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

RECEIVED JUN 15 1988

RE: Underground Storage Tank (UST) Billing Deficiency

Dear Underground Storage Tank Owner/Operator: UST# 009505

Please find enclosed your:

____ payment instrument
____ invoice
__✓__ Annual Certification Questionnaire
__✓__ registration questionnaire
____ receipt
____ other (specify): _____

being returned for the below listed reason (s):

____ improper pay to
____ check not signed/dated
____ fee not submitted
____ miscalculated fee
____ retain for your records
__✓__ 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 | STATE: NJ | ZIP CODE

3. Owner's mailing address: P.O. BOX 1458 LAKEWOOD NJ 08701
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 | 363 | 1698
AREA CODE | EXCHANGE | 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 Sarcadi
(SIGNATURE)

John Sarcadi
(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 Luccarelli
(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	45712	

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: 149A Whitesville Road
NUMBER AND STREET
Jackson
CITY OR MUNICIPALITY
Ocean (COUNTY) NJ (STATE) 08527 (ZIP CODE)

3. Owner's mailing address: PO Box 458
NUMBER AND STREET
Lakewood
CITY OR MUNICIPALITY
Ocean (COUNTY) NJ (STATE) 08701 (ZIP CODE)

4. Owner's name: Anne 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 steel 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Within the past 1 to 5 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. More than 5 years ago	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. 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)		X	X	X	X	☐
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		X	X	X	X	☐
29. Overfill protection (tank only) (MARK ONE X)						
A. Yes		☐	☐	☐	☐	☐
B. No		X	X	X	X	☐
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)						
A. Yes		☐	☐	☐	☐	☐
B. No		X	X	X	X	☐

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

	TANK NO. 0001	TANK NO. 0002	TANK NO. 0003	TANK NO. 0004	TANK NO.
31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	X	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	X	X	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	X	☐
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.

V.P.
(SIGNATURE)

Peter Corti
(PRINT OR TYPE NAME)

Vice President
(TITLE)

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

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

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 (JZ) — (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-028
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	dlp	
UST No.	097505	

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)*

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 John Zuccarelli (Signature)

President (Title) — 01/06/95 (Date)

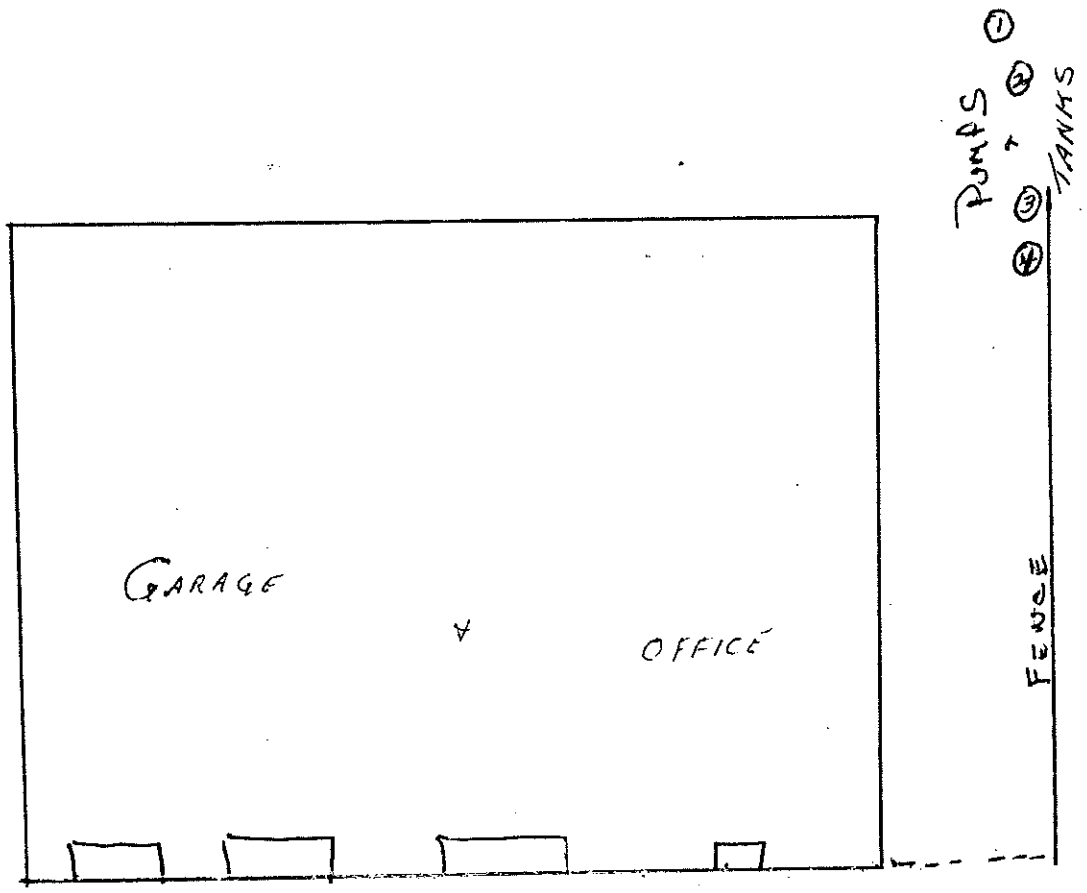
CERTIFICATION NO. 3:

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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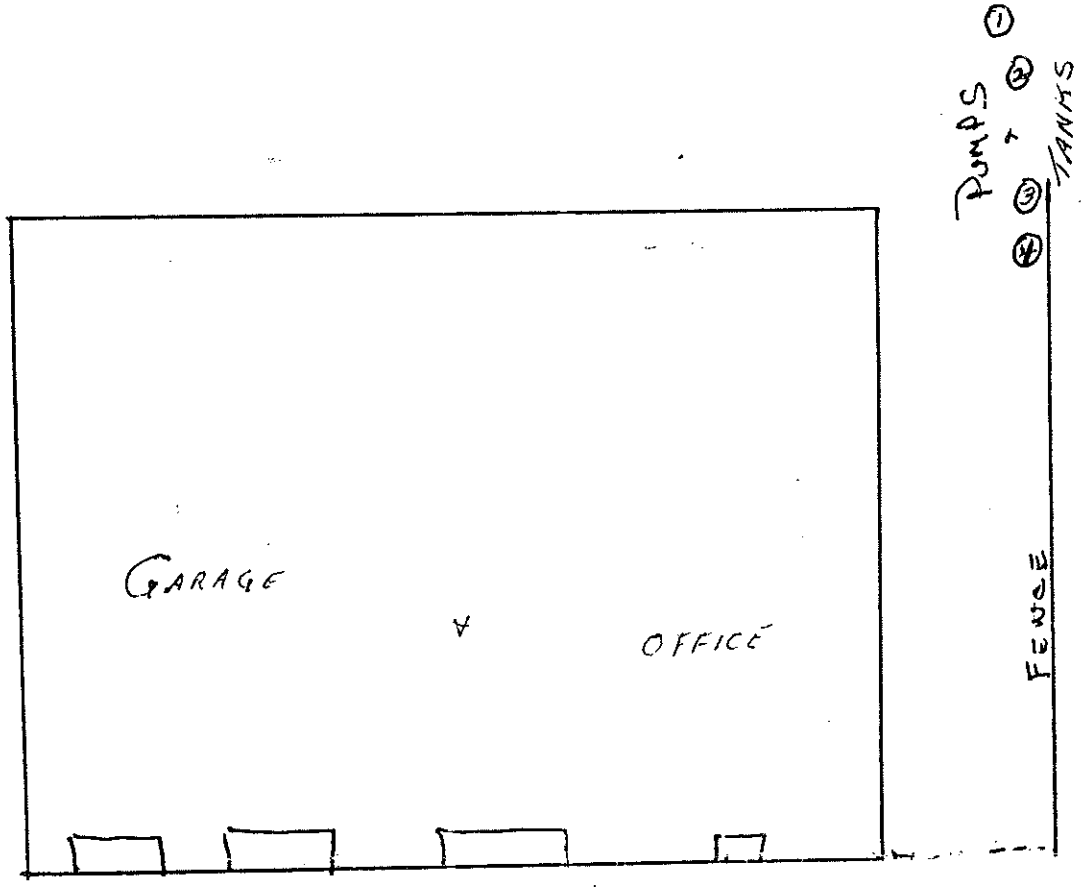

0091505

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