Hydroscience Group ®
HYDROSCIENCE, INC., P. O. BOX 4978, TOMS RIVER, NEW JERSEY 08754
PHONE 732-349-9692 FAX 732-349-9729

August 29, 2006

Estate of Bramante
c/o: Ms. Lisa Janowiak
260 Compass Road
Manahawkin, NJ 08050

RE: Underground Tank Removal at 513 Sicklerville Road, Sicklerville, NJ
Permit #06-07-1041 Block: 2201, Lot: 10

Dear Ms. Janowiak:

On August 2, 2006, Hydroscience, Inc. removed one 1,000-gallon heating oil tank from the above referenced address. Upon removal of the tank, no evidence of a discharge was noted. The storage tank was cleaned and disposed of according to NJDEP standards.

All of the necessary tank removal documentation has been submitted to the Winslow Township Building Department in order to properly close out your permits. Copies of the inspection approval sticker, clean fill receipt, tank recycling receipt, and the tank contents disposal bill of lading have been included for your records. Please keep same in your files for future reference.

Hydroscience, Inc. is pleased to have had the opportunity to serve your environmental needs. Should you have any questions or concerns, please do not hesitate to contact our office at (732) 349-9692.

For the firm:
Hydroscience, Inc.

Sandy Moskal
Administration

ref: Bramante, Est. of (513 Sicklerville Rd., Sicklerville 08-29-06-4955) TR-Clean
cc: Winslow Township Building Department

TOWNSHIP OF WINSLOW
402 TANSBORO ROAD
TANSBORO, N.J. 08009

Date Issued 08/03/06
Control #
Permit # 06-07-1041

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 2201 Lot 10 Qual

Work Site Location 513 SICKLERVILLE RD.

Owner in Fee/Occupant

Address 513 SICKLERVILLE RD.
SICKLERVILLE, NJ 08081-

Telephone (

Contractor HYDROSCIENCE INC.

Address PO BOX 4978
TOMS RIVER, NJ 08754-

Telephone (732)349-9692 Fax (732)349-9729

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Home Warranty No.
[ ] State [ ] Private

Use Group R-3

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

1000 GALLON UNDERGROUND OIL TANK REMOVAL
275 GALLON OIL TANK INSTALLATION

[ ] 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 _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 27899
Collected by: SC

U.C.C. F260 (rev. 3/96)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

[redacted]

Date Received 7/10/06
Control #
Date Issued
Permit # 06-07-1041

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

Block 2201 Lot 10 Qualification Code

Work Site Location 513 SICKLERVILLE ROAD
SICKLERVILLE, NJ 08009

Owner in Fee

Address 960 COMPASS ROAD
MANAHAWKIN, NJ 08050

Tel ( )

Contractor HYDROSCIENCE, INC.

Address P.O. BOX 4978
TOMS RIVER, NJ 08754

Tel (732) 349-9692 FAX (732) 349-9729

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ 1000 -

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REMOVAL OF 1,000 GAL. UST
INSTALLATION OF 275 GAL. AST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	25 -
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Tank Removal		25 -
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		1 -
TOTAL FEE $		51 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 7.5.06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-20-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final Removal			8-20-06	
Other INSTALL			8-20-06	

TOWNSHIP OF WINSLOW
402 TANSBORO ROAD
TANSBORO, N.J. 08009

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2002
Date Issued 03/21/2002
Control #
Permit # 02-03-0267

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

Block 2201 Lot 10 Qual
Work Site Location 519 SICKLERVILLE RD.
SICKLERVILLE
Owner in Fee
Address 513 SICKLERVILLE RD.
SICKLERVILLE, NJ 08081-
Tele.
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bidrs. Reg. No.
Federal Emp. No. HO-

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

RE-ROOF

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/11/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			3/11/04	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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 $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	15
[ ] 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
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 10
TOTAL FEE	$ 25
DCA Training Fee	$ 1

Paid [X] Check # Cash
Collected by: ARF

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-30-97
Control #
Permit # 16858

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

Block 2201 Lot ~~2201~~ 10
Work Site Location 519 SICKLERVILLE ROAD PARKING LOT
SICKLERVILLE NJ 08081
Owner in Fee
Address 513 SICKLERVILLE ROAD
SICKLERVILLE NJ 08081
Tele. ( )
Contractor LAWRENCE ELECTRIC INC
Address 519 SICKLERVILLE ROAD SUITE #4
SICKLERVILLE NJ 08081
Tele. (609) 2255755
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as PARKING LOT Utility Co. ATLANTIC ELECTRIC
Est. Cost of Elec. Work $ $800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4-30-97
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-10-97
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			6-10-97	
Service ✓				
Final ✓			6-10-97	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1) 150 WATT SPOT'S	
1		Receptacles (2) GFI OUTDOORS	
		Switches (3)	
3		Total 1 + 2 + 3	30.00
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	60 Amp	Service Entrance, PARKING LOT LIGHTING	20.00
		Other EXTENSION	

	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$
	DCA Training Fee	$
Collected by:	TOTAL FEE	$ 50.00

U.C.C. Form F-120B

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-3-97
Control #
Permit # 17737

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

Block 8801 Lot 18
Work Site Location 513 SICKLERVILLE RD
SICKLERVILLE NJ 08081
Owner in Fee
Address 513 SICKLERVILLE RD
SICKLERVILLE NJ 08081
Tele. ( ) -
Contractor LAWRENCE ELECTRIC INC
Address 519 SICKLERVILLE RD SUITE 4
SICKLERVILLE NJ 08081
Tele. (609) 862-1454
Lic. No.
Federal Emp. No. ___ or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as RES Utility Co. ATLANTIC ELECTRIC
Est. Cost of Elec. Work $ 975

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10-9-97
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12-9-97
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service ✓			12-9-97	
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
1		Receptacles (2)	
		Switches (3)	
1		Total 1 + 2 + 3	30.00
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	200 Amp	Service Entrance	30.00
1		Other NEW PANEL 32 CK.	150.00

Paid [ ] Check # Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 75.00

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy