BLOCK 25 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 1438 Huron Rd PERMIT NO. 990455

C-25/8

CONSTRUCTION PERMIT APPLICATION

11-12-99

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

I. IDENTIFICATION

1. Propsed Work Site at: 1438 Huron Rd
2. Name of Owner in Fee: Mary SHAughnessy Tel. (732) 435-1110
   Address SAMS (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Disposal Systems Tel. (609) 259-6340
   Address P.O. Box 6696 Freehold NJ 07728
   License No. OR, if new home, Builder Reg. No. NJDEPS7158 Exp. Date _____
   Federal Employee No. 22-236 3868 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Tom Giordano
   Tel. (609) 259-6340 FAX (_____) _____

U-649
Demo

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 59		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work	975								
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition					6/3/99	JD			
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS NB 10400257

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name Disposal Systems Inc

Address PO Box 6696

Freehold NJ 07728

Telephone (609) 259 - 6340

Signature Thomas Jundanian

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

OFFICE DATE RECEIVED: _____

990455

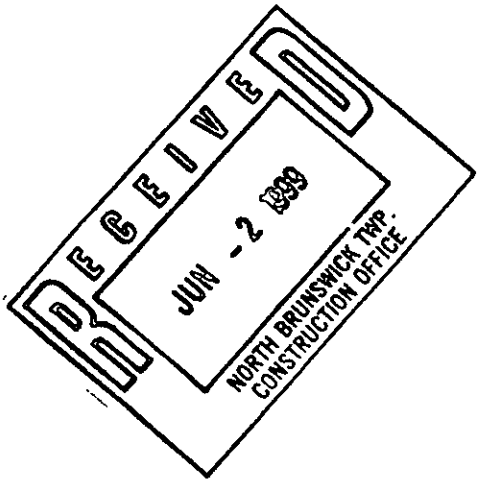
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____


RECEIVED
JUN - 2 1999
NORTH BRUNSWICK TWP.
CONSTRUCTION OFFICE

NORTH BRUNSWICK TOWNSHIP
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

Date Issued 03/04/2002
Control #
Permit # 99-0455

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 25 Lot 8 Qual
Work Site Location 1438 HURON RD.

Owner in Fee/Occupant SHAUGHNESSY
Address 1438 HURON RD.
NO. BRUNSWICK, NJ 08902-
Telephone (732)435-1110
Contractor DISPOSAL SYSTEMS
Address PO BOX 6696
FREEHOLD, NJ 07728-
Telephone (609)259-6340 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2363868

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVAL 550 GAL. TANK

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 0
Paid [X] Check No. 2032
Collected by: MW

Tom Paun
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

NORTH BRUNSWICK TOWNSHIP
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

Date Issued 6/8/99
Control # C-25/8
Permit # 990455

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 25 Lot 8 Qual

Work Site Location 1438 HURON RD.

Owner in Fee SHAUGHNESSY
Address 1438 HURON RD.
NO. BRUNSWICK, NJ 08902-
Telephone (732)435-1110

Contractor DISPOSAL SYSTEMS
Address PO BOX 6696
FREEHOLD, NJ 07728-
Telephone (609)259-6340
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2363868

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVAL 550 GAL. TANK

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 975

Construction Official

6/17/99
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	59
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	59
Check No.	2032
Cash	
Collected By	MWHS

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK if: ___ UPDATE or ___ PROTOTYPE PROCESSING and enter NUMBER OF ORIGINAL PERMIT _____

SITE / OWNER DATA:

BLOCK 75 LOT 8 WORKSITE ADDRESS _____

OWNER IN FEE Mary Shaughnessy

ADDRESS 1438 Huron Rd CITY North Brunswick STATE NJ ZIP 08902

PHONE (732) 435-1110

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

RECEIVED _____

CONTROL # _____

ISSUED _____

PERMIT # _____

BUILDING SUBCODE

CONTRACTOR Disposal Systems Inc

ADDRESS PO Box 6696

CITY Freehold STATE NJ ZIP 07728

PHONE (732) 609 259-6340

LICENSE # NJDEP58158 EXPIRES _____

FEDERAL EMPLOYMENT # 22-2363868

BUILDING CHARACTERISTICS:

USE GROUP: Present R3 Proposed ___

CONST. CLASS: Present ___ Proposed ___

New Bldg: # of Stories _____ Height _____ Ft.

Area - Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.

Volume _____ Cu. Ft. Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

Removal (1) 550 gal
2 oil UST

TYPE OF WORK:

[ ] New Building [ ] Addition

[ ] Alteration

[ ] Roofing [ ] Pool

[ ] Siding [ ] Asbestos Abatement

[ ] Fence, Height ____ [ ] Lead Hazard Abatement

[ ] Sign, Sq. Ft. ____ [ ] Other Tank Removal

[ ] Demolition

ESTIMATED COST:

New Building 975 + Alteration _____ = Total $ _____

SIGNATURE Thomas Gindard [X] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [X] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE 6/3/99

PLUMBING SUBCODE

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

LICENSE # _____ EXPIRES _____

FEDERAL EMPLOYMENT # _____

PLUMBING CHARACTERISTICS:

USE GROUP: Present ___ Proposed ___

Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic

Water Service Size _____ [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
___	Water Closet	___	Gas Piping
___	Urinal/Bidet	___	Steam Boiler
___	Bath Tub	___	Hot Water Boiler
___	Lavatory	___	Sewer Pump
___	Shower	___	Interceptor/Separator
___	Floor Drain	___	Backflow Preventer
___	Sink	___	Greasetrap
___	Dishwasher	___	Sewer Connection
___	Drinking Fountain	___	Water Service Connection
___	Washing Machine	___	Stacks
___	Hose Bibb	___	Other _____
___	Water Heater	___	Other _____
___	Fuel Oil Piping	___	Other _____

ESTIMATED COST OF PLUMBING WORK = $ _____

SIGNATURE _____

[ ] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

FIRE SUBCODE

CONTRACTOR _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
LICENSE # _____ EXPIRES _____
FEDERAL EMPLOYMENT # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC, Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing, Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid	_____	_____
[ ] Combustible Liquid	_____	_____
[ ] LPG	_____	_____
[ ] LNG	_____	_____

QTY.
ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signaling Devices (i.e. horns/strobes, bells)
____ Other Devices _____
____ TOTAL
SUPPRESSION SYSTEMS: [ ] Fire Pump [ ] GPM Type
____ Dry Pipe/Alarm Valves
____ Pre-Action Valves
____ Sprinkler Heads (dry and wet)
____ Standpipes
PRE-ENGINEERED SYSTEMS
____ Wet Chemical
____ Dry Chemical
____ CO2 Suppression
____ Foam Suppression
____ Halon Suppression
____ Other _____
____ Kitchen Hood Exhaust System
____ Smoke Control System
____ [ ] Gas or [ ] Oil Fired Appliances
____ Other _____

ESTIMATED COST OF FIRE PROTECTION WORK = $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

CONTRACTOR _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
LICENSE # _____ EXPIRES _____
FEDERAL EMPLOYMENT # _____

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors - Fract. HP
____		Emergency & Exit Lights
____		*Communications Points*
____		Alarm Devices/F.A.C. Panel
____		TOTAL QUANTITY
____		Pool with UV Lights
____		Storable Pool/Spa/Hot Tub
____	____KW	Elec. Range/Receptacle
____	____KW	Oven/Surface Unit
____	____KW	Electric Water heater
____	____KW	Electric Dryer/Receptacle
____	____KW	Dishwasher
____	____HP	Garbage Disposal
____	____KW	Central Air Conditioning Unit
____	____HP/KW	Space Heater/Air Handler
____	____KW	Baseboard Heat
____	____HP	Motors 1/+ HP
____	____KW	*Transformer/Generator*
____	____AMP	Service
____	____AMP	Subpanels
____	____AMP	Motor Control Center
____	____KW	Electric Sign/Outline Light
____	____	Other _____

ESTIMATED COST OF ELECTRICAL WORK = $ _____

SIGNATURE _____

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

NORTH BRUNSWICK TOWNSHIP
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/02/99
Date Issued 6/8/99
Control # C-25/8
Permit # 990455

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

Block 25 Lot 8 Qual
Work Site Location 1438 HURON RD.

Owner in Fee SHAUGHNESSY
Address 1438 HURON RD.
NO. BRUNSWICK, NJ 08902-
Tele.(732)435-1110
Contractor DISPOSAL SYSTEMS
Address PO BOX 6696
FREEHOLD, NJ 07728-
Tele.(609)259-6340 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2363868

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVAL 550 GAL. TANK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 2-28-99
Approved By: D Dale

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	6-16-99		2-28	DD
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	51

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 975
3. Total (1+2)$ 975

Industrialized Building:
[ ] State Approved
[ ] HUD

Paid [X] Check # 2032
Collected by: M Wells

Administrative Surcharge	$ 8
Minimum Fee	$ 0
TOTAL FEE	$ 59
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

6-16-99 TANK HAS A LEAK