called 4/21/94 MD

BLOCK 670 LOT 4 ADDRESS (SITE) 629 Brick Blvd PERMIT NO. 2102-94

RECEIVED
APR 8 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 629 Brick Blvd.
2. Name of Owner in Fee: FIRESTONE Service Center Tel. (____) ____
   Address 629 Brick Blvd (street) Brick Town (municipality) (zip code)
3. Ownership in Fee: Public X Private ____
4. Principal Contractor: Aguilar Associates Tel. (908) 290-7800
   Address 30 Freneau Ave Matawan NJ, 07747
   License No. OR, if new home, Builder Reg. No. 1300041 Exp. Date 03/31/95
   Federal Emp. No. 02 036 4091 Social Security No. ____
5. Architect or Engineer NA Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Doug Harm Tel. (908) 290-7800

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 50		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 X	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

TANK REMOVAL

	Est. Cost
1. ☐ Minor Work (single trade)	
2. X Small Job ($5,000 and no prior approvals)	2500
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	2500

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
			4/20/94				
	4/8/94	ENA					

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. X 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: Gas
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10210173

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 Aguilar Associates & Consultants INC

Address 30 Freneau Ave

Matawan NJ [redacted] 07747

Telephone (908) 290-7800

Signature [signature] Date 4/07/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☐ Other								
☐ AH Exempt								
☐								

COMMENTS

5/1/14 AH

IMPORTANT - AH - EXEMPT

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

Date Issued 7/25/94
Control #
Permit # 2102-94

IDENTIFICATION Block 670 Lot 4

Work Site Location 609 Brick Blvd Contractor Aguilar [illegible]

Address

Owner in Fee [illegible]

Address Same

Tele. ( ) 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

DESCRIPTION OF WORK:

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 $ 3500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	50 —
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	50 —
Check No.	# 4509
Cash	
Collected By:	[illegible]

2102## BLOCK 0.00
670 # LOT 0.00
4 # BUILDING 50.00
TOTAL 50.00
CHECK 50.00
CHANGE 0.00
07/25/94 NO. 5 0011A005 09:43

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/25/94
Date Issued
Control #
Permit # 2103-94

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

Block 670 Lot 4
Work Site Location 629 Brick Blvd

Owner in Fee Keystone Service Center
Address 629 Brick Blvd
Brick Town NJ
Tele. (908) 477-4900
Contractor Anvil Associates & Consultants Inc
Address 28 Duncan Ave
Matawan NJ 07747
Tele (732) 290-7800
Lic No. or Bldrs. Reg. No. 13XX041
Federal Emp. No. 22 036 4091 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/20/94	
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 100 Sq. Ft.
Under ground storage tank Removal

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ TANK REMOVAL 12,500

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TANK Removal

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other TANK Removal
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
A. J. Cierzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

Re: Tank Removals and Demolitions

From: Arthur J. Cierzo, Construction Code Official

Please advise all applicants for the above that they must send a copy of attached application to the State within thirty days prior to the beginning of work, they must also submit certification on tanks being emptied and purged to the building department with a receipt from where tanks are discarded before a final can be signed off.

AJC/jss

TANK

~~ASBESTOS~~ ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project:

Street:

Town:

Contractor: Lic No:
Address:

A.S.C.M.: Lic No:
Address:

OSHA Air Monitor:
Address:

Building Owner: Kennedy Mall Associates

Street: 641 Shun Pike Road
Town: Chatham
Phone: County: Zip: 07928

Engineer/Architect:

Street:
Town:
Phone: ( ) - County: Zip:

Waste Hauler: Disposal Systems, Inc. Lic. No.:
Address: Box 666

~~Land Fill~~:
Town: Freehold

Job Size: (Circle One) Minor Small Large

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

Proposed Start Date: Proposed Finish Date:

Cost of work:$

(To be filled in by the Construction Official)
Construction Permit No.: Date Issued: / /

OS43A
1/19/89

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT
3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

THOMAS H. KEAN
GOVERNOR

ANTHONY M. VILLANE JR., D.D.S.
COMMISSIONER

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

_____

ASBESTOS JOBS

Under D C A Subchapter 8

	LARGE	SMALL	MINOR
uare Feet	≥ 160	< 160 to > 25	≤ 25
ear Feet	≥ 260	< 260 to > 10	≤ 10
ker Training	5 day (W)	5 day (W)	2 day (M&C)
Permit	Yes	Yes	No
tractor License	Yes	Yes	No
struction Permit	Yes	Yes	No
ice to Adm Authority	Yes	Yes	No
pletion Report to Adm Av	Yes	Yes	Yes
tractor Daily Log	Yes	No[1] [2]	N/A
tractor Written Emerg Plan	Yes	No[1] [2]	N/A
on Unit	Yes	No[2]	No
k Area Enclosure	Yes	Yes	General Isolation[3]
Air Filtration	Yes	No[2]	No
ly Air Monitoring	Yes	No[2]	No
ke Test[4]	Yes	No[2]	No
al Air Sample	Yes	Yes	Yes(glovebag)
ommencement Inspection	Yes	Yes	No
ress Inspection	Yes	Yes	No
Sealent Inspection	Yes	No[1] [2]	No
-Up Inspection	Yes	Yes	No
ved Landfill	Yes	Yes	Yes

Notes

ghly recommended
CM may request variance
ound cover local vents sealed etc
oke test is required for all glovebag type removals

NA
7/17/94 gd

9-29-94
CALLED
DF.

DF
CALLED
11-15-94

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

629 Brick Blvd

Re: Block 670 Lot 4

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	
Zoning	
Engineering	
Building	N.J. Lic. of Hauler
Plumbing	
Electric	
Fire	

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

☑ EXEMPT _____

☐ PRELIMINARY _____

☐ TEMPORARY _____

☑ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: _____ DATE: _____

ADDRESS: _____

_____

PROPERTY LOCATION: _____

ACCOUNT NO: _____ BLOCK _____ LOT _____

INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Fee : _____ Date: _____

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____
CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK; N.J. 08723

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 70 , Lot 4

DATE: 4/1/04

☐ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ -0- .

Preliminary _____
Frederick R. Millman, CTA

4/1/04
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $ _____ .

Final _____
Frederick R. Millman, CTA

_____
Date

ASSESSOR REVIEW / Form 0002 7/93

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
A. J. Cierzo
Construction Official
(908) 262-1024
Fax: (908) 920-4850

Re: Tank Removals and Demolitions

From: Arthur J. Cierzo, Construction Code Official

Please advise all applicants for the above that they must send a copy of attached application to the State within thirty days prior to the beginning of work, they must also submit certification on tanks being emptied and purged to the building department with a receipt from where tanks are discarded before a final can be signed off.

AJC/jss

TAnk

~~ASBESTOS~~ ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project: FIRESTONE SERVICE CENTER

Street: 629 BRICK Blvd.

Town: BRICKTOWN

Contractor: AQUILAR ASSOCIATES Lic No: 1300041

Address: 30 FRENEAU AVE
MATAWAN, NJ, 07747

A.S.C.M.: Lic No:

Address: NA

OSHA Air Monitor:

Address: NA

Building Owner: FIRESTONE

Street: 629 BRICK Blvd

Town: BRICK TOWN

Phone: (908) 477-4900 County: OCEAN Zip:

Engineer/Architect:

Street: NA

Town:

Phone: ( ) - County: Zip:

Waste Hauler: DISPOSAL SYSTEMS INC. Lic. No.: NJDEP 58158

Address: PO BOX 6696
FREEHOLD NJ 07728

~~Land Fill~~:

Town:

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

Quantity of Waste Generated: CU. Yds.: Assumed No discharge
(All Applicable) Linear Footage:
Sq. Footage:

Proposed Start Date: 08/11/94 Proposed Finish Date: 08/13/94

Cost of work: $ 2500

(To be filled in by the Construction Official)

Construction Permit No.: Date Issued: / /

OS43A
1/19/89

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT
3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

THOMAS H. KEAN
GOVERNOR

ANTHONY M. VILLANE JR., D.O.S.
COMMISSIONER

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

1256A
3/15/88

STATE OF NEW JERSEY
Department of Environmental Protection and Energy

This is to certify that

Douglas L. Barm,

is certified to practice in the State of New Jersey

CLOSURE SUBSURFACE

EXPIRES 2/28/95 UST Certification No. G0000650

in accordance with the provisions of N.J.S.A. 58:10A-24.1-8

Signature

STATE OF NEW JERSEY
Department of Environmental Protection and Energy

This is to certify that

Roy J. Rittman

is certified to practice in the State of New Jersey

CLOSURE SUBSURFACE

EXPIRES 2/28/95 UST Certification No. G0000649

in accordance with the provisions of N.J.S.A. 58:10A-24.1-8

Signature

STATE OF NEW JERSEY
Department of Environmental Protection and Energy

This is to certify that

Steven K. Jones

is certified to practice in the State of New Jersey

CLOSURE SUBSURFACE

EXPIRES 2/28/95 UST Certification No. G0000648

in accordance

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

Certifies That

Aguilar Associates & Consultants, Inc.
30 Freneau Avenue
Matawan, NJ 07747

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:

Closure
Subsurface Evaluation

1300041
PERMANENT CERTIFICATION NUMBER

03/31/95
EXPIRATION DATE

COMMISSIONER, DEPARTMENT OF
ENVIRONMENTAL PROTECTION AND ENERGY

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY.

UNDERGROUND STORAGE TANK SYSTEM
CLOSURE APPROVAL

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION
BUREAU OF APPLICABILITY AND COMPLIANCE
CN-028, TRENTON, NJ 08625-0028

TMS # C94-0365 **UST #** 0024518

FIRESTONE SERVICE CENTER
629 BRICK BOULEVARD
BRICKTOWN

OCEAN

THE ABOVE LISTED FACILITY IS HEREBY GRANTED APPROVAL TO PERFORM THE FOLLOWING ACTIVITY IN ACCORDANCE WITH N.J.A.C. 7 14b-1 et. seq

REMOVAL OF one 200 gallon waste oil UST(s)
and appurtenant piping

SITE ASSESSMENT Soil Samples will be taken every five (5) feet along the center line of each tank and one (1) soil sample for every 15 feet along all appurtentant piping Two (2) additional samples will be taken per excavation and biased to the areas of highest field screened readings Samples will be analyzed for TPHC IF ANY PHC result is found then analyze 25% of the samples for VO+10 BN+15 PCB s and p iority pollutant metals If documentation is provided that the UST(s) only stored crankcase or machine lube oil the metal analyses may be limited to Cd Cr Cu Ni Zn AND Pb

ON SITE MANAGER DOUGLAS HARM **TELEPHONE** 908-290-7800

EFFECTIVE DATE 03/25/94

THIS FORM MUST BE DISPLAYED AT THE SITE DURING THE APPROVED ACTIVITY AND MUST BE MADE AVAILABLE FOR INSPECTIONS AT ALL TIMES

Gregory Cunningham for
BARBARA MURRAY, CHIEF
BUREAU OF APPLICABILITY AND COMPLIANCE

Weigh Ticket **№ 13851**

A & A IRON & METALS
80 Hendrickson Rd
Freehold, NJ 07728

Firestone Tire
RT 1
Trenton
RT 1
Woodbridge
15180 Buck Blvd
13690 Buchtown

15540 lbs
7437

Commodity TANKS
Customer Name DST
Address
Vehicle Title Yes ☐ No ☐
Remarks

Signature [signature] Date 7/28/94
Weighmaster's Signature Date

Driver signature above certifies legal ownership of material being sold and transfers ownership to A & A Iron & Metals

AGUILAR
ASSOCIATES & CONSULTANTS INC.
YOUR ENVIRONMENTAL SERVICE CORPORATION

18 November 1994

Arthur J. Cierzo, Construction Official
Division of Inspections
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: Firestone Service Center
629 Brick Boulevard

Dear Mr. Cierzo:

Enclosed is a check for $25.00 for the inspection fee for the above referenced site. Apparently, during UST removal, the excavation was backfilled before it was inspected by the Township of Brick. Also enclosed is the UST scrap receipt. I apologize for any inconvenience this has caused you.

If you have any questions or comments, please feel free to call me at (908) 290-7800. Thank you for your time and cooperation.

Very truly yours,

Darryl W. Schmitt

Darryl W. Schmitt
Environmental Scientist

Enclosure

30 Freneau Avenue, Matawan, N.J. 07747 • (908) 290-7800 • FAX (908) 290-7806