BLOCK 42 LOT 69 QUALIFICATION CODE _____ ADDRESS (SITE) 509 Wanaque Ave Hewitt, NJ. PERMIT NO. _____ NMR

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 509 Wanaque Ave Rd Hewitt NJ
2. Name of Owner in Fee: Robert Egelhoff Tel. [redacted]
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

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. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS HW-B 10505136

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 1/25/05

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. 5:23-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

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									
☐ 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. _____	_____	_____	_____	_____

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

Date Issued: 08/02/2005
Control #: 31943
Permit #: 20050163

IDENTIFICATION

Block: 42 Lot : 69 Qualification Code: QFARM

Work Site Location: 509 NEWTONS CORNER RO
HOWELL

Owner in Fee: EGELHOFF, R %FOLIAGE & CACTUS
Address: 509 NEWTONS CORNER ROAD
HOWELL NJ 07731

Telephone:

Agent/Contractor: EGELHOFF, R %FOLIAGE & CACTUS
Address: 509 NEWTONS CORNER ROAD
HOWELL NJ 07731

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: U

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: OIL TANK REMOVAL

[ ] **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 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

C. Phillips 5/3/05

Chet Phillips Construction Official

Fees $0.00
Paid[X]Check No. 17061
Collected by: MH

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20050163
Permit Date: 01/25/2005
Update Number:
Control Number: 31943
Application Date: 01/13/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 42 Lot : 69 Qual : QFARM

Work site Location:	509 NEWTONS CORNER RO HOWELL	Contractor:	EGELHOFF, R %FOLIAGE & CACTUS
Owner In Fee:	EGELHOFF, R %FOLIAGE & CACTUS	Address:	509 NEWTONS CORNER ROAD
Address:	509 NEWTONS CORNER ROAD HOWELL NJ 07731		HOWELL NJ 07731
Telephone:	() -	Telephone:	() -
Use Group(s):	U	Lic. No. / Bldrs. Reg. No.:	
		Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

OIL TANK REMOVAL

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	500.00
Cost of Demolition:	0.00
Total Cost:	$500.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	$50.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$51.00**
All Fees Waived :	No

Amount to be Paid: **$51.00**
Check Number: 17061
Check amount: $51.00

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

Chet Phillips — Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: MH
Receipt No:
Total Cash Amount
Total Check Amount $51.00
Total CC Amount
Grand Total $51.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

1-25-05

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 31943

Permit # 20050163

IDENTIFICATION Block 42 Lot 69 Qualification Code

Work Site Location 509 Manton Ln Wall

Owner in Fee Monell (W).

Address Robert Egeliff

Tel. [redacted]

Contractor Self

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Oil Tank Removal

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 $ 500

Construction Official

1-25-05
Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection 50

Elevator Devices

Other

DCA State Permit Fee 1

Cert. of Occupancy

Other

Total 51

Check No. 17061

Cash

Collected by MPB

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

*REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 31943

Date Issued
Permit # 20059163

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

Block 42 Lot 62 Qualification Code

Work Site Location 509 Newton Corner Rd Howell NJ.

Owner in Fee Robert Eyndt

Address

Tel [redacted]

Contractor

Address

Tel ( ) FAX ( )

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 $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 7/19/05

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7/25/05

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			7/12/05	
Standpipe				
Fire Pump			7/12/05	
Pre-Eng. System				
Mechanical				
Smoke Control			7/12/05	
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final Receipts			7/25/05	
Other				

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: Oil Tank Removal

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
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 Tank Removal		50.00
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 31943
Date Issued
Permit # 20050163

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

Block 42 Lot 69 Qualification Code

Work Site Location 509 Mountain Ave Hand NJ.

Owner in Fee Robert Fejdi

Address

Tel [redacted]

Contractor

Address

Tel ( ) FAX ( )

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 $ 500

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: O/T tank removal

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
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 Tank Removal		50.00
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 1/14/05

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

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				
Other				

FUEL TANKS—REMOVAL & DISPOSAL OF OIL

Name and Location Of Licensed Facility At Which Tank Will Be Disposed:

Blewett Scrap Iron
RT 547 (Habatville Rd)
Howell N.J.

Name and Location Or Licensed Facility At Which Oil, Sludge and Water Will Be Disposed:

Pt Bay Oil Co
RT 35 North
Pt Pleasant

Name and License Number Of Company Removing Tank and Fuel:

Robert Fegelbell (Self)

Telephone Number: [redacted]

New Jersey DEP Number: _____

TANK MUST BE HAND-WIPED AFTER OIL AND SLUDGE HAS BEEN REMOVED.

42/69

2.00501163

Tonk's

WASTE OIL SERVICE

1210 Cox Cro Road
Toms River, New Jersey 08755
732/255-5757

ACCOUNT # Residential DATE 7/12/05

NAME Engelhoff

ADDRESS 509 Newtons Corner Rd Howell

E.P.A.
N.J.D. 980650261

N.J.D.E.P.
S-7871

RETAIN COPY 3 YEARS

MANIFEST # 41616

SITE: 509 Newtons Corner Rd Howell

1/2 Product Left IN TANK

WASTE OIL

150 GALLONS

DISPOSAL

SIGNATURE

NEBS CUSTOM printing service 1-800-888-6327 Ref. No: 0 312404651

Tonk's

WASTE OIL SERVICE

1210 Cox Cro Road
Toms River, New Jersey 08755
732/255-5757

NT # Residential DATE 7/12/05
Facility
SS Newtons Corner Howell

N.J.D.E.P.
980650261 S-7871
RETAIN COPY 3 YEARS

FEST # 4116
509 Newtons Corner Howell
Product Left IN TANK

WASTE OIL

150 GALLONS

DISPOSAL

TOTAL
TURE

T&M printing service 1-800-888-6327 Ref. No: G 31240461

JOHN BLEWETT INC.

AUTO WRECKER
SCRAP RECYCLING
USED AUTO PARTS

246 HERBERTSVILLE RD.
HOWELL, N.J. 07731
(732) 938-5331

Foliage & Cactus

509 Newtons Corner Howell DATE 7/12/05

WEIGHT		PRICE	TOTAL
	#1 STEEL		
	#2 STEEL		
	D.M.B.		
	CAST IRON		
	COPPER		
	COPPER		
	COPPER		
	BRASS		
	ALUM		
	RADS		
	BATT		
10520	LITE IRON tank	250	26300
	AL CANS		
	CARS		

Disposed of 150 gallon
Old tank

I am the owner of said vehicle(s) and I release it to **John Blewett, Inc.**

Signature of Owner: _____

EASTERN ENVIROMENTAL & EXCAVATION

1142 Marlane Rd.
Toms River, N.J. 08753
Ph: 732-557-5566
Fx: 732-557-4774

TANK CLOSURE: TRANSPORTATION & DISPOSAL MANIFEST (CHAIN OF CUSTODY)

OWNER: Robert M. Egelhoff
ADDRESS: 509 Newtons Corner Rd
SITE: Howell New Jersey

NJ DEPE TANK REGISTRATION NO:_____ UST NO:_____
NJ DEPE CLOSURE APPROVAL NO:_____ ECRA CASE NO:_____
LOCAL CONSTRUCYION PERMIT NO:_____
TANK CAPACITY: 12,000 GAL.; TANK SIZE: 12,000 DIA._____
LGTH:_____
PRODUCT STORED: #2 Heating oil
TANK CERTIFIED CLEAN BY: Jeffrey M. Wolf
EASTERN ENVIROMENTAL & EXC.
NJ DEPE CERTIFICATION NO:

CONDITION: good

DATE EXCAVATED: 7-12-05

TRANSPORTED BY: Eastern Environmental
RECEIVED BY: E.E.E. (2) 55 Gallon Drums DATE:_____
liquid-sludge and soiled Rags
DISPOSAL SITE:_____
RECEIVED BY:_____ DATE:_____

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Egel Hoff BLOCK 42 LOT 69

ADDRESS 509 Newton Corner ZONING RELEASE

DATE SUBMITTED 1-14-05 Tank Remove

TYPE OF WORK

	REVIEWED BY	APPROVED	COMMENTS
FIRE ✓	1/14/05	OV	
BUILDING			
ELECTRICAL			
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

RECEIVED
JAN 13 2005
BUILDING DEPT

31943