BLOCK 1386.03 LOT 31 ADDRESS (SITE) _____ PERMIT NO. 30164-96

RECEIVED

OCT 23 1996

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 600 Herbertsville Road
2. Name of Owner in Fee: Kempa Tel. [redacted]
   Address 600 Herbertsville Road Brick 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: N.J Environmental Tel. (908) 528-4300
   Address 5 C N. Main St Manasquan NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-3345346 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

Tank removal 66-

		Update	Update
1. Building	$ 66-		
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	1-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZPA	$15		
13. TOTAL	$ 148-00		

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

oil tank abandon + install new tank

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	$995

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
	EWB	10/23/96		10/23/96				
	EWB	11/27/96		N/A				

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 BR 10520305

U.C.C. Form F-1008

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 New Jersey 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 NJ Environmental Services

Address 5C N. Main Street

Manasquan NJ 08736

Telephone (908) 528-4300

Signature Darlene Lange for NJES Date 10/18/96

OFFICE DATE RECEIVED: ______________________

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									IMPORTANT A.H.B.T. - EXEMPT
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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. ______	______			

CONSTRUCTION PERMIT

Date Issued 12/2/96
Control #
Permit # 3064-96

IDENTIFICATION Block 1386.03 Lot 31
Work Site Location 1000 Hollywood Rd
Owner In Fee Kompa
Address Same
Tele. ( ) —

Contractor TL Environmental
Address —
Tele. ( ) —
Lic. No. or Bldrs. Reg. No. — Exp. Date —
Federal Emp. No. —
or Social Security No. —

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER —
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

install & remove oil 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 $ 996.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building	Lot — LOT 31 # BUILDING	0.00
Plumbing		
Electrical	BUILDING	6.00
Fire Protection	BUILDING	6.00
Other	Lot — MISC. FEE	1.00
Other	ZONE PLOT	5.00
DCA Training Fee	1 — TOTAL	18.00
Cert. of Occ.	CHECK	18.00
Other	ZBA - 15 — CHANGE	0.00
Total	FIX —	
Check/MO	[illegible] 00000005	5.50
Cash		
Collected By	VD	

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/2/96
Date Issued
Control #
Permit # 3064-96

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

Block 1386.03 Lot 31
Work Site Location 600 Herbertsville Rd
Brick
Owner in Fee Krempa
Address 600 Herbertsville Rd
Brick
Tele. [redacted]
Contractor N.J. Environmental
Address 5 C. N. Main St
Manasquan
Tele. (908) 528-4300
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3345346 or Social Security No.

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:

Darlene Lange
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tank Abandonment/Installation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10/23/96	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$ 995.00

B. BUILDING CHARACTERISTICS

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

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

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/2/96
Date Issued
Control #
Permit # 30641-96

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

Block 1386.03 Lot 31
Work Site Location 600 Heritage Hills Rd
Rick
Owner in Fee Kramer
Address 600 Heritage Hills Rd
Rick
Tele. [redacted]
Contractor NT Environmental
Address 50 N Main St
Manasquan
Tele. (N.J.) 528-4200
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3345206 or Social Security No.

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

Tank Abandonment/ Installation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/22/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work: 8995.00
1. New Bldg. $
2. Alteration $
3. Total (1+2) $

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 1386.03 Lot 31
Work Site Location 600 Herbertsville Rd Brick
Owner in Fee Kempa
Address 600 Herbertsville Rd Brick
Tele. [redacted]
Contractor NJ Environmental
Address 5 C N. Main St Manasquan
Tele. (908) 528-4360
Lic. No.
Federal Emp. No 22-3345346 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: _____
Date: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 1386.03 Lot 31
Work Site Location 600 Herbertsville Rd
Brick
Owner in Fee Kempa
Address 600 Herbertsville Rd
Brick
Tele [redacted]
Contractor NJ Environmental
Address 5 C. N. Main St
Manasquan
Tele. (908) 528-4360
Lic. No.
Federal Emp. No 22-3345346 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

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

U.C.C. Form F-1308
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: November 25, 1996 1996 - 1648

Block 1386.03 Lot 31 Zone R-20

Property Address: 600 Herbertsville Road

Owner: Christina Kempa (Phone): [redacted]

Applicant: N.J. Environmental (Phone): 528-4300

Use: Single-family dwelling.

Proposed Construction (if any): Replacing underground oil tank with above-ground oil tank.

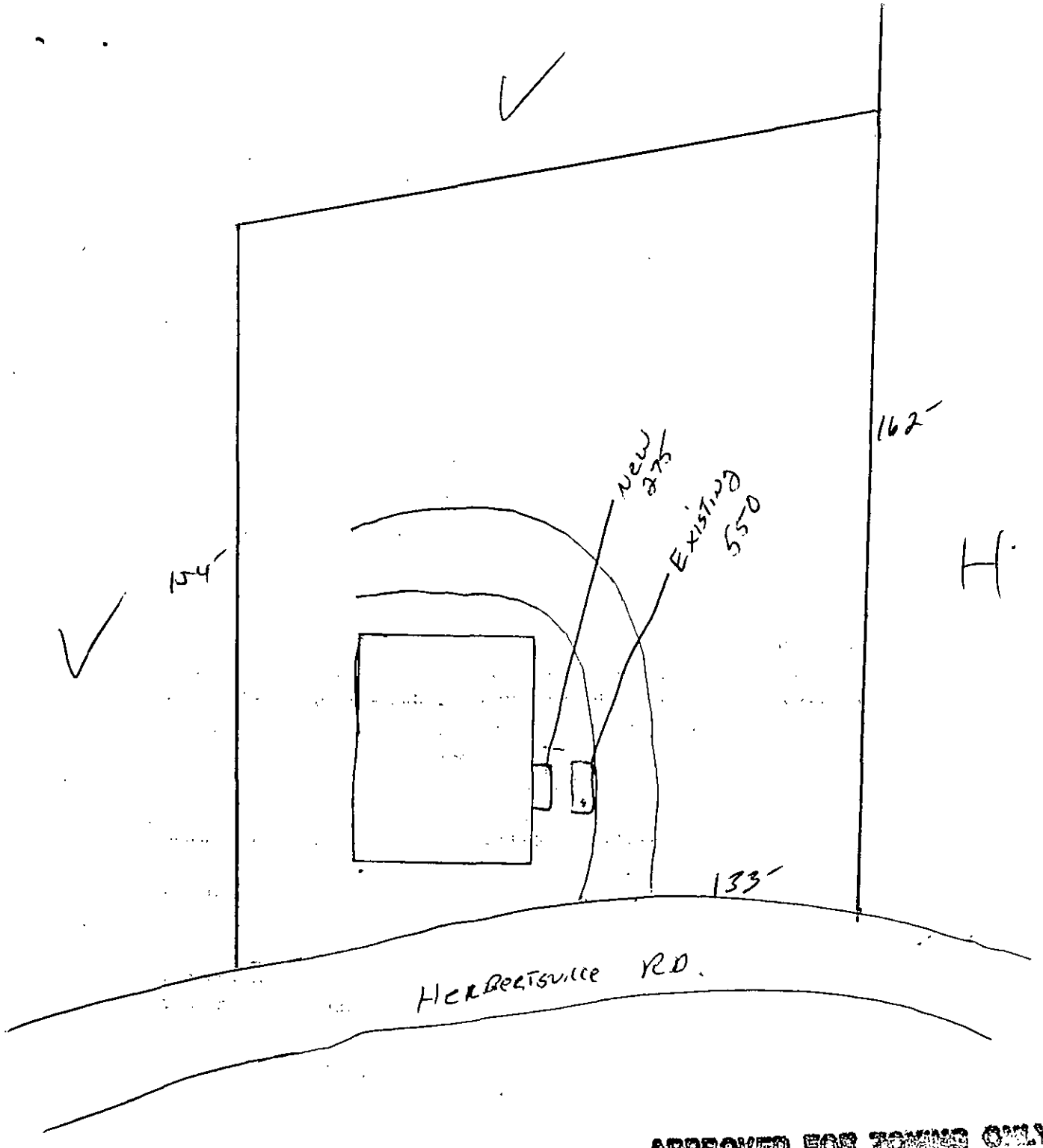
Conditions: Tank may not extend past front of dwelling.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, ATCP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE November 25, 1996
Sean Kinney - oil tank -

BRISTOL TANK & WELDING CO., INC. 2400 Big Oak Rd. Langhorne, PA 19047

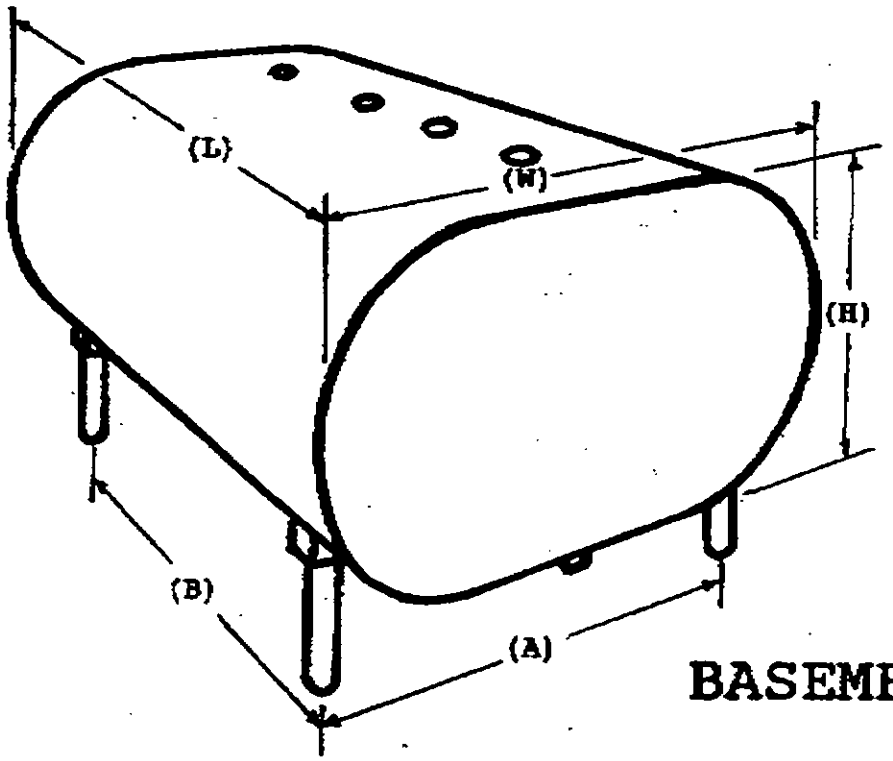
Phone
215 752 8727
215 752 9556
Fax
215 752-8387

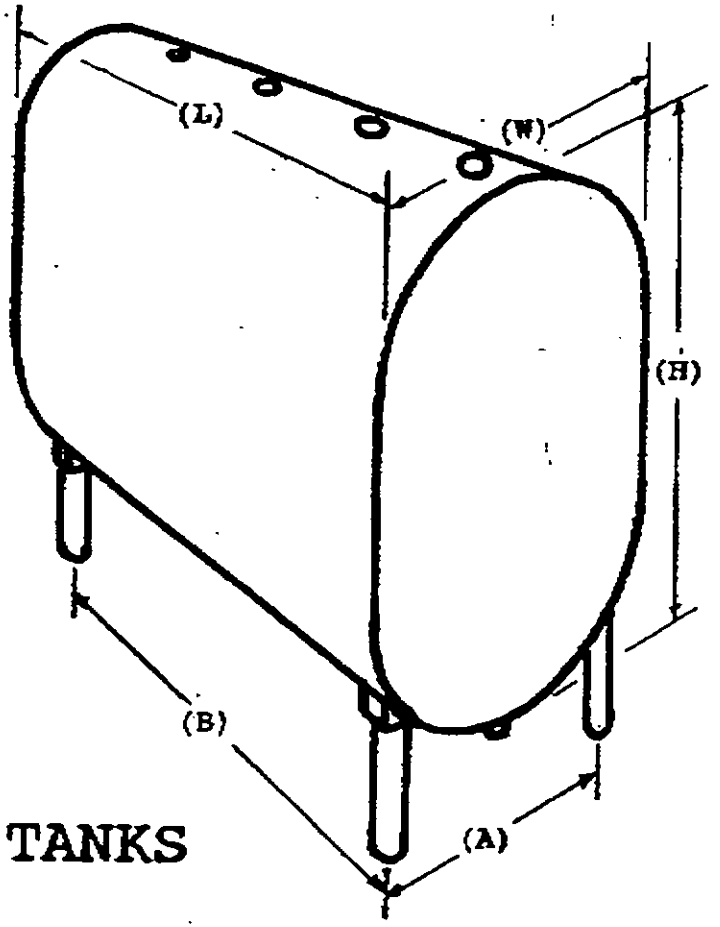
HORIZONTAL OBROUND OIL TANKS

Cap (gal)	Dimensions (inches) L	H	W	Leg Brackets A	B
230	60	22	44	34.5	42.0
275	60	27	44	34.5	43.0
330	72	27	44	34.5	53.0

VERTICAL OBROUND OIL TANKS

Cap (gal)	Dimensions (inches) L	H	W	Leg Brackets A	B
230	60	44	22	15.5	42.0
275	60	44	27	18.0	43.0
330	72	44	27	18.0	53.0





BASEMENT OIL TANKS

All Tanks are Underwriter's Laboratories Listed to either
UL 80 - Inside Tanks for Oil Burner Fuel, or
UL 142 - Aboveground Tanks for Flammable Liquids
Please specify Listing type on order.

WARNING: This Is Not A Pressure Vessel. Field leak testing is recommended to maximum 3 psig air and only with suitable control and relief valves, or as Installation Codes require. Bristol Tank assumes no responsibility from damage due to excessive pressure during installation, testing, or filling.

All Bristol Quality Tanks are...

* Constructed from durable sheet steel (12 gauge for UL 142 or UL 80 Tanks), (14 gauge for UL 80 Tanks)
* Ready for quick installation of 1 1/4 inch threaded pipe legs
* Provided with 2 inch fill, vant, gauge and extra opening (3" vent on UL 142 Tanks)
* Provided with 1/2 inch bottom burner supply connection
* Factory leak tested to 5 psig
* Painted with primer

TANK ABATEMENT OR

ASBESTOS ABATEMENT NOTIFICATION

TOWNSHIP OF BRICK

(Print or type) Date: October 18, 1996

Project: Tank Abandonment/ Installation

Street: 600 Herbertsville Rd

Town: Brick

Contractor: NJ Environmental Licence No: Fed ID # 22-3345346

Address: 5C N. Main St. Manasquan

OSHA Air Monitor:

Address:

Building Owner:

Street:

Town:

Phone: County: Zip:

Engineer/Architect:

Street

Town:

Phone: County: Zip:

Waste Hauler: Mercury Oil Recovery License No: NJD986621290

Town: 26 Spring house Rd. Wayside

Job Size: (Circle one) Minor (Small) Large

Quantity of Waste Generated: Cu. Yds.:
(All Applicable) Linear Footage:
Sq. Footage:

Proposed Start Date: 10/28/96 Proposed Finish Date: 10 days after start date

Cost of Work: $ 995.00

Construction Permit No.: _____ Date Issued: _____