BLOCK 1170.04 LOT 2 C25-042 QUALIFICATION CODE _____ ADDRESS (SITE) 124 John Street PERMIT NO. 98-2239

RECEIVED JUN 23 19[illegible]

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

DCA/DOE INSPECTION

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

I. IDENTIFICATION

1. Propsed Work Site at: 124 JOHN STREET. Brick
2. Name of Owner in Fee: JACK THORPE Tel. ([redacted]
   Address same (street) (municipality) ✓ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: TRI-State Land Tel. (732) 255-5266
   Address 18 OAK HILL DRIVE, TOMS RIVER, NJ
   License No. OR, if new home, Builder Reg. No. 45000651 Exp. Date 12/19/99
   Federal Employee No. 22-3215629 FAX: (732) 255-0070
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work TRI-State Land Conservation
   Tel. (732) 255-5266 FAX (732) 255-0070

TANK Removal - ABOVE GROUND

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection		tbd.	
5.	Elevator Devices		ck 487	
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	tbd ✓	

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	

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		CS	6/23/98						
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration					6/25/98	JC			
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	295								

OPTIONAL (for office use only)

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:

6/24/98 - Tri State to Pick-up

LDS BR 10516364

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 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 TRI-State Land Conservation

Address 18 OAK HILL DRIVE

TOMS RIVER, NJ 08753

Telephone (732) 255-5266

Signature Deborah Mellor

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. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/07/98
Control #
Permit # 98-2239

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 1170.04 Lot 2 Qual

Work Site Location 124 JOHN ST
TANK REMOVAL
Owner in Fee THORPE, JACK
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor TRI-STATE LAND CONS
Address 18 OAK HILL DRIVE
TOMS RIVER, NJ 08753-
Telephone (908)255-5266
Lic No or Bldrs Reg No
Federal Emp No 22-3215629

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

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 $ 295

Construction Official

U C C P170 (rev 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	66
Elevator Devices	0
Other	
DCA Training Fee	0
Cert of Occupancy	0
Other	
Total	66
Check No	6877
Cash	
Collected By	PA

07/08 NO 5 0013A005 14
07/07/98 Date
FIRE 66
TOTAL 66 00
ELEC 0 00
CHANGE 0 00
LOT 2 #
BLDG 117004 # 0
0005
98239**

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/23/98
Date Issued 7/7/98
Control # C25-042
Permit # 98-2239

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

Block 1170.04 Lot 2
Work Site Location 124 JOHN ST
TANK REMOVAL
Owner in Fee THORPE, JACK
Address SAME
BRICK, NJ 08724-
Tele. [redacted]
Contractor TRI-STATE LAND CONS
Address 18 OAK HILL DRIVE
TOMS RIVER, NJ 08753-
Tele.(908)255-5266
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3215629
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Construction Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 795 [X] Other TANK REMOVAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 6/25/98
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks	( ) Capacity	0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	0	Fuel	
L.P.G. Storage Tanks	( ) Capacity	0	Fuel	
L.N.G. Storage Tanks	( ) Capacity	0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other TANK REMOVAL		66
Other		0
Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	66
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

TANK ABATEMENT OR
~~ASBESTOS ABATEMENT~~ NOTIFICATION

Date: 6/23/98

Project: JACK THORPE

Street: 124 John Street

Town: BRICK, NJ

Contractor: TRI-State Land Conservation License No. US 006651

Address: 180 OAK HILL DRIVE, TOMS RIVER

A.S.C.M: _____ License No. _____

Address: _____

OSHA AIR MONITOR: _____

Address: _____

BUILDING OWNER: JACK Thorpe

Residence

Street: _____

Town: _____

Phone: _____ County: _____ Zip _____

Engineer/Architect: _____

Street: _____

Town: _____

Phone: _____ County _____ Zip _____

Waste Hauler: C+R WASTE - Hauled by Tri-State to C+R Waste License No. _____

SCRAP yard Address: Hooper Ave, Brick

~~Land Fill~~: C+R waste Materials

Town: Brick, NJ.

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

Quantity of Waste Generated: (All applicable)
Cu. Yds _____
Linear Footage: _____
Square Footage: _____

Proposed Start Date: 6/29/98 Proposed Finish Date: 6/29/98

Cost of work: $ 295.

Construction permit number: _____ Date issued: _____

OS43A

1-19-89

TRI-STATE
LAND
CONSERVATION, INC.
18 Oak Hill Drive
Toms River, NJ 08753
Phone: (732) 255-5266
1-800-701-TANK (8265)
Fax: (732) 255-0070

INVOICE

DATE: 7/14/98

BILL TO: MR. JACK THORPE
124 JOHN STREET
BRICK, NEW JERSEY 08724

INVOICE NO: 98255

CUT TANK FOR ACCESS; SQUEEGEE CLEANED THE INTERIOR; HAD TOWNSHIP INSPECTOR CHECK TANK; MARKED TANK AS PER DEPE REGULATIONS FOR PROPER DISPOSAL; LOADED, TRANSPORTED AND PROPERLY DISPOSED OF TANK.	$ 295.00
TOTAL THIS PROJECT	$ 295.00
LESS DEPOSIT RECEIVED ON ACCOUNT	$ (295.00)
BALANCE	$ 0.00

HEALTH & SAFETY PLAN

1.0 SITE INFORMATION

1.1 CUSTOMER:
JACK THORPE
124 JOHN STREET
BRICK, NEW JERSEY

1.2 LOCAL EMERGENCY NUMBERS:

POLICE:	911
FIRE:	911
HOSPITAL:	OCEAN CO. MED. CTR. BRICK JACK MARTIN BOULEVARD BRICK, NEW JERSEY (908) 840-2200

2.0 SCOPE OF WORK
REMOVE ABOVE GROUND OIL TANK

3.0 HEALTH AND SAFETY PROCEDURES

3.1 GENERAL (WHERE APPLICABLE)
THE SCOPE OF THE PROJECT DOES NOT INVOLVE EXPOSURE OF ANY PERSONNEL TO HAZARDOUS CHEMICALS OR FUMES. THE TANK REMOVAL AND DEMOLITION STAGES OF THE PROJECT INVOLVE HANDLING MATERIALS THAT HAVE BEEN MADE ENVIRONMENTALLY CLEAN PRIOR TO REMOVAL OR DEMOLITION.

ALL WORK IS DONE WITHOUT THE MOVEMENT OF OVERHEAD EQUIPMENT; I.E. CRANES, SO ALL WORK CAN BE DONE WITHOUT DESIGNATING AREA AS "HARD HAT AREA." HARD HATS WILL BE REQUIRED FOR PERSONNEL ENTERING TANKS AND EXCAVATIONS.

3.2 *SIGNS AND WARNINGS*
THE FOLLOWING SIGNS AND WARNING SHOULD BE POSTED IN THE AREA AND THE PERSONNEL INSTRUCTED AS TO THE HAZARDS:

1 - EXCAVATION AND CONFINED WORK AREA (TANK INTERIORS) ARE DESIGNATED AS "HARD HAT" AREAS.
2 - THE ENTIRE WORK AREA WITHIN THE FENCE IS DESIGNATED AS "NO SMOKING" AREA. WHEN THE VAC TRUCK IS PRESENT AND WHEN THE TANK IS BEING DE-GASSED, AN AREA 200 FT OUTSIDE THE FENCED AREA IS ALSO DESIGNATED AS "NO SMOKING" AREA.
3 - ENTIRE WORK AREA IS DESIGNATED AS "EYE HAZARD" AREA. ALL WORKERS SHALL WEAR APPROVED EYE PROTECTION. VISITORS GLASSES ARE REQUIRED FOR NON-WORKING PERSONNEL WITHIN THE WORK AREA.
4 - WHEN VAC TRUCK AND DEGASSING PROCEDURES ARE IN OPERATION, "DANGER FLAMMABLE GASES" SIGNS SHALL BE POSTED.

3.3 PERSONAL PROTECTIVE EQUIPMENT:

1 - ALL PERSONNEL ARE REQUIRED TO WEAR WORK CLOTHING WITH TRI-STATE LAND CONSERVATION LOGOS, SAFETY GLASSES, SAFETY SHOES AND HEAVY DUTY GLOVES.
2 - ALL PERSONNEL ENTERING CONFINED AREAS ARE REQUIRED TO WEAR PROTECTIVE BOOTS, GOGGLES, LONG SLEEVE WORK SHIRTS, PANTS AND HARD HATS.

3 - DEMOLITION BURNERS ARE REQUIRED TO WEAR FACE SHIELDS, LEATHER BIB SLEEVES, LONG SLEEVE WORK SHIRTS AND PANTS, SAFETY SHOES AND FULL FACE RESPIRATORS WITH THE PROPER FILTERS.
4 - EAR PLUGS, SAFETY GLASSES AND TOE GUARDS.
5 - TIE BACK SUITS ARE REQUIRED IN AREAS WHERE THERE IS A POTENTIAL OF SPILLS AND SPLASHES.

3.4 SAFETY EQUIPMENT
THE FOLLOWING EQUIPMENT, VEHICLES AND SAFETY DEVICES SHALL BE MOBILIZED ON THE JOBSITE:
1 - A SAFETY TRUCK COMPLETE WITH: FIRST AIR KIT; AIR TANKS AND RESPIRATORS; BREATHING FILTERS; PROTECTIVE CLOTHING.
2 - A HAZARDOUS SPILL RESPONSE VEHICLE WILL BE AVAILABLE WITHIN ONE HOUR RESPONSE TIME TO HANDLE ANY INCIDENTS OF POTENTIAL ENVIRONMENTAL HAZARDS.
3 - A SAFETY LIFT TRIPOD, WITH PERSONAL HARNESS WILL BE AVAILABLE AT THE JOBSITE.
4 - AIR MONITORS FOR THE DETECTION OF OXYGEN DEFICIENCY LEVELS, HYDROGEN SULFIDE CONCENTRATION, UPPER AND LOWER COMBUSTION LEVELS.
5 - SAFETY FENCING.
6 - FIRE EXTINGUISHERS.

3.5 MEDICAL SURVEILLANCE/PERSONAL HYGIENE REQUIREMENTS
A MEDICAL SURVEILLANCE PROGRAM IS NOT REQUIRED FOR OUR EMPLOYEES FOR THIS SPECIFIC PROJECT. PERSONAL HYGIENE REQUIREMENTS FOR THE EMPLOYEES INVOLVE THE WARING OF PROTECTIVE CLOTHING WHEN WORKING IN AREAS OF HAZARDOUS MATERIALS AND THE REMOVAL OF PROTECTIVE CLOTHING, WASHING OF EXPOSED SKIN AREAS AND OTHER PERSONAL HYGIENE PRACTICES BEFORE LEAVING THE JOBSITE.

3.6 JOBSITE MEDICAL PROCEDURES
1 - A CPR TRAINED PERSON IS ASSIGNED AS A WORKER WITH EACH CREW.
2 - EACH CREW FOREMAN IS BRIEFED ON POTENTIAL HAZARDS AT THIS SPECIFIC JOBSITE, AND IS FAMILIAR WITH FIRST AID PROCEDURES, HAS LOCAL EMS CALL NUMBERS AND IS BRIEFED ON LOCATION OF NEAREST HOSPITAL.

3.7 SPILL PREVENTION/RESPONSE PLANS
THE NATURE OF THIS PROJECT DOES NOT REQUIRE A SITE EVACUATION PLAN, BUT DOES REQUIRE PROCEDURES FOR THE CONTAINMENT OF ANY FUEL OIL SPILLS. EACH VEHICLE ON THE JOBSITE HAS A SPILL RESPONSE KIT WITH ABSORPTION BLANKETS, BOOMS, PETROLOC POWDER, 55 GALLON DRUMS, SQUEEGEES, RAKES, MOPS AND OTHER MATERIALS TO CONTAIN OR CLEAN UP OIL SPILLS.

3.8 ON-SITE MONITORING FOR PERSONNEL SAFETY
ALL PERSONNEL ARE TRAINED IN AND ARE REQUIRED TO FOLLOW TRI-STATE LAND CONSERVATION "PROCEDURES FOR TANK OR CONFINED AREA ENTRY" WHICH INCLUDE THE PROCEDURES FOR MONITORING THE CONDITION OF THE AIR WITHIN THE AREA TO BE ENTERED.

3.9 PERSONNEL TRAINING PROGRAMS
ALL PERSONNEL WORKING ON THE JOBSITE ARE TRAINED IN THE TASKS FOR WHICH THEY ARE ASSIGNED. THE PROJECT SUPERVISORS AND FOREMAN ALL TRAINED IN ALL THE SKILLS OF THE CREWS WORKING UNDER THEM AND WILL INSTRUCT THE CREWS FOR INCREASING THEIR PROFICIENCIES. ALL PERSONNEL ARE VIDEO TAPE TRAINED WITH THE API SERIES OF TANK ENTRY AND TANK CLEANING PROCEDURES. ALL PERSONNEL HAVE READ AND SIGNED THE "SAFETY HANDBOOK" WITHIN THE PAST 6 MONTHS. ALL PERSONNEL HAVE COMPLETED THE OSHA 40 HOURS "HAZARDOUS MATERIALS SAFETY COURSE: AND ALL SUPERVISORS HAVE COMPLETED THE OSHA 8 HOURS "SUPERVISORS COURSE."

3.10 EXCAVATIONS

1 - ALL EXCAVATIONS TO BE PROTECTED WITH ORANGE SAFETY FENCE WHEN SITE IS UN-ATTENDED.

2 - ALL EARTHWORK ABOVE TOP OF CONTAINMENT DIKE SHALL BE SLOPED TO PREVENT CAVE-INS.

3 - ALL PERSONS ENTERING EXCAVATION SHALL WEAR HARD HATS AND HAVE SAFETY WATCH OUTSIDE EXCAVATION.

3.11 CUTTING (HOT WORK)
IF POSSIBLE, DECOMMISSION THE TANK WITH COLD CHISEL CUTTING OR TEAMING WITH BACK HOE BLADE.

3.12 WORK IN CONFINED SPACE (TANK INTERIOR)
SEE TRI-STATE LAND'S "TANK ENTRY PROCEDURE"

4.0 DECONTAMINATION PROCEDURES:

4.1 EQUIPMENT
ALL EQUIPMENT LEAVING JOBSITE SHALL HAVE ANY LOOSE MATERIALS REMOVED FROM TIRES, FLAT AREAS, ETC. ALL OIL AND OTHER HAZARDOUS MATERIALS SHALL BE WIPED FROM ANY EQUIPMENT SURFACES. ALL VACUUM TRUCKS USED FOR THE REMOVAL OF USED FUEL OIL SHALL BE CLEANED BEFORE RECEIVING ANY OIL FROM THIS SITE. TRUCK SHALL HAVE A DEDICATED MANIFEST FOR MATERIALS FROM THIS SITE ONLY.

4.2 PERSONNEL
ALL PERSONNEL SHALL REMOVE ALL PROTECTIVE CLOTHING, WASH OR DISPOSE OF AS REQUIRED. PERSONNEL SHALL NOT USE ANY PROTECTIVE CLOTHING THAT HAS NOT BEEN CLEANED FROM PREVIOUS USE. PERSONNEL SHALL REMOVE ANY MATERIALS FROM SKIN BEFORE LEAVING JOBSITE.

4.3 LIQUID CONTENTS
ALL LIQUID CONTENTS, SLUDGE AND WORKINGS SHALL BE REMOVED BY A NJ DEP REGISTERED TRANSPORTER AND TRANSFERRED TO A US EPA REGISTERED DISPOSAL SITE WITH COMPLETE NJ HAZARDOUS WASTE MANIFESTS.

4.4 SCRAP METAL (REMOVAL ONLY)
THE TANKS SHALL BE ENVIRONMENTALLY CLEAN BEFORE REMOVAL FROM THE GROUND THEY SHALL BE DECOMMISSIONED BY REMOVAL OF THE HEADS AND TRANSFERRED TO A SCRAP METAL DEALER.

4.5 CONTAMINATED SOIL
CONTAMINATED SOIL SHALL BE STOCKPILED ON SITE ON 6 MIL PLASTIC SHEET AND COVERED WITH 6 MIL PLASTIC. SAMPLES SHALL BE TAKEN FOR EVERY 100 CUBIC YARDS AND ANALYZED FOR PROPER DISPOSAL.

TANK ENTRY PERMIT

TRI-STATE LAND CONSERVATION, INC.

COMPLETE BOTH SIDES

GOOD ONLY THIS DATE 7/14/99

TANK NO **PRODUCT STORED**

LOCATION JACK THORPE
124 JOHN Street
BRICK, NJ

TANK SIZE 275 **GALLONS**

DIAMETER

ACCESS [ ] **MANHOLE** [X] **CUT HOLE**
ABOVE GROUND

PURPOSE FOR ENTRY Clean + remove

I hereby certify that all required precautions have been taken to make this tank safe for entry and during the work specified

SUPERVISOR Mike Mellin

ATMOSPHERIC TESTER

I have been properly instructed in the safe entry procedures, for this tank, and understand my duties as standby observer

STANDBY OBSERVER

I have been properly instructed in the safety procedures for inerting, cutting and entry into this tank, and I fully understand my responsibilities for my own safety and the safety of any other workers in and around the tank.

NAME NAME

NAME NAME

PERMIT ISSUED Mike Mellin

SUPERVISOR

BLOCK 1170.04

N.J.A.C. (Uniform Code) 5:23-2;.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 2

Tank Clearance

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code

Thorpe — Owner

Tri-State — Contractor

PERMIT NO. 98-2239

DATE APPROVED 7/7/98

FEE PAID 66.00

D. Cicconetti
CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

1. FOOTING
2. FOUNDATION
3. SHEATHING
4. FRAMING
5. INSULATION
6. SHEET ROCK
7. PLUMBING
8. FIRE INSPECTION
9. FINAL 262-1026

TRI-STATE LAND CONSERVATION, INC.
1861 Hooper Ave., Suite 16
Toms River, NJ 08753
Phone: (908) 255-5266
Fax: (908) 255-0070

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

OWNER: Jack Thorpe + William Schemer
ADDRESS: 124 John Street 10 Harpers Ferry Rd
SITE: Brick, NJ Toms River

NJ DEPE TANK REGISTRATION NO: _____ UST NO: _____
NJ DEPE CLOSURE APPROVAL NO: _____ ECRA CASE NO: _____
LOCAL CONSTRUCTION PERMIT NO: _____
TANK CAPACITY: 290 GAL.; TANK SIZE: _____ DIA. _____ LGTH.
PRODUCT STORED: _____
TANK CERTIFIED CLEAN BY: TRI-STATE LAND CONSERVATION, INC.
NJ DEPE CERTIFICATE NO: 1500663
CONDITION: good no. Holes
DATE EXCAVATED: 7/21/98

TRANSPORTED BY: TRI State
RECEIVED BY: _____ DATE: _____

DISPOSAL SITE: C&R WASTE MATERIAL CO.
~~2480 HOOPER AVENUE~~
BRICK, N.J. 08723
RECEIVED BY: _____ DATE: _____

UNDERGROUND STORAGE TANK CLOSURE CERTIFICATION

Tri-State Land Conservation, Inc. hereby certifies that the Underground Storage Tank, as described herein, has been properly closed in accordance with all local and state codes and regulations.

Customer: JACK THORPE

Site: 124 JOHN STREET, BRICK, NEW JERSEY 08724

Block: 1170.04 Lot: 2

Local Permit No: 98-2239 Township: BRICK

Size of Tank: 275 GALLON Product Stored: # 2 FUEL OIL

Type of Closure: ABOVE GROUND REMOVAL Date of Closure: 7/14/98

Date of Township Inspection: 7/14/98

Closure Contractor: Tri-State Land Conservation, Inc.
18 Oak Hill Drive, Toms River, New Jersey
Phone: (732) 255-5266
NJ DEP Certification No. US00651

Attachments for Closure:

- [X] Approval for Fire Protection/Building Code
- [X] Tank Disposal Receipt
- [X] Tank Disposal Chain of Custody
- [ ] Product Disposal Documentation
  CUSTOMER HAD TONK'S WAST OIL PUMP TANK OUT
- [ ] Clean Fill Documentation
  NOT APPLICABLE _ TANK WAS ABOVE GROUND
- [X] Local Code and Fire Protection Permits
- [X] Health & Safety Plan
- [X] Tank Entry Permits
- [X] Copy of Paid Invoice

C & R WASTE MATERIAL CO. – 2480 Hooper Ave. - Brick, NJ 08723 - (732) 477-0880

2073

From TLC To Tank

14 800 Lbs. Gross Load of

14 170 Lbs. Tare Driver: on - off

630 Lbs. Net Fees 11 Date JUL 22 7 17 AM '00 , 19 Weigher

TRI-STATE
LAND
CONSERVATION, INC.
18 Oak Hill Drive
Toms River, NJ 08753
Phone: (732) 255-5266
1-800-701-TANK (8265)
Fax: (732) 255-0070

October 12, 1998

Permit Department
Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08724

Re: Thorpe Residence, 124 John St, Brick
Block No: 1170.04
Lot No: 2
Permit No: 98-2239

Dear Sirs:

Enclosed you will find papers in connection with the above listed permit. Kindly close out this permit.

Should you have any questions, please don't hesitate to call.

Very truly yours,

TRI-STATE LAND CONSERVATION, INC.

Deborah Melber
Office Manager

BLOCK 1170.04 LOT 2 SITE LOCATION 124 John Street, Brick NJ

OWNER IN FEE: JACK THORPE ADDRESS: same

BUILDING INSPECTION

Contractor TRI-State Land Conservation
Address 18 OAK HILL DRIVE Phone (732) 255-5266
Town TOMS RIVER State NJ Zip 08753
LIC # 45006057 FEDERAL EMP. NO.(or SSN#) 22-3215629

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ _____
ADDITION (3) $ _____ TOTAL (1+2+3) $ _____

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft.		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS _____

Plan Review:
Date : _____ Approved By: _____

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.
SEAL &
SIGNATURE _____

PLUMBING INSPECTION

Contractor _____
Address _____ Phone (____) _____
Town _____ State _____ Zip _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $ _____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

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

DESCRIPTION OF WORK

COMMENTS _____

Plan Review:
Date: _____ Approved by: _____

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.
SEAL &
SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor TRI-State Land Conservation
Address 18 OAK HILL DRIVE Phone (732) 255-5266
Town TOMS RIVER State NJ Zip 08753
LIC # 45006051 FEDERAL EMP. NO. (or SSN#) 22-3215629

ESTIMATED COST OF FIRE PROT. WORK: $ 295
Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing Remove above ground tank
Location of Furnace / Boiler _____

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE _____
METHOD OF VALVE SUPERVISION _____
LOCAL ALARM SUPERVISION _____
CENTRAL SUPERVISION _____
PROPRIETARY SUPERVISION _____
Flammable Liquid Storage Tanks ☐ Capacity _____ Fue
Combustible Liquid Storage Tanks ☐ Capacity _____ Fue
L.P.G. Storage Tanks ☐ Capacity _____ Fue
L.N.G. Storage Tanks ☐ Capacity _____ Fue

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Sys
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppressior
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired A
			Other _____
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS Remove 1-275 Gallon #2 Fuel Oil tank

Plan Review:
Date: 6/25/98 Approved by: JE

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 WOI ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) [signature]