment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. System outside backfill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. System within piping (piping leak detector)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Event activated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Audio	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Visual	X	X	X	X	X	X	X	X	☐	☐
E. Electric sensor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Stock/inventory control (manual)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Stock/inventory control (electronic)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Tile drain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
J. Vapor sniff wells	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
K. Internal inspection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
L. Other, Please Specify										
M. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25. Testing history recorded (MARK ALL THAT APPLY X)										
A. Yes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. No	X	X	X	X	X	X	X	X	☐	☐
C. Test Result (MARK IF LEAKING NOW)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Within the past 1 to 5 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
ore than 5 years ago	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Records	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	X	X	X	X	X	X	X	X		

UST NO. 9150

Tank I.D. No.	TANK NO. 0001	TANK NO. 0002	TANK NO. 0003	TANK NO. 0004	TANK NO.
27. Tank Status (MARK ONE X)					
A. Active (operational)	☒	☒	☒	☒	☐
B. Inactive (non-operational)	☐	☐	☐	☐	☐
C. Closed (temporarily out-of-service)	☐	☐	☐	☐	☐
D. Closed (permanently out-of-service)	☐	☐	☐	☐	☐
* SEE BELOW E. Abandoned, in place	☐	☐	☐	☐	☐
F. Abandoned, in place, filled only	☐	☐	☐	☐	☐
G. Abandoned, in place, sealed only	☐	☐	☐	☐	☐
H. Abandoned, in place, filled and sealed	☐	☐	☐	☐	☐
J. Seasonal	☐	☐	☐	☐	☐
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☒	☒	☐
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☒	☒	☐
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☒	☒	☐

*** If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.**

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☒	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☒	☒	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☒	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
J. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
K. Aviation fuel	☐	☐	☐	☐	☐
L. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
M. Other, Please Specify					
32. Estimated date last used (month/year)	0586 Mo. Yr.	0586 Mo. Yr.	0586 Mo. Yr.	0586 Mo. Yr.	0586 Mo. Yr.
33. Estimated quantity (gallons) left in tank	003000	002000	003000	001000	

OWNER OR OWNER'S AGENT CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Robert Corti V.P.
(SIGNATURE)

Peter Corti
(PRINT OR TYPE NAME)

Vice President
(TITLE)

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
BUREAU OF UNDERGROUND STORAGE TANKS
Registration and Billing Section
CN-029
TRENTON, NEW JERSEY 08625
1-800-722-TANK

Let's protect our earth

For State Use Only	YES	NO
Ck.	✓	
A/C	✓	
Inv.	✓	
R/F		
Sp. Hnd.		
Staff	JK	

0091505

Annual Certification Questionnaire

MAY 24 1990

SECTION A:

Have there been any changes in this facility's registration status during the past twelve months that have not already been reported to the Bureau of Underground Storage Tanks on a Standard Reporting Form?

☒ NO ☐ YES

If NO, please complete Sections B, D, E, and return the form with the top half of the billing invoice and the appropriate fee.

If YES, please check below the appropriate type of change(s) that occurred and complete the enclosed Registration Questionnaire with the NEW information ONLY. Also, please complete Sections B,D, and E on the reverse side and sign where indicated. Return this form along with the top half of the billing invoice, registration form (if appropriate) and the correct fee.

TYPES OF CHANGES

____ Facility

____ Facility location

____ Owner's name and/or address (circle which)

____ Contact Person(s) and/or phone number (circle which)

____ Type of product(s) stored

____ Spills, accidents or leaks

____ Other (explain and document as needed)

*** Use enclosed REGISTRATION FORM for changes checked above ***

SECTION B:

Are inventory records maintained on-site?

☐ NO ☒ YES

Have any unaccountable losses been discovered at your facility?

☒ NO ☐ YES

****NOTE**** It is required that all leaks be reported to the NJDEP within 24 hours of discovery by contacting the NJDEP Hotline telephone number (609) 292-7172.

SECTION C:

Failure by the owner or operator of an underground storage tank to comply with any requirement of the State Act or this chapter may result in the penalties set forth in N.J.S.A. 58:10A-10.

SECTION D:

CERTIFICATION

This Annual Certification shall be signed by the highest ranking individual at the facility with overall responsibility for that facility. (7:14B-2.3(a)1).

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

John Zuccarelli (ks)
(Signature)

5 / 01 / 90
(Date signed)

John Zuccarelli
(Name - print or type)

PRESIDENT
(Title)

UST NO. 0091505

NATIONAL WASTE DISPOSAL, INC.
(Facility Name)

149A Whitesville Rd.
(Facility Address)

JACKSON, N.J. 08527

SECTION E:

The Fee Schedule is printed on the reverse side of the billing invoice. Please make your payment instrument payable to: "Treasurer, State of New Jersey". Use of the enclosed return envelope will expedite processing of your certification.

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
BUREAU OF UNDERGROUND STORAGE TANKS
Registration and Billing Section
CN-029
TRENTON, NEW JERSEY 08625
1-800-722-TANK

Let's protect our earth

For State Use Only

	Yes	No
Ck.	X	
A/C	X	
Inv.	X	
R/F		
Sp. Hnd.		
Staff		
UST No.	092505	

MAR 27 1989

ANNUAL CERTIFICATION QUESTIONNAIRE

SECTION A:

Have there been any changes in this facility's registration status during the past twelve months that have not already been reported to the Bureau of Underground Storage Tanks on a Standard Reporting Form?

☒ NO ☐ YES

If NO, please complete Sections B, D, E and return this form with the top half of the billing invoice and the appropriate fee.

If YES, please check the appropriate type of change (s) below that occurred and complete the enclosed Registration Questionnaire with the NEW information ONLY. Also, please complete Sections B,D, and E on the reverse side and sign where indicated. Return this form along with the top half of the billing invoice, registration form(if appropriate) and the correct fee.

TYPES OF CHANGES:

____ Facility

____ Facility location

____ Owner's name and/or address (circle which)

____ Contact Person(s) and/or phone number (circle which)

____ Type of product(s) stored

____ Spills, accidents or leaks

____ Other (explain)

*** Use enclosed REGISTRATION FORM for changes checked above ***

(OVER)

SECTION B:

Are inventory records maintained on-site?

☐ NO ☒ YES

Have any unaccountable losses been discovered at your facility?

☒ NO ☐ YES

****NOTE**** It is required that all leaks be reported to the NJDEP within 24 hours of discovery by contacting the NJDEP Hotline telephone number (609) 292-7172.

SECTION C:

Failure by owner or operator of an underground storage tank to comply with any requirement of the State Act or this chapter may result in the penalties set forth in N.J.S.A. 58:10A-10.

SECTION D:

CERTIFICATION

***** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility. (7:14B-2.3 (a) 1). *****

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

John Zuccarelli — **(Signature)**

3/20/89 — **(Date)**

John Zuccarelli — **(Name - print or type)**

PRESIDENT — **(Title)**

*****UST NO.** 0091505 **(Use the UST Number from you invoice)**

NATIONAL WASTE DISPOSAL, INC. — **(Facility Name)**

149A Whitesville RD - JACKSON, NJ 08527 — **(Facility Address)**

SECTION E

The Fee Schedule is printed on the reverse side of the billing invoice. Please make your payment instrument payable to: "Treasurer", State of New Jersey. Use of the enclosed return envelope will expedite the processing of your certification.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION
BUREAU OF APPLICABILITY AND COMPLIANCE
Registration and Billing Unit
CN 028, Trenton, N.J. 08625-0028
1-609-984-3156

UNDERGROUND STORAGE TANK FACILITY QUESTIONNAIRE

0091505
FOR STATE USE ONLY
Check In ☒ Yes ☐ No
STATUS Active ☐ Inactive ☐ COMCODE ☐☐☐☐

FACILITY UST # 0091505

Completion of this Registration Questionnaire will satisfy the registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21, and the Registration and Billing Regulations N.J.A.C. 7:14B-2.

[Check appropriate box(es)]

A. ☐ Is this a registration of a proposed or newly installed underground storage tank? (This form must be filed at least 30 days prior to operation)
B. ☐ Is this a registration of an existing underground storage tank not presently registered?
C. ☐ Is this a correction or amendment to an existing facility registration? UST #_____
D. ☒ There have been no changes to the facility registration since last submittal. UST # 0091505 (Go to certification page for signatures)

If "C" is checked above, please check the appropriate type of change(s) below

- ☐ Facility Name and/or Address Change
- ☐ Owner Name and/or Address Change
- ☐ Facility Operator and/or Address Change
- ☐ Owner Contact Person Change
- ☐ Type of Product(s) Stored
- ☐ Spills, Leaks, Releases
- ☐ Tank(s) and/or Piping Changes
- ☐ Closure (Complete Question #13)
- ☐ Financial Responsibility Change
- ☐ Substantial Modification(s)
- ☐ Sale or Transfer (Complete Questions 4,5,6 & 13D)
- ☐ Other *(please specify)* _____

SECTION A - GENERAL FACILITY INFORMATION

1. Facility Name
2. Facility Location
   NUMBER AND STREET
   CITY OR MUNICIPALITY
   COUNTY | STATE (NJ) | ZIP CODE | BLOCK | LOT
3. Facility Operator
   PERSON OR TITLE
   Contact Tele. No. (Area Code) (Extension)
   Operator Address (if different than #2)
   NUMBER AND STREET
   CITY OR MUNICIPALITY
   STATE ZIP CODE
4. Tank Owner
5. Tank Owner Address
   NUMBER AND STREET
   CITY OR MUNICIPALITY
   STATE ZIP CODE
6. Contact Person (Tank Owner)
   Contact Tele. No. (Area Code) (Extension)
7. EPA ID # ☐☐☐☐☐☐☐☐☐☐☐☐
8. Total number of regulated underground storage tanks at facility ☐☐☐☐ *(Complete Section B for each tank)*

9. Total regulated underground storage tank capacity at facility (gallons) ☐☐☐☐☐☐

10. Facility Type: A ☐ State; B ☐ Commercial/ Industrial; C ☐ County/Municipal; D ☐ Federal; E ☐ Charitable / Public School; F ☐ Residence; G ☐ Other; H ☐ Farm (as defined in N.J.S.A. 54:4-23.1 et seq.)

11. Is a copy of the facility site plan submitted with this registration pursuant to N.J.A.C. 7:14B-2? ☐ YES ☐ NO

SECTION B - SPECIFIC TANK INFORMATION

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND PRIOR TO 9/3/86) must be registered. Report all tank/piping status changes unless previously submitted.

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
1. Tank Identification Number	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
2. CAS Number (hazardous substances only)	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐
3. Date Tank Installed (Month/Day/Year)	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
4. Tank Size (gallons)	☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐
5. Tank Contents (Mark one "X" for each tank)					
A. Leaded gasoline					
B. Unleaded gasoline					
C. Alcohol endriched gasoline					
D. Light diesel fuel (No. 1-D)					
E. Medium diesel fuel (No. 2-D)					
F. Waste Oil					
G. Kerosene (No. 1)					
H. Home heating oil (No. 2)					
J. Heating oil (No. 4)					
K. Heavy heating oil (No. 6)					
L. Aviation fuel					
M. Motor oil					
N. Lubricating oil					
P. Sewage					
Q. Sewage sludge					
R. Other hazardous substances (specify)					
S. Hazardous waste (specify ID number)					
T. Mixtures (please specify)					
U. Emergency spill tank (specify substance)					
V. Other petroleum products (please specify)					
W. Other (please specify)					
6. Tank & Piping Construction (Mark one each for both tank & piping)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare Steel					
B. Cathodically protected steel					
C. Fiberglass-coated steel					
D. Fiberglass-reinforced plastic					
E. Internally lined					
F. Other (please specify)					
7. Tank & Piping Structure (Mark one each for both tank & piping)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall					
B. Double wall					
C. Other (please specify)					
8. Type of Monitoring/Detection System (Mark all that apply for both tank & piping)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Statistical Inventory Reconciliation					
B. Manual Tank Gauging					
C. Inventory Control					
D. Interstitial					
E. Precision Test					
F. Ground water observation wells					
G. Vapor observation wells					
H. In-tank (automatic) monitoring gauge					
J. Periodic Tank Test					

Tank Identification Number	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
8. Type of Monitoring/Detection System	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
K. None					
L. Other (please specify)					
9. Overfill Protection (tank only) (Mark one X for each tank)					
A. Yes					
B. No					
10. Spill Containment Around Fill Pipe (Mark one X for each tank)					
A. Yes					
B. No					
11. Tank Status (Mark one X for each tank)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. In-use					
B. Empty less than 12 months					
C. Empty 12 months or more					
D. Emergency spill tank (sump)					
E. Emergency backup generator tank					
F. Abandoned in Place					
G. Removed					
H. Other (please specify)					
12. If box 11B, C, or D above has been marked, indicate the estimated date last used (month/day/year)	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
13. Closure Information - Tank ID No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
A. Date abandoned in place					
B. Date taken temporarily out of service					
C. Date removed					
D. Date of Sale or Transfer					
E. TMS # (if applicable)					
F. ISRA # (if applicable)					

SECTION C - FINANCIAL RESPONSIBILITY

Does this facility have a Financial Responsibility Assurance Mechanism as required in 40 CFR 280? ☐ YES ☐ NO
Please list the appropriate financial information below:

_____ Type

_____ Carrier / Issuing Agency

___/___/___ Effective Date

___/___/___ Expiration Date

_____ Policy Number

$_____ Amount

SECTION D - MONITORING SYSTEMS

Does this facility have a release detection monitoring system which is in compliance with N.J.A.C. 7:14B-6? ☐ YES ☐ NO
If "No", please be aware that the facility must meet the appropriate deadline. (See "Dates to Know" on Page 4)

SECTION E - RECORDKEEPING/COMPLIANCE

Please answer all the questions in this section on a facility basis. Any one tank not in compliance requires a "NO" answer for the entire facility.

1. Does this facility have cathodic protection systems for all steel tanks and piping? ☐ YES ☐ NO
   If "Yes", are the systems properly operated and maintained pursuant to N.J.A.C. 7:14B-5? ☐ YES ☐ NO
2. Are the performance claims and documentation of monitoring systems maintained by the owner or operator pursuant to N.J.A.C. 7:14B-5? ☐ YES ☐ NO
3. Are the proper monitoring, testing, sampling, repair and inventory records kept on-site pursuant to N.J.A.C. 7:14B-5 and 6? ☐ YES ☐ NO
4. Is the proper Release Response Plan kept on-site pursuant to N.J.A.C. 7:14B-5? ☐ YES ☐ NO
5. Does the facility have spill and over fill protection systems pursuant to N.J.A.C. 7:14B-4? ☐ YES ☐ NO
6. Have all Fill Ports been permanently marked as per API #1637 pursuant to N.J.A.C. 7:14B-5? ☐ YES ☐ NO

IMPORTANT INFORMATION

FEE:	Please make checks payble to: **"Treasurer, State of New Jersey"**. Use of the enclosed return envelope will expedite processing. Registration and Billing Schedule can be found in N.J.A.C. 7:14B. All Initial Registration fees are $100 per facility.
PENALTY:	Failure by owner or operator of a regulated underground storage tank to comply with any requirement of the State UST Act or regulations may result in the penalties set forth in N.J..S.A. 58:10A-10.
EMERGENCY:	If a discharge or spill occurs, the NJDEP Hotline at (609) 292-7172 must be called IMMEDIATELY - 24 hours a day.
UPGRADE EXEMPTION:	Residential heating oil underground storage tanks are exempt from all upgrade requirements.

DATES TO KNOW (critical deadlines)

December 22, 1988	—	All new federally regulated tank systems must have cathodic protection and spill/overfill protection.
September 4, 1990	—	All new State-only regulated tank systems must have cathodic protection and spill/overfill protection.
December 22, 1990	—	All federally regulated piping must have begun leak detection.
February 19, 1993	—	All federally regulated tank systems must maintain financial responsibility assurance.
December 22, 1993	—	All federally regulated tank systems must have begun leak detection.
December 22, 1998	—	All regulated tanks shall install cathodic protection and spill/overfill protection.

CERTIFICATIONS

NOTE: IF THE PERSON SIGNING CERTIFICATION NO. 2 IS THE SAME AS THE PERSON SIGNING CERTIFICATION NO. 1, THEN CERTIFICATION NO. 2 NEED NOT BE SIGNED. (If different persons are required to sign No. 1 and No. 2, then they must do so.)

CERTIFICATION NO. 1:

Must be signed by the highest ranking individual at the facility with overall responsibility

"I certify under penalty of law that the information provided in this document is true, accurate and complete to the best of my knowledge, information and belief. I am aware that there are significant civil and criminal penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties."

(Typed / Printed Name) _____ (Signature) _____

(Title) _____ (Date) _____

CERTIFICATION NO. 2:

Must be signed as follows:
- For a corporation, by a principal executive officer of at least the level of vice president
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively
- For a municipality, State, Federal or other public agency, by either a principal executive officer or ranking elected official
- For persons other than indicated above, by the person with legal responsibility for the site

"I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties."

John Zuccarelli (Typed / Printed Name) X [signature] (Signature)

President (Title) 01/06/95 (Date)

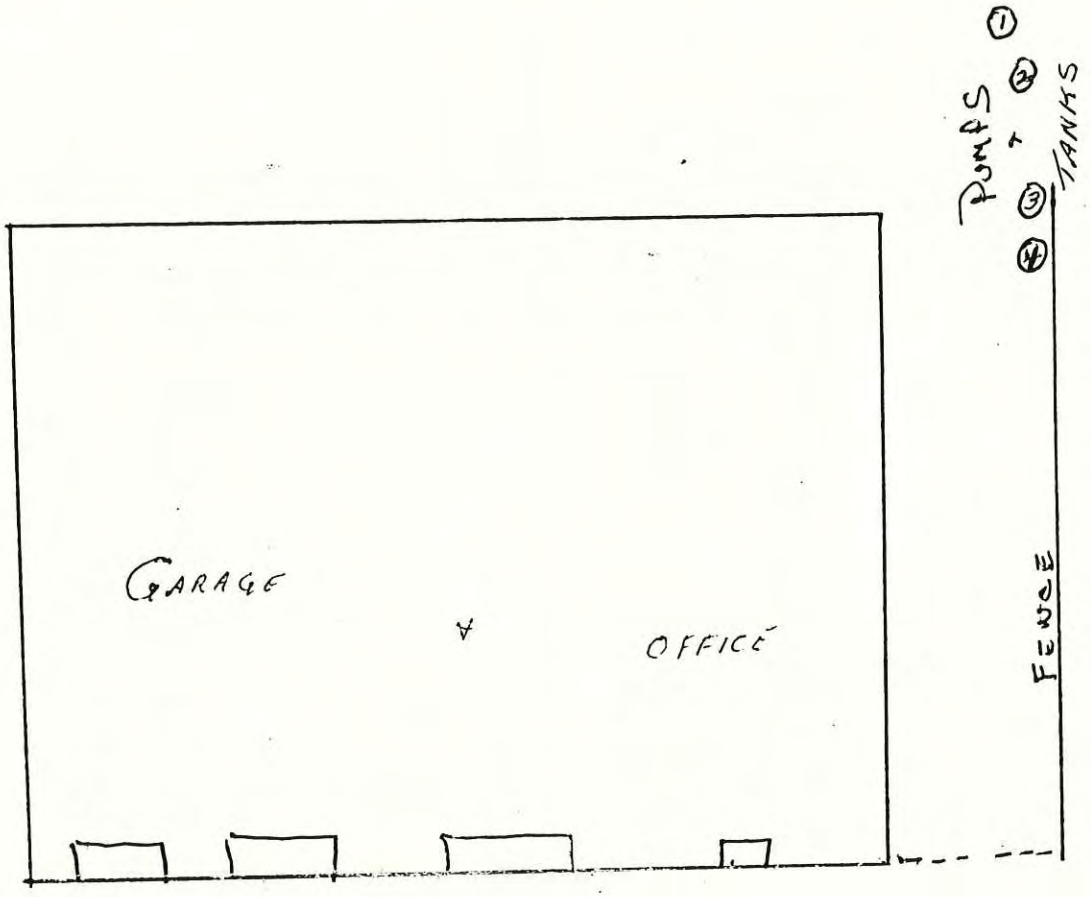
CERTIFICATION NO. 3:

If applicable, must be signed by the individual who is certified to perform services.

"I certify under penalty of law that the information provided in this document is true, accurate and complete to the best of my knowledge, information and belief. I am aware that there are significant civil and criminal penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties."

(Typed / Printed Name) (Title) (Signature) (Date)

(Name of Firm, if applicable) (N.J. Certification Number)



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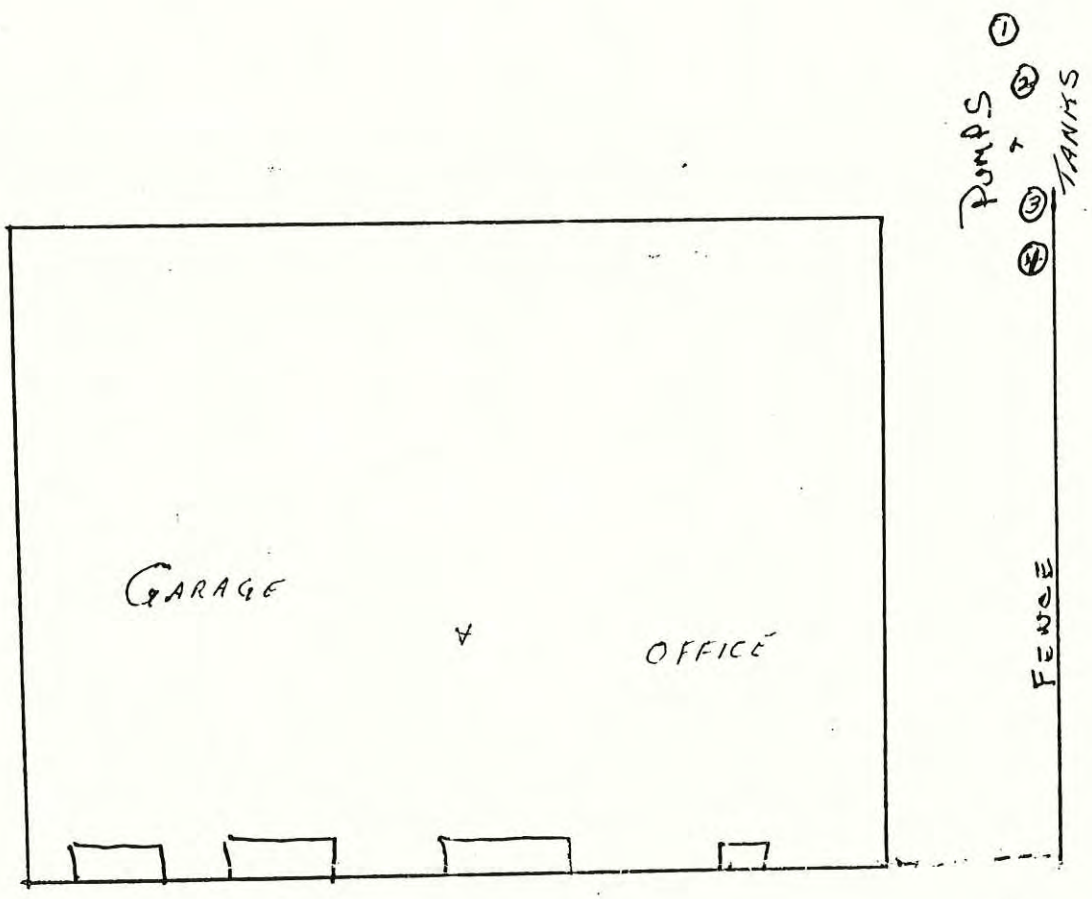
9150



0091505

9150

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION
REGISTRATION & BILLING UNIT
P.O. BOX 028
TRENTON, NEW JERSEY 08625-0028
Phone: (609) 633-1464

NATIONAL WASTE DISPOSAL
149A WHITESVILLE TOMS RIVER RD
JACKSON, NJ 08527

01/04/2012

Re: **Notice of Deficiency**
Facility: NATIONAL WASTE DISPOSAL INC
Facility ID: 009150

Dear UST Registrant:

The New Jersey Department of Environmental Protection has determined that your recent submission of a Registration Certificate Questionnaire for the above referenced facility is deficient for the following reason(s).

☑ Required Fee Not Submitted Pursuant to N.J.A.C. 7:14B-3

Amount Due $ __550.00 Payable Treasurer State of NJ_____

☐ Financial Responsibility Information Incomplete Pursuant to N.J.A.C. 7:14B-15

☐ Signature & Certification Missing Pursuant to N.J.A.C. 7:14B-1.7

☐ Site Plan Not Submitted Pursuant to N.J.A.C. 7:14B-2.2d

☐ Required Facility Certification Questionnaire Not Submitted (correct form enclosed)

☑ Tank Information Incomplete Pursuant to N.J.A.C. 7:14B-2.2

☑ Other - Explanation Below:

The above site has 4 tanks that are out of compliance & need to be removed immediately. If the tanks were removed please address the closure section of the form so we can delist the tanks.

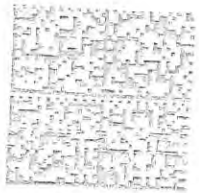
Please submit the delinquent information, with a copy of this letter, to this office within 15 days. Failure to do so may result in your facility being referred to Enforcement and your Registration Certificate revoked.

If you have any questions, please don't hesitate to contact me at (609) 292-2827.

Sincerely,

Nancy O'Dennis-Bliszcz, Principal Tech MIS
Registration & Billing Unit
Bureau of Risk Management, Initial Notice and Case Assignment

State of New Jersey
Department of Environmental Protection
Site Remediation Program
Enforcement & Assignment Element
PO Box 028
Trenton, New Jersey 08625-0028



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US POSTAGE

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NO SUCH NUMBER
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08625@0028

BC: 08625002828 *0251-05573-05-33

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION
REGISTRATION & BILLING UNIT
P.O. BOX 028
TRENTON, NEW JERSEY 08625-0028
Phone: (609) 633-1464

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Sincerely,

Nancy O'Dennis-Bliszcz, Principal Tech MIS
Registration & Billing Unit
Bureau of Risk Management, Initial Notice and Case Assignment

ID	Tank No.	Size	Content	Tank Status	Upgrade Compliance
TANK0000000001	0001	10000	Medium Diesel Fuel (No. 2-D)	In-use	No
TANK0000000002	0002	4000	Medium Diesel Fuel (No. 2-D)	In-use	No
TANK0000000003	0003	4000	Unleaded Gasoline	In-use	No
TANK0000000004	0004	2500	Heating Oil (No. 2)	In-use	No

James E. McGreevey
Governor

State of New Jersey
Department of Environmental Protection
DIVISION OF REMEDIATION SUPPORT

Bradley M. Campbell
Commissioner

Bureau of Risk Management
Initial Notice and Case Assignment
P.O. Box 028
Trenton, New Jersey 08625-0028

Tel: (609) 633-1464 * Fax: (609) 633-1439

09/28/2004

UST FEE & BILLING CONTACT
NATIONAL WASTE DISPOSAL INC
149A WHITESVILLE RD
JACKSON TWP, NJ 08527

Re: Facility Registration ID: 009150
Registration Activity ID: UST000001

Dear UST FEE & BILLING CONTACT:

A review of Department records indicates your regulated facility currently does not hold a valid Registration Certificate. In accordance with N.J.A.C. 7:14B-2.1 (c) any person that owns or operates an underground storage tank system shall only use such tank upon receipt of a valid Registration Certificate issued by the Department. In addition, in accordance with N.J.A.C. 7:14B-1.8(b), no person or business firm shall introduce hazardous substances into a regulated underground storage tank, which is not properly registered with the Department.

A further review of Department records indicates that your regulated facility may currently have one or more underground storage tank systems that are not in compliance with all of the requirements of the Underground Storage of Hazardous Substances Act (N.J.S.A. 58:10A-21 et seq.) and /or the regulations promulgated thereunder.

Regulations governing the operation and maintenance of underground storage tanks in New Jersey require any person who owns or operates a regulated underground storage tank system to:

> Meet the standards for the construction, installation, and operation of new and existing underground storage tank systems, including monitoring and release detection, corrosion protection, spill prevention and overfill protection, and continually maintain mandatory financial responsibility assurance.

December 22, 1998 was the deadline by which owners and operators of all applicable underground storage tank systems were required to either upgrade their existing systems or close and replace the existing sub-standard systems with systems that meet standards. Owners and operators that failed to upgrade or replace their existing sub-standard system(s) were required to permanently close (Remove or properly abandon in place) the existing non-compliant systems.

Those owners and operators that have failed to comply with one of the options listed above by the December 22, 1998 deadline are in violation of N.J.S.A. 58:10A-21 et seq., and N.J.A.C. 7:14B-1.1 et seq. and are subject to substantial fines and penalties. Any use of non-compliant underground storage tank systems is illegal and must cease immediately. All non-compliant tanks must now be closed in accordance with N.J.A.C. 7:14B-9.2 and 9.3.

Attached for your information and review is a UST Summary Table listing all regulated UST's currently registered to your facility showing the current status of each tank. Please review the information provided in the Summary Table to determine whether the information contained in our records is correct.

If any of the information in our records is incorrect, please use the Underground Storage Tank Facility Certification Questionnaire to provide us with the correct information. Upon receipt of the questionnaire we will review the information provided, and, where appropriate, make the necessary corrections to our records and re-evaluate the compliance status of your regulated underground storage tank system(s).

Should you determine that our information is correct, and you are currently operating non-compliant tanks, you must immediately take the tank(s) out of service (no product dispensing or delivery). The tank(s) must be emptied of all hazardous substances and all lines disconnected and capped, except the vent line(s).

An (Underground Storage Tank Facility Certification Questionnaire) available on line at www.state.nj.us/dep/srp/regs/guidance.htm, or by calling this office at (609) 633-0716, must immediately be completed and submitted to the Department showing the date the tank(s) were emptied and taken out-of-service.

Also, upon receipt of this letter, if the information in our database is correct, a Form UST-C13 (Notice of Intent to Close an Underground Storage tank System) which may be downloaded using the Department's website at www.state.nj.us/dep/srp/regs/guidance.htm, or obtained by calling (609) 633-0716, must be completed and submitted to the Department at the address shown below.

Department of Environmental Protection
Division of Remediation Support
Bureau of Risk Management, Initial Notice & Case Assignment
P.O. Box 435
Trenton, New Jersey 08625-0435
Attention: Estavon Posey

Upon receipt of approval from the Department of the Notice of Intent to Close an Underground Storage Tank System the tanks must be permanently closed (removed or properly abandoned in place) in accordance with N.J.A.C. 7:14B-9.2 and 9.3.

Failure to submit the required documentation as requested will result in the Department taking all appropriate enforcement action to obtain compliance. Additionally, please be advised that UST facility inspections have substantially increased in New Jersey. Federal, State and local inspectors will be reviewing registration information for accuracy and conducting field inspections to verify compliance. Falsification of documentation will result in the maximum penalties allowed by law.

If you are required to close and/or remediate a non-compliant Petroleum Underground Storage Tank you may be eligible for financial assistance from the Petroleum Underground Storage Tank Remediation, Upgrade, and Closure Fund. Further information regarding the financial assistance program, including application forms, is available at the Department's website at www.nj.gov/dep/srp/finance/ustfund or by calling (609) 777-0101. Funding applications must be filed prior to June 30, 2005.

Questions concerning the appropriate steps necessary in order to comply with the Department's Underground Storage Tank System closure procedures should be directed to the Duty Officer Initial Notice and Case Assignment at (609) 633-0708.

Questions concerning this letter should be directed to this office at (609) 633-0716.

Sincerely,

Estavon Posey
Administrative Analyst I
Enforcement Unit

C: UST Non-Compliance File

newjersey department of environmental protection **nidep**

UST SUMMARY TABLE

9/14/2004

Facility Info: **NATIONAL WASTE DISPOSAL INC**
149A WHITESVILLE RD
Jackson Twp - Ocean
Facility ID # 009150

Tank No. (UST)	Tank Size/Units (UST)	Tank Contents (UST)	Tank Status (UST)	Upgrade Compliance	Monitoring Compliance
0001	10,000	Medium Diesel Fuel (No. 2-D)	In-use	No	No
0002	4,000	Medium Diesel Fuel (No. 2-D)	In-use	No	No
0003	4,000	Unleaded Gasoline	In-use	No	No
0004	2,500	Home Heating Oil (No. 2)	In-use	No	No

State of New Jersey
Department of Environmental Protection
Division of Remediation Support
PO Box 028
Trenton, NJ 08625-0028

UST FEE & BILLING CONTACT
NATIONAL WASTE DISPOSAL INC
149A WHITESVILLE RD
Jackson Twp, NJ 08527

A ☐ INSUFFICIENT ADDRESS
C ☐ ATTEMPTED NOT KNOWN ☐ OTHER
S ☒ NO SUCH NUMBER/ STREET
☐ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD

RTS
RETURN TO SENDER

08625+0028

State of New Jersey
Department of Environmental Protection
Division of Remediation Support
PO Box 028
Trenton, NJ 08625-0028

RETURNED TO SENDER

UNKNOWN AT THIS PO BOX
NAME IS NOT ON BOX APPLICATION

Mr. James Zuccrrelli
National Waqste Disposal Inc
P.O. Box 54
Lakewood, N

NIXIE 077 1 39 12/10/04
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
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