called 1/17/06 JM

BLOCK 1205.05 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 205 GEORGES RD. PERMIT NO. 06-0146

CONSTRUCTION PERMIT APPLICATION

06-0194

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

I. IDENTIFICATION

1. Proposed Work Site at: 205 GEORGES ROAD, BRICK, NJ
2. Name of Owner in Fee: KING CONSTRUCTION Tel. (732) 920-6441
   Address 2597 OLD HOOPER AVE. (street) BRICK (municipality) NJ 08723 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: HYDROSCIENCE, INC Tel. (732) 349-9692
   Address P.O. BOX 4978, TOMS RIVER NJ 08754
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3207567 FAX: (732) 349-9709
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun GARY YEDMAN
   Tel. (732) 349-9692 FAX: (732) 349-9709

REMOVAL OF 275 GALLON AST FROM BASEMENT

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. *Plumbing*			
4. Fire Protection		70	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other		10	
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	

II. PROPOSED WORK

OPTIONAL (for office use only)

	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	300		11/10/06						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					1-13-06	08			
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	300-								

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:
   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 BR-B 10427252

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.

(X) Check if contractor.

Agent Name HYDROSCIENCE, INC.

Address P.O. BOX 4978
TOMS RIVER, NJ 08753

Telephone ( ) (732) 349-9692

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. _____	_____	_____	_____	_____

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 01/18/2006
Control # C-06-0194
Permit # 06-0146

IDENTIFICATION Block: 1205.05 Lot: 5 Qualifier

Work Site Location: 205 GEORGES RD Brick Township, NJ

Owner in Fee: STASH, GERALD W. & CHRISTINE E.
Address: 205 GEORGES RD, BRICK NJ 08724
Telephone:

Contractor: HYDROSCIENCE, INC
Address: P O BOX 4978 TOMS RIVER NJ 08754-
Telephone: 732/349-9692
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3207567

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TANK REMOVAL REMOVAL OF 275 GALLON OIL TANK IN BASEMENT

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $300

Construction Official

01/18/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$70
Check No.	26732
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)

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 the 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 granted.

☐ 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 cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 1/18/06
Permit # 06-0146

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

Block 1205.05 Lot 5 Qualification Code _____
Work Site Location 205 GEORGES ROAD
BRICK, NJ 08723
Owner in Fee KING CONSTRUCTION
Address 2597 OLD HOOPER AVE.
BRICK, NJ 08723
Tel (732) 920-6441
Contractor HYDROSCIENCE, INC.
Address P.O. BOX 4978
TOMS RIVER, NJ 08754
Tel (732) 349-9692 FAX (732) 349-9729
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. 22-3307536

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 300.-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent or 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:
REMOVAL OF 275 GAL. AST IN BASEMENT.

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 _____	____	_____
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
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-13-06
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1/18/06
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	____	____	1/25/06	DS
Other Temp CO	1-25-06	____	1/25/06	DS

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

above ground tank visual o/c.

need sludge / tank removal reports

Hydroscience Group ®
HYDROSCIENCE, INC., P. O. BOX 4978, TOMS RIVER, NEW JERSEY 08753
PHONE 732-349-9692 FAX 732-349-9729

January 9, 2006

Township of Brick
Attn: Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

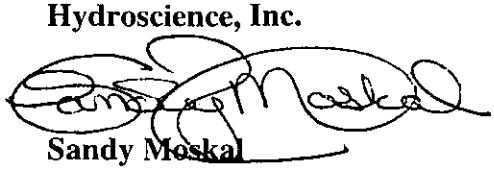
RE: Permit Application for Removal of Aboveground Storage Tank at 205 Georges Road, Brick, NJ Block: 1205.05, Lot: 5

To Whom It May Concern:

Enclosed is the permit application for removal of an aboveground storage tank located at the above referenced address. Any liquid contents and/or sludge remaining in the aboveground storage tank will be removed via vacuum truck prior to removal and disposed of at Lorco Petroleum Services in Elizabeth, NJ. The aboveground storage tank will be cut and cleaned in accordance with the New Jersey Department of Environmental Energy Standards. The removed tank will be disposed of at Brick Recycling Center in Brick, NJ. Hydroscience, Inc. will provide you with the necessary receipts and manifests when they are available.

Should you have any question or require further information, please feel free to contact me at (732) 349-9692.

For the firm;
Hydroscience, Inc.



Sandy Moskal
Administration

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 1/9/06

PROJECT: REMOVAL OF 275 GAL. AST IN BASEMENT

STREET: 205 GEORGES ROAD, BRICK, NJ 08723

CONTRACTOR: HYDROSCIENCE, INC. LICENSE NO. 13VH00981900

ADDRESS: P.O. Box 4978, TOMS RIVER, NJ 08754

A.S.C.M.: _____ LICENSE NO. _____

MAILING ADDRESS: _____

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: KING CONSTRUCTION

MAILING ADDRESS: 2597 OLD HOOPER AVE.

BRICK, NJ 08723 PHONE: (732) 920-6441

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

_____ PHONE: _____

WASTE HAULER: HYDROSCIENCE, INC. LICENSE NO.: 13VH00981900

LAND FILL: BRICK RECYCLING CO.

TOWN: BRICK, NJ

JOB SIZE: (circle one) MINOR X SMALL____ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: $_____

CONSTRUCTION PERMIT # _____ DATE: _____

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Hydroscience, Inc.
Scott Golembeski
320 W. Water Street
Toms River NJ 08754

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

07/19/2005 TO 12/31/2006
VALID

13VH00981900
LICENSE/REGISTRATION/CERTIFICATION #

Kimberly S. Riddle
ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Hydroscience, Inc.
Home Improvement Contractor
07/19/2005 TO 12/31/2006
VALID
13VH00981900
SIGNATURE

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Hydroscience, Inc. EXPIRATION DATE **2006**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **VH 00981900** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY TH DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

Hydroscience Group ®
HYDROSCIENCE, INC., P. O. BOX 4978, TOMS RIVER, NEW JERSEY 08753
PHONE 732-349-9692 FAX 732-349-9729

January 13, 2006

Township of Brick
Attn: Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Permit Application for Aboveground Tank Removal at 205 Georges Road, Brick, New Jersey Block: 1205.05, Lot: 5

To Whom It May Concern:

Enclosed please find a check in the amount of $70.00 to be applied to the permit application submitted for the removal of one aboveground storage tank located at the above referenced address. Upon approval please mail the permit back to our office at:

Hydroscience, Inc.
P.O. Box 4978
Toms River, NJ 08754-4978

Should you have any questions or require more information, please feel free to contact our office at (732) 349-9692.

Thank you,

For the firm;
Hydroscience, Inc.

Sandy Moskal
Administration

Hydroscience Group ®
HYDROSCIENCE, INC . P O. BOX 4978, TOMS RIVER, NEW JERSEY 08754
PHONE 732-349-9692 FAX 732-349-9729

FAX TRANSMITTAL SHEET

Today's Date: 1/24/06

Attention: Allison

Fax Number: (732) 262 - [illegible] 3954

Reference: 205 Georges Road

Permit # 06-0146

Comments: Please see Attached Sludge Manifest.

Fax Received From: Sandy Tice

Transmitting Fax Number: (732) 349-9729

Questions? Please contact me at (732) 349-9692 ext. 21

This is 1 of 2 page(s)

☺ Thank You ☺

9013 · (3-PART FORM) 982447/9013 REV 5/00

UNIFORM STRAIGHT BILL OF LADING Original—Not Negotiable—Domestic

Shipper's # 112204A

5" 7029" / King Construction #4815-002 Carrier Agent's No. RB

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

at 9:50 AM 1/13/06 from 205 Georges Rd Brick

Consigned to 10rco (Mail or street address of consignee—For purposes of notification only.)

Destination 450 Front St (Street) Elizabeth (City) State of NJ Zip Code 07202 County of

Routing NJ R-000023036 Delivering Carrier Vehicle or Car Initial No.

Collect On Delivery $ and remit to: Street City State

C. O. D. charge to be paid by: Shipper ☐ Consignee ☐

No. Packages	Description of Articles, Special Marks, and Exceptions	*Weight (Sub. to Cor.)	Class or Rate	Check Column
	128 gals Non DOT Reg Non RCRA ID #72 998 water 1.8 oil		NA	

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "TO BE PREPAID."

Received $ to apply to prepayment of the charges on the property described hereon.

Agent or Cashier

Per (the signature here acknowledges only the amount Prepaid.)

Charges Advanced: $

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding per

Shipper, Per Hydroscience Inc Agent, Per

Permanent post-office address of shipper. 320 W Water St - Toms River, NJ

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

Bill of Lading

Hydroscience Group ®
HYDROSCIENCE, INC., P. O. BOX 4978, TOMS RIVER, NEW JERSEY 08753
PHONE 732-349-9692 FAX 732-349-9729

January 26, 2006

King Construction
2597 Old Hooper Avenue
Brick, New Jersey 08723
Attn: Rob Dickson

RE: Aboveground Tank Removal at 205 Georges Road, Brick, NJ
Permit #06-0146 Block: 1205.05, Lot: 5

Dear Mr. Dickson:

On January 13, 2006, Hydroscience, Inc. removed one 275-gallon aboveground heating oil tank from the basement of the above referenced address. Upon removal of the tank, no evidence of a discharge was noted. The storage tank was cleaned and disposed of according to NJDEP standards.

All of the necessary tank removal documentation has been submitted to the Brick Township Building Department in order to properly close out your permits. Copies of the tank recycling receipt and the tank contents disposal bill of lading have been included for your records. Please keep same in your files for future reference.

Hydroscience, Inc. is pleased to have had the opportunity to serve your environmental needs. Should you have any questions or concerns, please do not hesitate to contact our office at (732) 349-9692.

For the firm:
Hydroscience, Inc.

Sandy Moskal
Administration

ref: King Construction (205 Georges Road, Brick 01-26-06-4815-002) Tank Pull AST
cc: Brick Township Building Department

Hydroscience Group
HYDROSCIENCE, INC. P.O. BOX 4878 TOMS RIVER, NEW JERSEY 08754
PHONE 732-349-8880 FAX 732-349-4799

Certification of Tank Disposal

(In accordance with the NJ Department of Environmental Protection Standards)

Client: KIM Construction Number: 4815-002 Date: 1/24/06

Tank Size: 290 Type: Steel Condition: W Holes

Prior Contents: #2 Heating oil

Tank Markings: _____

This is to certify that the tank described above has been cleaned in accordance with NJDEP standards methods and procedures and has been rendered suitable for disposal as scrap metal. All product residues were removed and the interior of the tank was tested and found to be free of harmful vapors.

Hydroscience, Inc. Technician: Brian Sinnott Date: 1/24/06

Print Name: BRIAN SINNOTT

This is to certify that the tank described above has been received for disposal and will be disposed of in accordance with applicable regulatory requirements.

Signed: _____ Disposal Facility: _____ Date: 1/24/06

Print Name: _____

Comments: _____

Brick Recycling Co., Inc.
2480 Hooper Avenue
Brick, New Jersey 08723

adams
9013 (3-PART FORM)

982447/9013 REV 5/00

UNIFORM STRAIGHT BILL OF LADING Original—Not Negotiable—Domestic

Shipper's # 112204A

:5 11 TO29 11 / KING CONSTRUCTION #4815-002 Carrier

Agent's No. RB

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

at 9:50 AM 1/13/06 from 205 GEORGES RD BRICK

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to IOTCO (Mail or street address of consignee—For purposes of notification only.)

Destination 450 FRONT ST (Street) ELIZABETH (City) State of NJ Zip Code 07202 County of

Routing NJR000023036 Delivering Carrier Vehicle or Car Initial No.

Collect On Delivery

$ and remit to:

Street City State

C. O. D. charge to be paid by { Shipper ☐ Consignee ☐

No. Packages	Description of Articles, Special Marks, and Exceptions	*Weight (Sub. to Cor.)	Class or Rate	Check Column
	128 GALS NON-DOT LIQ NOS/RCRA ID #12 993 WASTE 8 0.1 1.0	NP		

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "TO BE PREPAID."

Received $ to apply to prepayment of the charges on the property described hereon.

Agent or Cashier

Per (the signature here acknowledges only the amount Prepaid.)

Charges Advanced:

$

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding per

Shipper, Per HYDROSCIENCE INC Agent, Per

Permanent post-office address of shipper, 320 W WATER ST - TOMS RIVER, NJ

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

Bill of Lading