BLOCK 1170 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1722 Rt 88 PERMIT NO. 08-2853

CONSTRUCTION PERMIT APPLICATION 08-004259

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

I. IDENTIFICATION

1. Proposed Work Site at: 1722 Rt 88
2. Name of Owner in Fee: JSM @ Rt 88 L.L.C.
   Tel. (732) 985-1900 e-mail _____
   Address 1260 Stelton Rd (street) Piscataway (municipality) N.J. 08854 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: E.P. Equipment Tel. (908) 756-1211
   Address 105 west end Ave e-mail _____
   So Plainfield N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22 370 3675 FAX: (908) 756-1220
5. Architect or Engineer N/A Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Gregg Bohn
   Tel. (908) 413-3141 FAX: (732) 985-5588

Called 9/9/08

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		40 ✓	
4. Fire Protection		150 ✓	
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	$	190	

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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

COMMERCIAL

IIa. PROPOSED WORK

TANK ABANDONMENT of Trap Grease Removal

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MT	9/4/08						
☑ Electrical									
☑ Plumbing	500				9-9-08	AH	10-1-08		
☑ Fire Protection	500				9/4/08	RJU	6/8/09		
☐ Elevator									
TOTAL COST	1000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____
   Gained, Rental _____
   Lost, Sale _____
   Lost, Rental _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

-TANK-

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.ix:

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. 5:23-2.15(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 Gregg A Bohn

Address 1260 Skelton Rd

Piscataway N.J 08854

Telephone (908) 413-3141

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 09/19/2008
Control # C-08-004259
Permit # 08-2853

IDENTIFICATION Block: 1170 Lot: 5 Qualifier

Work Site Location: 1722 ROUTE 88 Brick Township, NJ

Owner in Fee: JSM AT ROUTE 88 LLC
1260 STELTON RD PISCATAWAY NJ 08854

Telephone: (732) 985-1700

Contractor: JSM AT ROUTE 88 LLC
Address: 1260 STELTON RD PISCATAWAY NJ 08854

Telephone: (732) 985-1700
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:

ABANDON TANK REMOVE GREASE PIT <PLG> JOB COST $500.00;
ABANDON FUEL OIL TANK <FIRE> JOB COST $500.00 <COMMERCIAL>

Note: If constuction 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 $600

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$190
Check No.	91009
Cash	$0
Credit	$0
Collected By	Kim Bogan

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.


EDGEWOOD PROPERTIES
EXCELLENCE IN LIVING
Gregg Bohn
Commercial Property Management
Corporate Headquarters
1260 Stelton Road
Piscataway, NJ 08854
Tel: 732.985.1900
Fax: 732.985.5588
Cell: 908.413.3141
gbohn@edgewoodproperties.com

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/8/2009
Control Number C-08-004259
Permit Number 08-2853
Permit Issue Date 9/19/2008
Certificate Number 08-2853

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1722 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 5 Qual:

Owner in Fee: JSM AT ROUTE 88 LLC

Owner Address: 1260 STELTON RD PISCATAWAY NJ 08854

Telephone: (732) 985-1700

Contractor E P EQUIPMENT

Address 1050 WEST END AVENUE SOUTH PLAINFIELD NJ

Telephone: (903) 756-1211 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3703675

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ABANDON TANK REMOVE GREASE PIT <PLG> JOB COST $500.00;
ABANDON FUEL OIL TANK <FIRE> JOB COST $500.00 <COMMERCIAL>

Certificate Comments:

☐ **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.

☑ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/8/2009

U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/8/2009
Control Number C-08-004259
Permit Number 08-2853
Permit Issue Date 9/19/2008
Certificate Number 08-2853

Certificate

Construction Code Division

(Certificate of Approval)

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Owner Address: 1260 STELTON RD PISCATAWAY NJ 08854

Telephone: (732) 985-1700

Contractor E P EQUIPMENT

Address 1050 WEST END AVENUE SOUTH PLAINFIELD NJ

Telephone: (903) 756-1211 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3703675

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

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The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/8/2009

U.C.C. F260 (rev. 08/05)

Greg - Edgewood Properties

08-2853

908-413-3141 cell

sending Brochure.

4/14/09 - Boxing Info

Called 905-756-1211

4-209

10:30 AM

left message w/ secretary

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-2853

Date Issued
Permit # 9/19/08

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1723 Rt 88

Owner in Fee JSM @ Rt 88 LLC.

Address ~~1723 Rt 88 West~~ 1260 Stelton Rd Bldg 5. Piscataway N.J 08854

Tel (732) 985-1900

Contractor E.P. Equipment

Address 105 West 2nd Ave S. Plainfield N.J.

Tel (908) 756-1211 FAX (908) 756-1220

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. 22 370 3675

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: ~~Remove 6 Crose Pit~~ - Abandon Fuel oil tank

Water Supply Source A.S.T. Above

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 _____		

COMMERCIAL

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: 9/4/08

Approved by: RSD see attached approval

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 6-8-09

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
CO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/8/09	RSD
Other _____				

U.C.C. F140 (rev. 1/04)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

EDGEWOOD PROPERTIES

1170/5

08-2853

105 West End Avenue
South Plainfield, NJ 07080
Phone: (908) 756-1211
Fax: (908) 756-1220

October 07, 2008

Fire Prevention Official
Brick Municipal Building
401 Chambers Bridge Road
Brick Twp., NJ 08723

Re: Oil Tank-Old Costco
JSM@Rt.88 LLC
Permit# 08-2853

To Whom It May Concern:

Edgewood Properties removed an empty 275 gallon steel oil tank from the old Costco Store site, 1722 Rt.88, Brick, NJ on September 29, 2008.

The tank was cut apart, cleaned and scrapped at Absolute Auto, Middlesex, NJ on October 7, 2008.

Please see enclosed copy of scrap ticket from Absolute Auto.

If there are any questions or concerns, please contact me directly at 732-522-7417.

Sincerely,

Frank Glomb
Edgewood Properties, Inc.

Absolute Auto Truck Salvage Co.

732 469 2202
245 Mountain Ave Middlesex, NJ 08846

Ticket# 330023 **By** JOE **RC08846** 10:08:24AM 10/7/2008

Code	Description	Gross	Tare	Net	UM	Scrap	CRV	Amount
TANK	OIL TANK	10,360.0	10,100.0	260.0	LB	.0890		23.14

Oil tank from decommissioned standby generator at old Costco Store site, Rt. 88. Brick

***** TWENTY THREE AND 14/100 Total = $23.14

Paid by: Accounts Payable
Start: 10:03AM 10/7/2008
Finish: 10:08AM 10/7/2008

CFC CERTIFICATE:
In accordance with Section 608(b)(1) and 608(c) of the 1990 Clean Air Act, the undersigned certifies that all CFC refigerants have been properly evacuated from any recyclables contained in this transaction. Seller also certifies that the material delivered does not contain PCB capacitors or mercury switches.

I hereby state that I am the lawful owner of the material described heron, that I have a right to sell same, that all State redemption material listed is in fact valid State redemption material and that for payment received in full, hereby acknowledged, I sell and convey title of same to: Absolute Auto Truck Salvage Co.

Print Name EDGEWOOD PROP Sign X

Address: NJ

ID # : Vehicle: State of issuance:

(tick10.rpt)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

EDGEWOOD PROPERTIES INC.
1260 STELTON ROAD
Piscataway Twp, NJ 08854

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
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION
TANK TESTING

01/31/2011
EXPIRATION DATE

US01307
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

08-2853

RUSSELL REID / MR. JOHN
PO Box 130
Keasbey, NJ 08832-0130
www.russellreid.com
800-356-4468
www.mrjohn.com
800-428-8055

YOUR SERVICE AREA IS: Jackson 800-356-4468

SERVICE TECHNICIAN: Carl
DELIVERY DATE: 9-24-08
TRUCK #: 571
ROUTE #: RVST_J04

JOB LOCATION 042531 - 087	BILL TO 042531
Costco 1722 Rt 88 Brick, NJ 08723 TEL: (732) 840-3400 CELL:	Darling International 251 O'Connor Ridge Blvd Irving, TX 75038 Fransisca x4483 TEL: (972) 281-4463

ORDER DESCRIPTION: RR Pump (On-Call) | TERMS: Net 10 Days | START TIME: 6:00 am | END TIME: 1:00 pm | TIME IN: 12:45 | TIME OUT: 1:45

ORDER DATE	DATE WANTED	PURCHASE ORDER/JOB ORDER #	ORDERED BY	ORDER #
09/19/08	09/24/08		David MacDonald	0000482214

ASSIGNED DISPOSAL SITE	MANIFEST NUMBER	
736-0611-1000	193932	

Last Svc Date: | Next Svc Date: | Svc Frequency: On-Call

1. Inflow: [✓] Flowing [ ] Clogged 2. Outflow: [✓] Flowing [ ] Clogged 3. Condition of Lid: [✓] Good [ ] Poor

4. Size of Opening 24" 5. Grease Mantle Depth 4" 6. Bottom Solids Depth 4"

7. Consistency: [ ] Liquid [ ] Thick [✓] Solid 8. Inlet Baffle: [✓] Good [ ] Missing / Broken

9. Outlet Baffle: [✓] Good [ ] Missing / Broken 10. Location of Grease Trap: _____

Bio Check List: [ ] Inspected Trap [ ] Trap Pumped [ ] Auto Dispenser Operational Gallons of Bio: _____

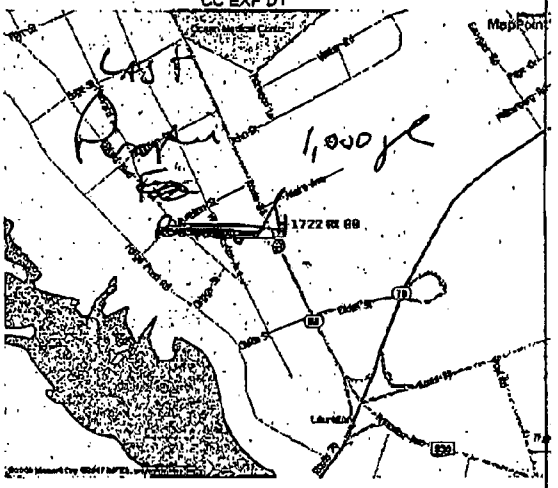
Comments/ Recommended Svcs: _____

SCH. QTY	UNIT TYPE	DESCRIPTION
1	RF_PUMPOT	Food Service Pump Outside Trap

CHARGE	TYPE	
1,000	RF_OTGT_CH	Outside Trap - Gallons (Taxable)
1	RF_FL1T_CH	RR Fuel Surcharge (Taxable)

PAYMENT METHOD: CASH CHECK # CC # CC EXP DT

SERVICE NOTES:
Please call David when you are on the way. The store is closed, and this is the final pumping. Clean OGT as best you can. We are also doing IGT's (on separate W/O). OGT located in grass across fro
OGT located in grass across from Rt. 70 entrance.
ACCESS:
cross st.: Olden Street
DETAILED NOTES:



0000482214

ACKNOWLEDGEMENT AND WAIVER: *All work performed is subject to the appropriate waiver and conditions listed on the reverse side of this receipt. Receipt and signature of acceptance is considered binding upon the parties hereto.*

Authorized Signature David MacDonald Print Name _____ Date _____ Title _____

SIGNED BY CUSTOMER

Russell Reid / MR. JOHN
PO Box 130
Keasbey, NJ 08832-0130
www.russellreid.com
800-356-4468
www.mrjohn.com
800-628-8955

YOUR SERVICE AREA IS:
Jackson
800-356-4468

SERVICE TECHNICIAN: LD
DELIVERY DATE: 9-24-08
TRUCK #: 57 1
ROUTE: RVST_J04

JOB LOCATION: 042531 - 087
Costco
1722 Rt 88
Brick, NJ 08723
TEL: (732) 840-3400
CELL:

BILL TO: 042531
Darling International
251 O'Connor Ridge Blvd
Irving, TX 75038
Fransisca x4463
TEL: (972) 281-4463

ORDER DESCRIPTION: RR Pump (On-Call)
TERMS: Net 10 Days
START TIME: 6:00 am
END TIME: 1:00 pm
TIME IN: 12:45
TIME OUT: 1:10

ORDER DATE	DATE WANTED	PURCHASE ORDER/JOB ORDER #	ORDERED BY	ORDER #
09/19/08	09/24/08		David MacDonald	0000482217

ASSIGNED DISPOSAL SITE	MANIFEST NUMBER
73-OCWA-60	193932

Last Svc Date: 7/10/2008 Next Svc Date: 10/2/2008 Svc Frequency: Every 6 weeks

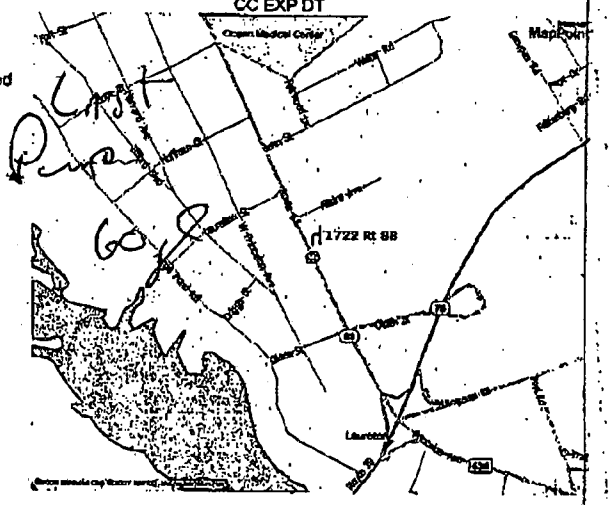
1. Inflow: [ ] Flowing [ ] Clogged 2. Outflow: [ ] Flowing [ ] Clogged 3. Condition of Lid: [ ] Good [ ] Poor
4. Size of Opening _____" 5. Grease Mantle Depth _____" 6. Bottom Solids Depth _____"
7. Consistency: [ ] Liquid [ ] Thick [ ] Solid 8. Inlet Baffle: [ ] Good [ ] Missing / Broken
9. Outlet Baffle: [ ] Good [ ] Missing / Broken 10. Location of Grease Trap: _____
Bio Check List: [ ] Inspected Trap [ ] Trap Pumped [ ] Auto Dispenser Operational Gallons of Bio: _____
Comments/ Recommended Svcs: _____

SCH. QTY	UNIT TYPE	DESCRIPTION
2	RF_PUMPIT	Food Service Pump Inside Trap

CHARGE	TYPE	
1	RF_ITST_CH	Inside Trap - Service (Taxable)

PAYMENT METHOD: CASH CHECK # CC # CC EXP DT

SERVICE NOTES:
Please call David when on the way. The store is closing - this is the final pumping. We are also pumping the OGT on a separate W/O). IGTs located in kitchen in back room and snack bar.
Clean 2 interior grease traps
ACCESS:
cross st.: Olden Street
DETAILED NOTES:



0000482217

ACKNOWLEDGEMENT AND WAIVER: All work performed is subject to the appropriate waiver and conditions listed on the reverse side of this receipt. Receipt and signature of acceptance is considered binding upon the parties hereto.

Authorized Signature _____ Print Name: _____ Date _____ Title _____

SIGNED BY CUSTOMER

Green Copy to OCUA
Canary Copy to Septage Sample
Pink Copy to Hauler
Goldenrod Copy to Owner

SDM# 193932

W/O #482214

SEPTAGE DISPOSAL MANIFEST
OCEAN COUNTY HEALTH DEPARTMENT
Sunset Avenue, Toms River, New Jersey 08754-2191
(732) 341-9700

LOCATION OF SEPTIC SYSTEM — **PLEASE PRINT ALL INFORMATION**

HOMEOWNER/GENERATOR Costco 482217 482214

MUNICIPALITY Brick COUNTY OCEAN

STREET ADDRESS 1722 Rt 88 Brick

City, State, Zip Code

MAILING ADDRESS

City, State, Zip Code

I hereby certify that the contents of my ON-SITE SYSTEM is:

_____ Gallons Domestic Septage _____ Gallons Grey Water

1000 Gallons Other Material (*Must be Approved by OCUA Only*)

Explain Grease Trap waste

Pump-Out Type: Routine ✓ Emergency _____

Have chemicals been added to the system with in the last (30) thirty days to treat a problem? ☐ Yes ☒ No

If YES, please list chemicals. _____

Signature of HOMEOWNER _____ DATE: _____

PLEASE PRINT NAME _____ PHONE NO. _____

I hereby certify that I have received the above material from the location listed above, and have delivered it to the disposal facility named below. This certification is based upon the representation of the above HOMEOWNER/GENERATOR.

Russell Reid — Name of Collector/Hauler (Please Print)

Signature of Collector/Hauler

9-29-05 — Date

THE OCEAN COUNTY UTILITIES AUTHORITY SEPTAGE RECEIVING FACILITY

X Bayville pH : Received by _____ Date _____

_____ West Creek _____ pH : Received by _____ Date _____

_____ Brick _____ pH : Received by _____ Date _____

SAMPLE #. _____ APPROVED BY _____ DATE _____

COMMENTS _____

Mary Jane Rinaldi

From: Frank Glomb [fglomb@edgewoodproperties.com]
Sent: Thursday, June 04, 2009 1:59 PM
To: Mary Jane Rinaldi
Cc: Gregg Bohn; Frank Sellinger
Subject: RE: Permit 08-2853 - Tank Removal for 1722 Route 88

Mary Jane,

It is my understanding you are requiring a sludge receipt for the tank mentioned in the email below.

There was no sludge inside the tank when it was cleaned out. There was some fuel oil reside on the inside walls of the tank. The inside walls of the tank were cleaned with absorbent pads and put in a 55 gallon drum along with other oil laden materials at our Excavation Facility in South Plainfield, NJ.

These 55 gallon drums are picked up periodically by Cycle Chem in Elizabeth, NJ.

I am enclosing a copy of the waste manifest from Cycle Chem that details the above mentioned drum being picked up from our Excavation Facility and disposed of.

If you need any further information or have any concerns, please contact me directly at 732-522-7417.

Sincerely,

Frank Glomb
Excavation Division
Edgewood Properties Inc.
EP Equipment, LLC
105 West End Ave.
South Plainfield, NJ 07080
Direct 732-522-7417
Fax 908-756-1220
fglomb@edgewoodproperties.com

From: Mary Jane Rinaldi [mailto:mrinaldi@twp.brick.nj.us]
Sent: Thursday, June 04, 2009 11:07 AM
To: Gregg Bohn
Subject: Permit 08-2853 - Tank Removal for 1722 Route 88

I spoke with our fire inspector today, he can not sign off on the above referenced permit until the sludge receipt along with the tank disposal (which you have already supplied) is submitted. Please submit the requested receipts and I will be happy to issue a certificate of approval after the fire inspector is satisfied.

Thank you.

Mary Jane Rinaldi
Sr. Permit Clerk

CycleChem

INVOICE NO.	CUSTOMER NO.	INVOICE DATE	ORDER NO.	GEN CODE
W094818	08-ED0001	02/27/2009	94818 WW070	933208 -1

FOR ADDITIONAL INFORMATION PERTAINING TO THIS INVOICE PLEASE DIAL
PHONE: 908-355-5800 • FAX: 908-355-0562

PICK UP FROM: EDGEWOOD PROPERTIES
Attn: FRANK GLOMB
105 WEST END AVENUE
SOUTH PLAINFIELD, NJ 07080

BILL TO: EDGEWOOD PROP
Attn: FRANK GLOMB
1260 STELTON ROAD
PISCATAWAY, NJ 08854

TELEPHONE NUMBER

RAF

EPA ID NO.	MANIFEST NO.	DATE RECEIVED	P.O. #
CESQG	CVCC122040	2/24/2009	WEST END AVE

PRODUCT CODE	SEQUENCE NUMBER	QUANTITY ORDERED	DESCRIPTION	UNITS	RATE	CONT.	TOTAL
PC01	0001	4	ABSORBENT PADS W/OIL	4.00	73.00/EA	55DM	292.00

RECEIVED
MAR 03 2009
EP EQUIPMENT

RECEIVED
MAR 02

INVOICE

Disposal Subtotal $292.00

COMMENTS/ADDITIONAL CHARGES		AMOUNT
Misc Charge A: $160.00 DRIVER BRING 4X55G OP TOP MTL	QA/QC Fee	40.00
	Manifest Prep Fee	25.00
	Label Prep Fee	20.00
	Reg. Admin. Fee	18.85
	Transportation	319.00
	Tax On * Items:	
	7% X $160.00	11.20
	NJ Recycling Tax	
	$292.00 X 0.0143	4.18

Please Remit payment in full to:
Cycle Chem, Inc.
P.O. Box 18173, Newark, N.J. 07191

PAY THIS AMOUNT 890.23

PLEASE NOTE: INTEREST CHARGES OF 1.5% PER MONTH (18% PER YEAR WILL ACCRUE ON ALL PAST DUE AMOUNTS. ON UNPAID AMOUNTS, INTEREST AND ALL EXPENSES OF COLLECTIONS INCLUDING A REASONABLE ATTORNEY FEE IN AN AMOUNT OF 20% WILL BE CHARGED.

THE WASTE LISTED ON THIS INVOICE HAS BEEN RECEIVED BY OUR HAZARDOUS WASTE FACILITY AND IS BEING HANDLED IN FULL COMPLIANCE WITH THE RCRA REGULATIONS CONCERNING THE TREATMENT, STORAGE AND DISPOSAL OF THE DESCRIBED MATERIAL.

CleanVenture/CycleChem

cvcc 122040

NON-HAZARDOUS SOLID WASTE

The Environmental Services Source

BILL OF LADING

Page 1 of 1 — 24 Hour Emergency Number (908) 354-0210

GENERATOR

Generator's Name and Mailing Address: EDGEWOOD PROPERTIES
105 WEST END AVENUE
S. PLAINFIELD, NJ 07080
Generator's Phone: (908) 756-1211

BOL

105 WEST END AVENUE
SOUTH PLAINFIELD NJ 07080

Transporter 1 Company Name: CLEAN VENTURE INC.
State Trans. ID-NJDEPE: 16755
Transporter 2 Company Name:
Decal No.-
Transporter's Phone: (908) 355-5800

Designated Facility Name and Site Address: Cycle Chem Inc.
217 South First Street
Elizabeth, NJ 07206
10. US EPA ID Number: NJD002200046
State Trans. ID-NJDEPE:
Decal No.-
Transporter's Phone:
Facility's Phone: (908)) 355-5800

	US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)	Containers No.	Containers Type	Total Quantity	Unit Wt/Vol	Waste No.
a.	PETROLEUM MIXTURE SOLID NON DOT NON RCRA	4	D M	220	G	ID27
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above

a. | c.

b. | d.

CCI Generator # and Product Codes: 933208/-1/94818/241287 (1)PC01-1 ABSORBENT PADS W/OIL

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and are non-hazardous by USEPA & applicable state regulations.

PLACARDS REQUIRED — PLACARDS SUPPLIED ☐ YES ☐ NO- FURNISHED BY CARRIER

TRANSPORTER

Printed/Typed Name	Signature	Month Day Year
Johnna Bridges — Transporter 1 Acknowledgement of Receipt of Materials		02 24 09
George Desrosiers — Transporter 2 Acknowledgement of Receipt of Materials		02 24 09

FACILITY

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest.

Printed/Typed Name	Signature	Month Day Year

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

COPY 1 - WHITE - GENERATOR COPY 2 - PINK - TRANSPORTER COPY 3 - BLUE - CycleChem COPY 4 - CANARY - FACILITY

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-2853

Date Issued
Permit # 9/19/08

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1722 Rt 88

Owner in Fee: JSMQ Rt 88 LLC

Tel. (732) 965-1900 e-mail

Address 1260 Stelton Rd (street) Piscataway (municipality) N.J. 08854 (zip code)

Contractor: E. P. Equipment Tel. (908) 756-1211

Address 105 west end Ave e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-370 3675 FAX: (908) 756-1220

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-9-08
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10-1-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9/30/08	

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove Grease Pit
GREASE pit

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

EDGEWOOD PROPERTIES
EXCAVATING DIVISION
105 WEST END AVE
SO. PLAINFIELD, NJ 07080
PHONE: 908-756-1211
FAX: 908-756-1220

FACSIMILE TRANSMITTAL SHEET

ATTN:	MaryJane Rinaldi	FROM:	Gregg Bohm (908) 413-2141
COMPANY:		DATE:	9-4-08
FAX #	732-262-8954	PHONE #	
RE:	Permit for oil tank removal	# OF PGS.	2

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 08-2853

Date Issued
Permit # 9/19/08

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

Block 1170 Lot 5 Qualification Code _____

Work Site Location 1722 Rt 88

Owner in Fee: DSMQ Rt 88 LLC

Tel. (732) 965-1900 e-mail _____

Address 1260 Stelton Rd (street) Piscataway (municipality) N.J. 08854 (zip code)

Contractor: E.P. Equipment Tel. (908) 756-1211

Address 105 west end Ave e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-370 3675 FAX: (908) 756-1220

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9.9.08
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				
Final				
_____				

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove 6 Grease Pit
GREASE pit

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 08-2853
Date Issued
Permit # 9/19/08

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1722 Rt 88

Owner in Fee: JSMQ Rt 88 LLC

Tel. (732) 965-1900 e-mail

Address 1260 Stelton Rd (street) Piscataway (municipality) N.J. 08854 (zip code)

Contractor: E.P. Equipment Tel. (908) 756-1211

Address 105 west end Ave e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-370 3675 FAX: (908) 756-1220

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9.9.08
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove Grease Pit
GREASE pit

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-2853

Date Issued
Permit # 9/19/08

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

Block 1170 Lot 5 Qualification Code _____

Work Site Location 1712 Rt 88

Owner in Fee JSM @ Rt 88 LLC.

Address ~~1712 Rt 88~~ 1260 Stelton Rd Bldg 5. Piscataway N.J 08854

Tel (732) 985-1900

Contractor E.P. Equipment

Address 105 West Front Ave S. Plainfield N.J.

Tel (908) 756-1211 FAX (908) 756-1220

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. 22 370 3675

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 $ 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: ~~Remove Tank~~ - Abandon Fuel oil tank

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

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/4/08

Approved by: RJD

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 _____				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-2853

Date Issued
Permit # 9/19/08

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1722 Rt 88

Owner in Fee JSM @ Rt 88 LLC.

Address 1260 Stelton Rd Piscataway N.J 08854

Tel (732) 985-1900

Contractor E.P. Equipment

Address 105 West 2nd and A.e S. Plainfield N.J.

Tel (908) 756-1211 FAX (908) 756-1220

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. 22 370 3675

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 $ 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: ~~Remove Crude Pit~~ - Abandon Fuel oil tank

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

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/4/08

Approved by: RSD

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				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

EDGEWOOD PROPERTIES INC.
1280 STELTON ROAD
Piscataway Twp, NJ 08854

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
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION
TANK TESTING

01/31/2011
EXPIRATION DATE

US01307
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 9-4-08

PROJECT: JSMQ Rt 88

STREET: 1722 Rt 88

CONTRACTOR: E. P. Equipment LICENSE NO. _____

ADDRESS: 105 West End Ave

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

MAILING ADDRESS: Same

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: JSMQ Rt 88

MAILING ADDRESS: 105 West End Ave 1260 Stelton Rd

Piscataway NJ 08854 PHONE: 732-985-1900

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

_____ PHONE: _____

WASTE HAULER: E.P. Equipment LICENSE NO.: _____

LAND FILL: _____

TOWN: _____

JOB SIZE: (circle one) MINOR ✓ SMALL____ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: $ 500 ⁰⁰

CONSTRUCTION PERMIT # _____ DATE: _____