

4.02/2.01



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Emergency Management Program

Bureau of Communications & Response Services

Mail Code 1400-01

P.O. Box 420

Trenton, NJ 08625-0420

609-588-2848

PHILIP D. MURPHY

Governor

SHEILA Y. OLIVER

Lt. Governor

SHAWN M. LATOURETTE

Commissioner

MONMOUTH COUNTY BD OF HEALTH

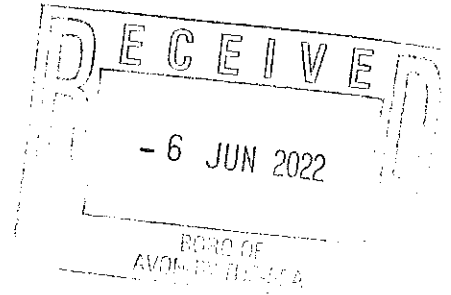
3435 HIGHWAY 9

Freehold NJ 077281255

BORO CLERK

PO BOX 8

AVON-BY-THE-SEA BOROUGH NJ 07717



June 4, 2022

SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION

NJDEP CASE NUMBER: 22-06-03-1032-42

The New Jersey Department of Environmental Protection has received verbal notification of an incident that may have resulted in a discharge of a hazardous substance within your jurisdiction.

Pursuant to N.J.S.A. 13.1K-15 et seq., (P.L. 1984, c. 210) "Hazardous Substance Discharge - Reports and Notices Act" and N.J.A.C. 7:1E-5.1 et seq., "Hazardous Substance Discharge: Reports and Notices," attached is a copy of our Incident Notification Form which contains details of the suspected discharge. Further information concerning this incident may be obtained by contacting:

CASE ASSIGNMENT SECTION

Site Remediation

609-292-2943

Please refer to the above "NJDEP CASE NUMBER" in all correspondence concerning this incident.

IVAN ALVAREZ

COMMUNICATIONS OFFICER

DEP COMMUNICATIONS CENTER -- EMERGENCY MANAGEMENT PROGRAM

New Jersey Department of Environmental Protection

COMMUNICATION CENTER NOTIFICATION REPORT (A310)

Received:	03-JUN-22	Comm. Center #:	22-06-03-1032-42
Operator:	52	Reviewed By:	
Incident ID:	828765		

Reporter Type:	Other				
Reported By:	Basil Ellmers	Affiliation:	Enviro Tactics Inc	Phone:	732-449-0077
Street Address:	1330 Laurel Ave Building 3,	Municipality:	Sea Girt Boro	State:	New Jersey

Incident Category:	Other				
Location Description:	Commercial/Robbin McGill School of Dance				
Address:	711 Main St				
Municipality:	Avon-By-The-Sea Boro	County:	Monmouth	State:	New Jersey
				Zip Code:	07717
Location Type:	Commercial	Occurred Date:	06/02/2022	Occurred Time:	05:06 AM

Substance Released:

ID	Substance	CAS#	Quantity	Units	Type	HAZMAT	TCPA	State	Contained
Known	CARBON TETRACHLORIDE	56235	5.80	ppb		Yes	No	Liquid	No

Incident Type:	Groundwater Cont			Incident Type 2:					
Injuries:	N	Public Evac:	N	Facility Evac:	N	Public Exposure:	N	Police at Scene:	N
Firemen at Scene:	N	DEP Requested:	N	Road Closure:	N	Wind Speed/Direction:			
Contamination of:	Land								
Watershed:				Other Watershed:					
Incident Description:	Existing Site where an UST was removed. Ground water testing found a contaminate suspected to be from a off site source. Carbon tetrachloride 5.8 ppb. off the standard of 1 ppb. PI# 968785.								

Responsible Party Name:	Unknown				Responsible Party Phone:			
Responsible Party Street Address:								
Municipality:		County:		State:	New Jersey	Zip Code:		

Officials Notified:

Name	Affiliation	Phone	Date & Time	Action
	Case Assignment Section		06/03/2022 10:06 AM	Notification - Email
OP# 9	AVON-BY-THE-SEA BOROUGH	732-502-4500	06/03/2022 10:06 AM	Notification - A310

Let's protect our earth



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Revenue
CN 417
Trenton, NJ 08625

*Please detach your license and carry it with
you for identification purposes.*

ARTHUR HOFFMANN

43 ASCOT DR
ASBURY PARK NJ 07712-3234

Doc No. 951069500

CHANGE OF MAILING ADDRESS

Should you change your Name and/or Address, complete and return this portion promptly to: NJDEP, Bureau of Revenue, CN 417, Trenton, NJ, 08625.

License Pgm UNDERGROUND STORAGE TANKS
License No. 0010609 Reg No. 001060
Name _____
Address _____
City _____
State _____
ZIP Code _____ Doc No. 951069500

STATE OF NEW JERSEY
Department of Environmental Protection

Hereby Certifies the Goodstanding of:

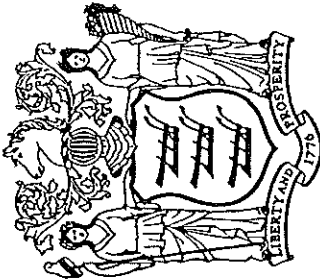
Name: ARTHUR HOFFMANN SSN: 136-40-7059
License No. 0010609 Reg No. 001060
as a licensed:

INSTALL - ENTIRE CLOSURE
SUBSURFACE TANK TESTING
CORROSION TESTER

Expires: 10/31/98

Doc No. 951069500

FOLD AND SEPARATE ON DOTTED LINE



STATE OF NEW JERSEY
DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Certifies That

Charles J. Hoffman, Inc.
209 West Sylvania Avenue
Neptune, NJ 07753

having duly met the requirements of the

Underground Storage Tank Certification Program

N.J.S.A. 58:10A-24.1-8

is hereby approved to perform the following services:

Installation - Entire UST System
Closure
Tank Testing
Subsurface Evaluation
Cathodic Protection Tester Only

US00057

PERMANENT CERTIFICATION NUMBER

10/31/98

EXPIRATION DATE



Richard J. ...

COMMISSIONER, DEPARTMENT OF
ENVIRONMENTAL PROTECTION

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY.

TANK CLOSURE INFORMATION
SUPPLEMENT

1) Municipality: Borough of Avon
2) Address: 301 MAIN ST
Avon, N.J. 07717
3) Telephone/Fax: 502-4510 11
4) Inspector's Name: GEORGE CHRISTOPHER
5) Facility Name: AVON CHIROPRATIC CENTER
6) Facility Address: 711 MAIN ST
7) Site UST#: Block # 4.02 Lot # 2.01
NON-REGULATED

8) Tanks to be Closed:

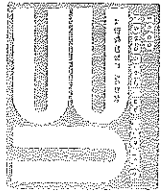
ID #:	Capacity:	Fuel Type:
<u>01</u>	<u>550</u>	<u>#2 FUEL OIL</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

9) Contractor UST License # US00057 - Expiration 10/31/98
Contractor Federal I.D.# 22-1842273

10) Proposed Disposal Sites:

A) Tank Contents (Liquid): LORCO Petroleum Services
RD 1 Box 5A
Old Bridge, N.J. 08817
908-721-0900
EPA#NJ084044064

B) Tanks (Steel): Neptune Iron & Metals
101 Memorial Drive
Neptune, N.J. 07753
908-774-4100
Lic#MC65-92



FIRE SUBCODE TECHNICAL SECTION

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

Block 4102 Lot 2.01
Work Site Location 711 MAIN ST
Owner in Fee ADON, N.J.
Address 711 MAIN ST
Telephone 908-988-9191
Contractor CHARLES J. HOFFMAN INC.
Address 209 W. SYLVANIA AVE
NEPTUNE CITY, N.J. 07753
Telephone 908-775-7979
Lic. No. 4500057
Federal Emp. No. 22-1842273 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____

Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

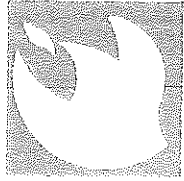
JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
Type:	Failure	Approval	Initial		
[] No Plans Required					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Elec.					
[] Fire Plans Approved					
Date: _____					
Approved by: _____					
SUBCODE APPROVAL:					
[] CO [] CCO [] CA					
Date: _____					
Approved by: _____					

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.

Charles J. Hoffman
SIGNATURE



Date Received 10/30/95
Date Issued See
Control # _____
Permit # 208

D. TECHNICAL SITE DATA

Description of Work TANK REMOVAL

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks (1) Capacity 550 Fuel FUEL
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Number

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

Paid [] Check # 1180 Administrative Surcharge \$ _____
Collected by MC Minimum Fee \$ _____
TOTAL FEE \$ 26

FEE (Office Use Only)