Let's protect our earth

For State Use Only	
Date Rec'd.	8-22-89
Auth	
Routing	
UST NO.	0259365

SACS Tr MK 9/1/9

AUG 2 2 1989

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
TRENTON, NEW JERSEY 08625
ATTN: BUST Program
(609) 984-3156

E.W

STANDARD REPORTING FORM
for the:
Installation / Abandon / Remove / Sale-Transfer / Substantial Modification
Circle Only One — Use One Form Per Activity

(More than one tank can be listed per tank activity)

Answer questions 1 through 5 and others as applicable.

1. Company name and address: (as it appears on registration questionnaire)

Gene Babbitt
Broad & Penn ave
Millville N.J.
08332

2. Facility name and location: (if different from above)

Same

3. Contact person for this activity:

Gene Babbitt

Telephone Number: (609) 825-2099

4. The identification number of the affected tank as it appears in Question Number 12 on the Registration Questionnaire:

5. Registration Number (if known): UST - 0259365

(OVER)

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STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Underground Storage Tanks
CN-029, Trenton, NJ 08625

For State Use Only
Date Rec'd 8-22-89
Auth
Routing
UST NO. 0259365

SITE ASSESSMENT COMPLIANCE STATEMENT

AUG 22 1989

Supplement to the New Jersey Standard Reporti
(Complete for ALL regulated UST abandonments or

Gene Babbitt
Broad & Penn. Ave.
Millville, N.J. 08332
Cumberland Co; 0610
Case No:

Within ninety (90) days of completing the UST closure
Federally-regulated tank, the owner or operator m
completed form to the NJDEP Bureau of Underground St
the facility is located in one of the counties listed
copy of this form must also be sent to the Health Agency

SRFW Burn 9/19

The owner or operator of any Federally-regulated tank must also comply with the following:

40 CFR Part 280.72 Assessing the site at closure or change-in-service

TMS/JCB 9/25

"(a) Before permanent closure or a change-in-service is completed, owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. In selecting sample types, sample locations, and measurement methods, owners and operators must consider the method of closure, the nature of the stored substance, the type of backfill, the depth to ground water, and other factors appropriate for identifying the presence of a release."

FACILITY_____ **UST #**_____

Check off the following items as appropriate for the site.

__✓__ **The UST facility is only regulated by State law, therefore a site assessment is not mandatory.**

_____ **The UST facility is regulated by Federal law and a site assessment was conducted.**

The results of the site assessment indicate:

_____ **There was NO release from the UST system.**

_____ **There was a release from the UST system and it was reported to the DEP Environmental Hotline (609-292-7172).**

NOTE: The results of the site assessment are not to be submitted to the DEP or Health Agency unless requested to do so. The results are to be available for inspection at the UST facility.

Questions can be directed to the Bureau at (609) 984-3156.

*** 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.

Gene Babbitt Date 8/30/89
(SIGNATURE)

Gene Babbitt
(PRINT OR TYPE NAME)

Owner
(Title)

SACS-2,1/89

#0259365

INV-3/88

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

NEW JERSEY UNDERGROUND STORAGE TANK PROGRAM REGISTRATION INVOICE

UST NO.	CATEGORY	NO. OF TANKS	REGISTRATION PERIOD
0259365	ACF	1	01/01/89 - 12/31/89

Let's protect our earth

*Return this portion with your check made payable to: "Treasurer-State of New Jersey", to the Bureau of Underground Storage Tanks, CN-029, Trenton, N.J. 08625

BILLING DATE	DUE DATE	AMOUNT DUE
02/10/89	03/09/89	$100.00

GENE BABBITTI
2624 MAYSLANDING RD
MILLVILLE
NJ 08332

MESSAGE:

THIS IS YOUR FINAL NOTICE.
PLEASE REMIT AMOUNT DUE.

00000000000000000000000000000000000000010000000000002593653513

RETAIN THIS PORTION FOR YOUR RECORDS

NEW JERSEY UNDERGROUND STORAGE TANK PROGRAM REGISTRATION INVOICE

UST NO.	CATEGORY	NO. OF TANKS	REGISTRATION PERIOD	BILLING DATE	DUE DATE
0259365	ACF	1	01/01/89 - 12/31/89	02/10/89	03/09/89

AMOUNT DUE
$100.00

This was paid by Check NO. 0744 Sent 2-15-89

FACILITY BILLED:

GENE BABBITTS GARAGE
PENNSYLVANIA AVE
MILLVILLE
NJ 08332

PLEASE NOTE: Pursuant to N.J.A.C. 7:14-8.10, you may be liable for penalties of up to $50,000.00 for non-payment of fees. Any penalty incurred may be recovered in a summary proceeding, N.J.S.A. 58:10A-10.

ok 3/2/89

X

For State Use Only

	Yes	No
Ck.	—	—
A/C	—	—
Inv.	—	—
R/F	—	—
Sp. Hnd.	—	—
Staff		
UST No.	259365	

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

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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)

RECEIVED
FEB 21 12 02 AM '89

*** Use enclosed REGISTRATION FORM for changes checked above ***

(OVER)

#0259365

#0259365

7. A.

The tank will be removed by a back hoe.

Called Manuel Ostroff
Public Health Coordinator
Cumb. Co. Health Dept
Bridgeton N.J.

Notified the Dept of removal of tank.

Dear Underground Storage Tank Owner/Operator:

Effective December 22, 1988, Federal Regulations 40 CFR Part 280 require that a CERTIFICATE OF COMPLIANCE must be completed for ALL new underground storage tank installations. If this Standard Reporting Form is for a new tank installation please contact the UST Office at:

```
++++++++++++++++++++++
+   (609) 984-3156   +
++++++++++++++++++++++
```

for a copy of the form. You are then required to complete the form and return it to:

```
++++++++++++++++++++++++++++++++++++++++++++++++
+                  NJDEP-DWR                   +
+                    CN-029                    +
+              TRENTON, NJ 08625               +
+                                              +
+     ATTN: BUST Office (R & B Section)        +
++++++++++++++++++++++++++++++++++++++++++++++++
```

within 30 calendar days of receipt of the form or 30 days after tank installation (whichever is later).

Failure to comply may result in enforcement action against your facility.

Questions can be directed to the Underground Storage Tank Hotline at 1-800-722-TANK during normal State work hours.

ROB NUGENT
ACTING SECTION CHIEF

#02593165

DEMATTE OIL SERVICE, INC.

WALTER CAVAGNARO, INC. DIVISION

479 MAGNOLIA ROAD
VINELAND, NJ 08360
PHONE: 692-9125

1780 HANCE BRIDGE ROAD
MILLVILLE, NJ 08332
PHONE: 825-5383

MOBIL DISTRIBUTOR

Budget Plans
Burner Sales and Service

LAST DELIVERY DATE	S&W	FILL LOC.	ZONE	TANK SIZE	CUST. CD.
11-01-88					

NEXT D. D.	K	PREV. D. D.	PROD.

EUGENE BABBITT
BROAD ST. & PENNA. AVE.
MILLVILLE, N. J. 08332

Deliver to
if different:

SUPER

A 1½% per month (18% per year) FINANCE CHARGE will be added on all balances over 30 days.

#03593965

52602

127

☐ Fuel Oil ☐ Regular ☒ Super No Lead ☐ No Lead ☐ Kerosene ☐ Diesel Fuel ☐ Motor Oil

GALLONS	10th	PRICE per GAL	DOLLARS	CENTS
00000 01956		1.01	197.56	

Sent 12-13-88
Check
NO 0673

ALL TAXES INCLUDED		TOTAL CHARGES	
AMOUNT RECEIVED $	☐ CASH ☒ CHECK	DISCOUNT	
PAYMENT RECEIVED BY:		PAY	
TRUCK NO.	DRIVER 132	DATE 12/12/88	

#03593965

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Resources
CN-029
Trenton, New Jersey 08625

0259365

AUTH.	☐	☑
SP. ROUTE	☐	☑
SITE PLN.	☐	☑
SIGN.	☑	☐
COMCODE	0610	

RECEIVED
OCT 15 11 26 AM '87

UNDERGROUND STORAGE TANK REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
Registration Section
1-800-722-TANK

COMPLIANCE WITH THIS REGISTRATION WILL MEET ALL REQUIREMENTS OF STATE LAW, P.L. 1986, c. 102, THE UNDERGROUND STORAGE OF HAZARDOUS SUBSTANCES ACT, N.J.S.A. 58:10A-21. 8/3

General Facility Information

1. Facility name: Gene Babbitts Garage
2. Facility location: Pennsylvania Ave
   NUMBER AND STREET
   Millville
   CITY OR MUNICIPALITY
   Cumberland — NJ — 08332
   COUNTY — STATE — ZIP CODE
3. Owner's mailing address: 624 Maysslanding Rd
   NUMBER AND STREET
   millville
   CITY OR MUNICIPALITY
   Cumberland — NJ — 08332
   COUNTY — STATE — ZIP CODE
4. Owner's name: Gene Babbitt
5. Contact person (Facility Operator) Gene Babbitt
   PERSON OR TITLE
6. Contact telephone number: 609 — 825 — 4709
   AREA CODE — EXCHANGE — NUMBER
7. Total number of facility underground storage tanks: 1 (Complete Questions 12 thru 33 for each tank)
8. Total facility underground storage tank capacity (gallons): 275
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.

ALL underground tanks, including those taken out of operation. **(UN GROUND)** must be included in this registration. All in-ground tanks questionnaire regardless of their current status; Existing, E; Aband

0259365

SPECIFIC TANK INFORMATION

	TANK NO. 1	TANK NO. 2	TANK NO.	TANK NO.	TANK NO.
12. Tank Identification Number	1	2			
13. CASRN Number (Hazardous Substances Only)					
14. Tank Age (Years)	10	10			
15. Tank Size (gallons)	275	275			
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. 0259365

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. 0259365

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					

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.

Gene Babbitt
(SIGNATURE)

Gene Babbitt
(PRINT OR TYPE NAME)

Garage owner
(TITLE)