

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

I. IDENTIFICATION

1. Proposed Work-site at: Goodyear 2805 Chambers Blvd

2. Name of Owner in Fee: PAULIC STEWART INC. Tel. (201) 477-5940
 Address 301 BLAIR RD. CLONDONNE, NJ 08091
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: URS INC. Tel. 215 547-7200
 Address 7800 Rt. 13 LEWISTOWN, PA.

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Emp. No. 23-2338527 Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____
 Address _____

6. Responsible Person MARK EVANS Tel. 215 547-7200
 In Charge of Work

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	<u>2 T.A. V.S.</u>	<u>\$ 30-</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection		<u>165-</u>	
5. Other			
6. Subtotal		<u>\$ 195-</u>	
7. Less 20% for State Plan Review		<u>51</u>	
8. Subtotal			
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy		<u>20</u>	
12. Other			
13. TOTAL		<u>\$ 220</u>	<u>14</u>

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area—Largest Floor	_____ sq. ft.
4. Building Area—All Floors	_____ sq. ft.
5. Volume of Structure	_____ cu. ft.
6. Construction Classification	_____
7. Total Land Area Disturbed	_____ sq. ft.
8. Flood Hazard Zone	_____
9. Base Flood Elevation	_____ ft.
10. Wetlands	yes _____ sq. ft. no _____
11. Fire Grading	_____
12. Max. Live Load	_____
13. Max. Occupancy Load	_____

OUTSIDE TANK Fuel Oil Tank (NGW) 245 gal.

II. PROPOSED WORK

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

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>TZ</u>	<u>9/3/90</u>		<u>10/19/90</u>	<u>RL</u>	<u>11-8-90</u>		<u>PK</u>
	<u>8/31/90</u>		<u>8/31/90</u>	<u>JL</u>			

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: THE SALE STORE
 2. Use Group: M
 3. Change in Use Group, Indicate Former: NO CHANGE

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	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly
2. ☐ High Pressure Boilers	4. ☐ Refrigeration Systems	7. ☐ Sprinklers
	5. ☐ Cross-Connections/Backflow Preventers	8. ☐ Smoke Control Systems in Open Wells
		9. ☐ Underground Storage Tanks

LDS BR 10207707

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. AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State county, and local prior approvals have been given, including such certification as the construction official may require

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State county, and local prior approvals have been given, including such certification as the construction official may require

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name LRS INC.

Address 7800 A.A. 13

Levittown PA 19057

Telephone 215 547-7200

Signature [Signature] Date 8/29/90

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition

Name of Code & Edition

Other

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

X. CERTIFICATES ISSUED (office use only)

- ☐ Temporary Certificate of Occupancy
☐ Temporary Certificate of Occupancy
☐ Continued Certificate of Occupancy
☐ Certificate of Occupancy
☐ Certificate of Approval

No. _____
No. _____
No. _____
No. _____
No. _____

DATE EXPIRED



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

10/24/90

2042-90

IDENTIFICATION Block

672

Lot

8

Work Site Location

2805 Chambers Bridge Rd

Contractor

LRS Inc.

Owner in Fee

301 Dean Rd

Address

Wendbridge 22

Tele. ()

20428#

Lic. No. or Bldrs. Reg. No.

Exp. Date

0.00

Tele. ()

Federal Emp. No.

672 #

or Social Security No.

LOT

0.00

is hereby granted permission to perform the following work:

☒ BUILDING

☐ PLUMBING

☐ OTHER

☐ ELECTRICAL

☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Placement of Waste
oil Tank.

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 \$

4000-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) NC

Building

30

10.00

Plumbing

PLAN NEW

15.00

Electrical

C.L.D.

5.00

Fire Protection

1100

20.00

Other

CHECK

20.00

Other

CASH

0.00

DCA Training Fee

Cert. of 2006

MY 20

0033A005

11:26

Other

Total

250

Check No.

310

Cash

Collected By

JK



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

10/24/90
2042-90

IDENTIFICATION Block 672 Lot 8Work Site Location 2805 Chambers Street Contractor LPS Inc.Owner in Fee Black Stewart Address _____Address Woodbridge N.J. Tele. (____) _____

Tele. (____) _____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ or Social Security No. _____

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Placement of Waste
oil tank.

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 \$ 4000-

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)

Building	<u>30-</u>
Plumbing	
Electrical	
Fire Protection	<u>115-</u>
Other	
Other	<u>PR 5-</u>
DCA Training Fee	
Cert. of Occ.	<u>20-</u>
Other	
Total	<u>200-</u>
Check No.	<u>X 310</u>
Cash	
Collected By	<u>[Signature]</u>

RECEIVED

NOV 8 1990

DIV. OF INSPECTION

Ready for inspection.

[Signature]

215-547-7200



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/24/90
2042-90

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

Block 677 Lot 8
Work Site Location COOPERS
2805 CHAMBERS BRIDGE
Owner in Fee BRICK STUART INC.
Address 301 BLAIR RD WOODBRIDGE 07095
Tele. (201) 477-5940
Contractor L.S. INC.
Address 800 Rt. 13
Levittown PA. 19057
Tele. (215) 547-7200
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 23-2338527 or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PLACEMENT OF 245 GALLON
WASTE OIL TANK. NOT FOR
REMOVAL.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☒ No Plans Req.			Type:					
☒ All	<u>10/19/90</u>	<u>JS</u>	Footing					
☐ Footing			Foundation					
☐ Foundation			Slab					
☐ Frame			Frame					
☐ Other			Insulation					
Joint Plan Review Required:			Finishes:					
☐ Elec. ☐ Plumb. ☐ Fire			Energy					
SUBCODE APPROVAL			Mechanical					
☐ CO ☐ CCO ☐ YEA			TCO					
Date: <u>11/9/90</u>			Other					
Approved By: <u>JS</u>			Final					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ 4,000

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)

\$ 300 FEE

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10/24/90
2042-90

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

Block 677 Lot 8
Work Site Location 2805 CHAMBERS BRIDGE
Owner in Fee BRUCE STUART LLC
Address 301 BLAIR RD WOODBRIDGE 07095
Tele. (201) 477-5940
Contractor LHS INC.
Address 200 W. 13
LEWISTOWN PA. 19057
Tele. (215) 547-7200
Lic. No. for Bldrs. Reg. No.
Federal Emp. No. 23-2338527 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PLACEMENT OF 245 GALLON
WASTE OIL TANK. NOT FOR
REMOVAL.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)				
☐ No Plans Req.			Type:	Failure	Failure	Approval	Initial	
☒ All	10/19/90	PH	Footing					
☐ Footing			Foundation					
☐ Foundation			Slab					
☐ Frame			Frame					
☐ Other			Insulation					
Joint Plan Review Required:			Finishes:					
☐ Elec. ☐ Plumb. ☐ Fire			Energy					
SUBCODE APPROVAL			Mechanical					
☐ CO ☐ CCO ☐ CA			TCO					
Date:			Other					
Approved By:			Final					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

4,000

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☒ Fence PH Height _____
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)

FEE

\$ 30

Administrative Surcharge

Paid ☐ Check # _____ Minimum Fee \$ _____

Collected by: _____ TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 10/24/90
Date Issued _____
Control # _____
Permit # 2042-90

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

Block 672 Lot 8
Work Site Location GOODYCAN
2805 CHAMBERS BRIDGE
Owner in Fee BRICK STUART, INC.
Address 301 BLAIR RD. WOODBRIDGE, VT 07095
Tele. 201 477-5940
Contractor LKS INC.
Address 2800 RD. 13
LEWISTOWN, PA. 19057
Tele. 215 547-7200
Lic. No. _____
Federal Emp. No. 23-233527 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 4000 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
[] No Plans Required		Type:	Failure	Failure	Approval
Joint Plan Review Required:					
[] Bldg.	[] Plumb.	[] Elec.	Suppression Test	_____	_____
[] Fire Plans Approved			Fire Alarm Test	_____	_____
Date: <u>8/30/90</u>			Smoke Test	_____	_____
Approved by: <u>JE</u>			Mechanical	_____	_____
SUBCODE APPROVAL:			TCO	_____	_____
[] CO [] CCO [] CCH			Other <u>Waste Tank</u>	_____	_____
Date: <u>5/12/93</u>			Other _____	_____	_____
Approved by: <u>JE</u>			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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work PLACEMENT OF 245 GALLON WASTE OIL TANK - NOT FOR REMOVAL.

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

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

	Number
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____
Smoke Detectors	_____
Heat Detectors	_____
TOTAL	_____
Stand Pipes	_____
Kitchen Hood Exhaust Systems	_____

Pre-Engineered Systems	
CO ₂ Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	_____
Gas or Oil Fired Appliance	_____
OTHER <u>Tank waste oil</u>	_____

Administrative Surcharge	\$ _____
Paid [] Check # _____	Minimum Fee \$ _____
Collected by _____	TOTAL FEE \$ <u>165</u>



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 10/24/90
Date Issued _____
Control # _____
Permit # 2042-90

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

Block 672 Lot 8
Work Site Location 600 DYMAN
2805 CHAMBERS BRIDGE
Owner in Fee BRICK STEWART, INC.
Address 301 BLAIR RD. WOODBRIDGE, VT 07096
Tele. 201 477-5940
Contractor LAS TAP
Address 2800 PA 13
LEWISTOWN PA. 19057
Tele. (215) 547-7200
Lic. No. _____
Federal Emp. No. 23-2335527 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group ☒ Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 4000 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:		
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test	
☐ Fire Plans Approved	Fire Alarm Test	
Date: <u>8/30/90</u>	Smoke Test	
Approved by: <u>JE</u>	Mechanical	
SUBCODE APPROVAL:	TCO	
☐ CO ☐ CCO ☐ CA	Other	
Date: _____	Other	
Approved by: _____	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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work PLACEMENT OF 245 GALLON WASTE OIL TANK - NOT FOR REMOVAL.
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

	Number
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____
Smoke Detectors	_____
Heat Detectors	_____
TOTAL	_____
Stand Pipes	_____
Kitchen Hood Exhaust Systems	_____
Pre-Engineered Systems	_____
CO ₂ Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	_____
Gas or Oil Fired Appliance	_____
OTHER <u>Tank waste oil</u>	_____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 165

SAFEWASTE™

SURFACE STORAGE SYSTEMS

APPROVED FOR *

USED OIL

USED ANTIFREEZE

CONTAMINATED GROUNDWATER

NEW MOTOR OIL

WASTE LIQUIDS

WASTE SOLVENTS

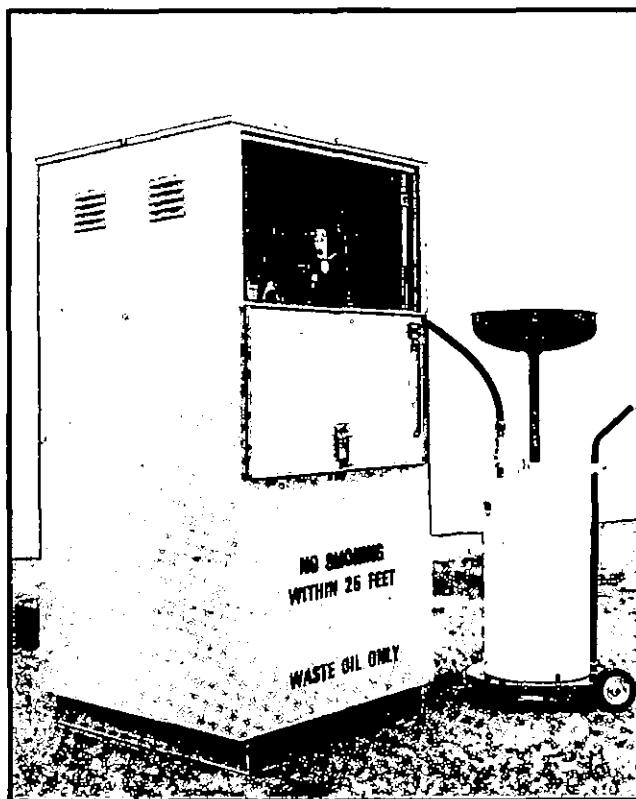
SAFEWASTE SYSTEMS OFFER THE MOST COMPREHENSIVE
ENVIRONMENTAL PROTECTION AVAILABLE TODAY!

120, 245 &
550 Gallon
Storage Capacity

UL Listed Above
Ground Flammable
Liquid Primary
Storage Tanks

110% Secondary
Containment -
Minimum

100% Observable
Primary & Secondary
Tanks



Environmental
Security Enclosure

Air Operated
Pumping System

Automatic Overflow
Protection

Audible Overspill
Prevention Alarm

Liquid Level
Indicator

PATENT PENDING

**SAFEWASTE SYSTEMS ARE ENGINEERED TO MEET
NATIONAL AND LOCAL FIRE CODES**

* Special permits are required for all above ground storage tanks.

For Further Information Please Contact:

— Distributed By—

LRS inc.

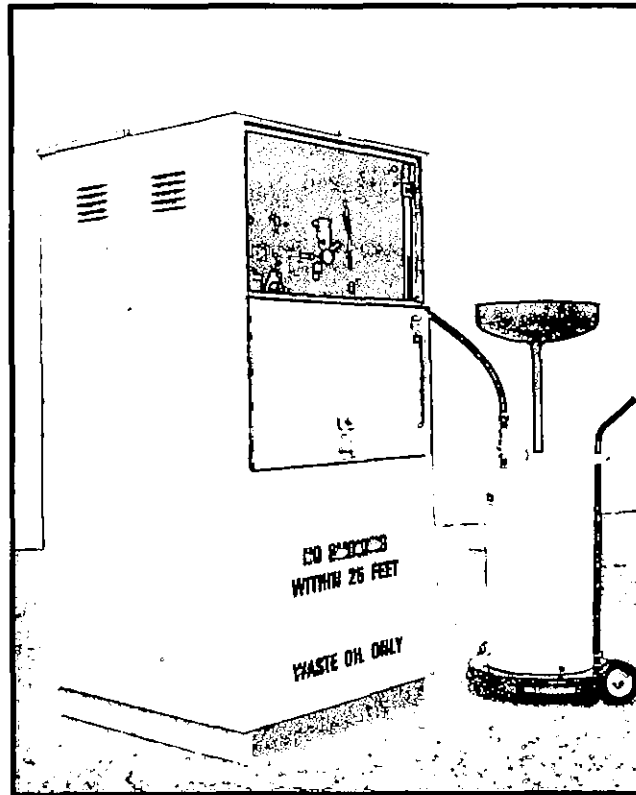
1903 Durfee Avenue • South El Monte, CA 91733

(818) 350-8040

(213) 686-0070

NATIONWIDE **(800) 966-4LRS**

SAFEWASTE™



Patent Pending

ABOVE GROUND WASTE OIL DOUBLE CONTAINMENT STORAGE SYSTEM

FEATURES:

- UL Listed Above Ground Flammable Liquid Primary Storage Tank
- Air Operated Pumping System
- Audible Overspill Prevention Alarm
- 110% Secondary Containment - Minimum
- Automatic Overflow Protection
- Environmental Security Enclosure
- Liquid Level Indicator
- 100% Observable Primary and Secondary Tanks

BENEFITS:

- Eliminates Underground Liability
- Superior Fire and Environmental Protection
- No Electrical Hookup
- Designed to Meet All National and Local Codes
- Self-Contained
- Forklift Movable

SIZES and SPECIFICATIONS

MODEL #	FILL CAPACITY GALLONS	HEIGHT	WIDTH	DEPTH	SHIPPING WEIGHT
120-S	110	66"	32"	28"	325#
245-S	230	75"	37.5"	37.5"	600#
260-C	245	73"	47"	—	900#
550-C	495	96"	57"	—	1200#
550-R	495	76"	80"	37.5"	1200#

For Further Information Please Contact:

— Distributed By—

LRS inc.

1903 Durfee Avenue • South El Monte, CA 91733

(818) 350-8040

(213) 686-0070

NATIONWIDE **(800) 966-4LRS**

LRS, inc.

THE LEAK RECOGNITION SPECIALISTS

ATTACHMENT A

SAFEWASTE™

EQUIPMENT SPECIFICATIONS

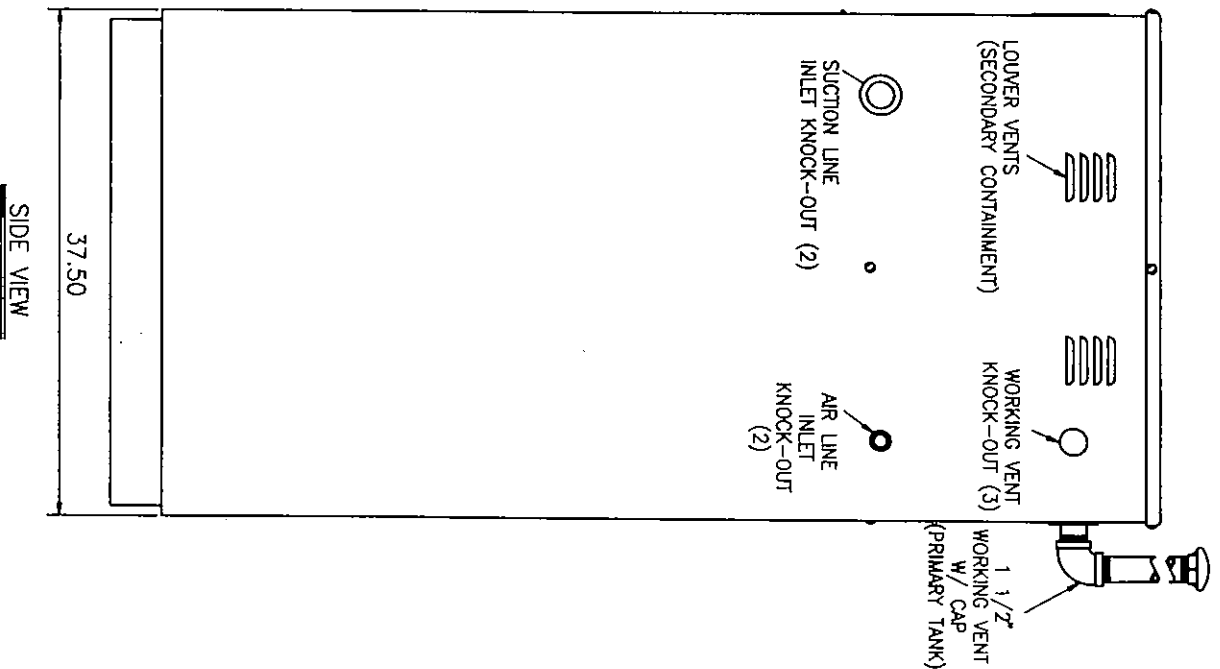
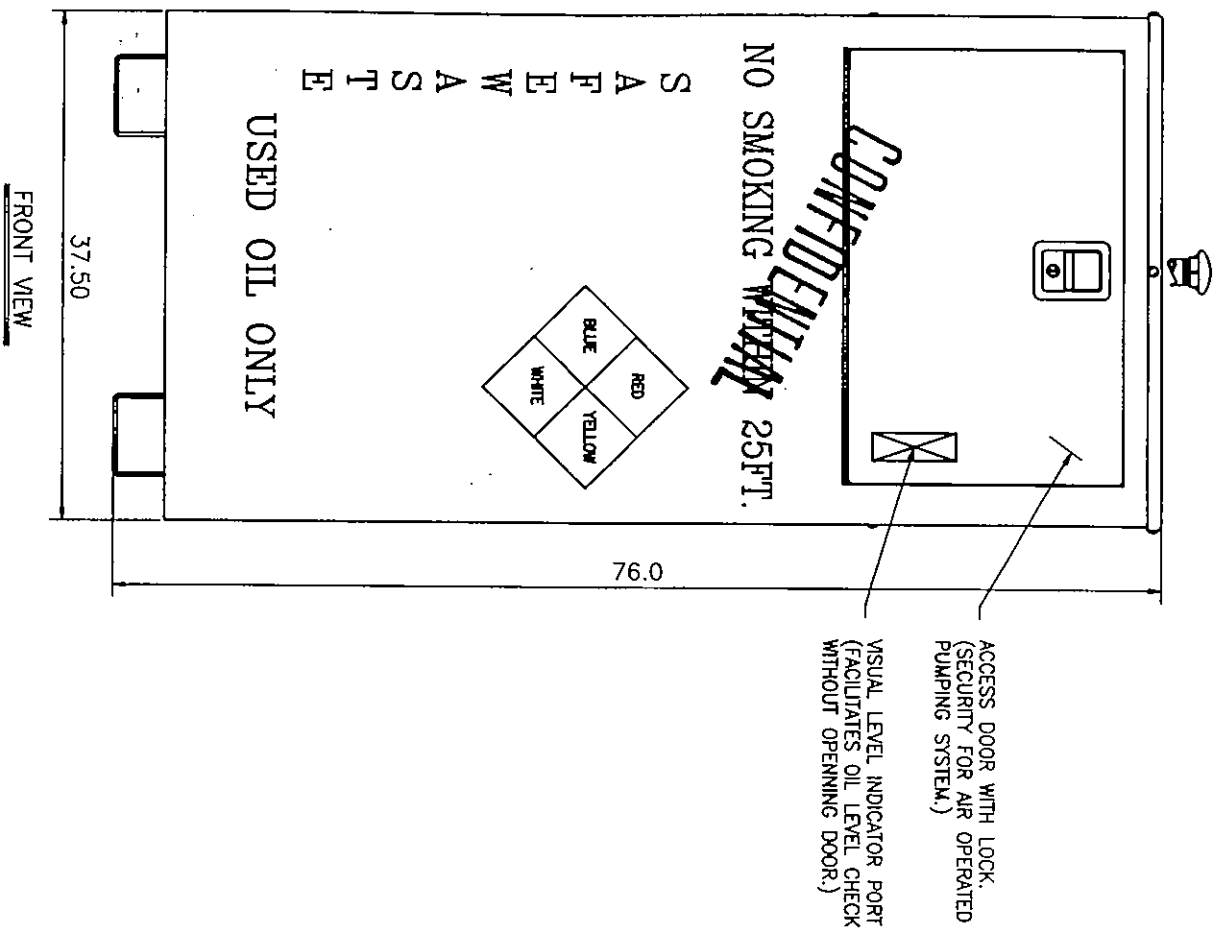
Safewaste Surface Waste Oil Systems are engineered to provide a safer and more cost effective method for handling and storing waste oil products above ground. All systems are designed to meet national fire and environmental protection standards. They are also versatile enough to comply with specific local codes.

The unique design characteristics of Safewaste equipment makes them practical solutions to above ground waste oil storage. They reduce installation costs by as much as 50%.

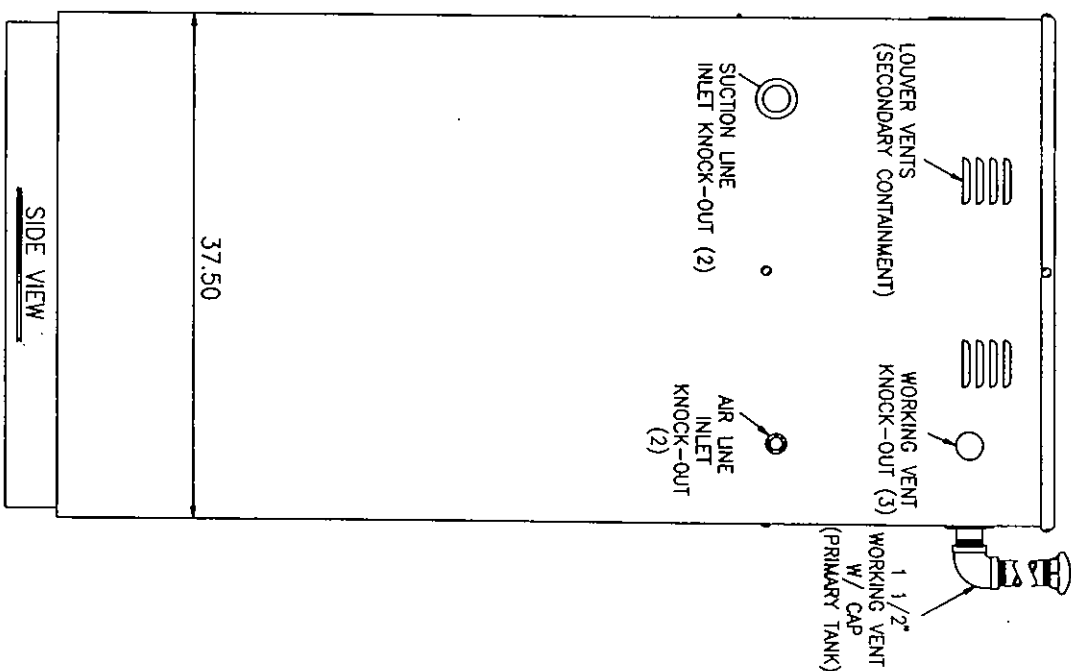
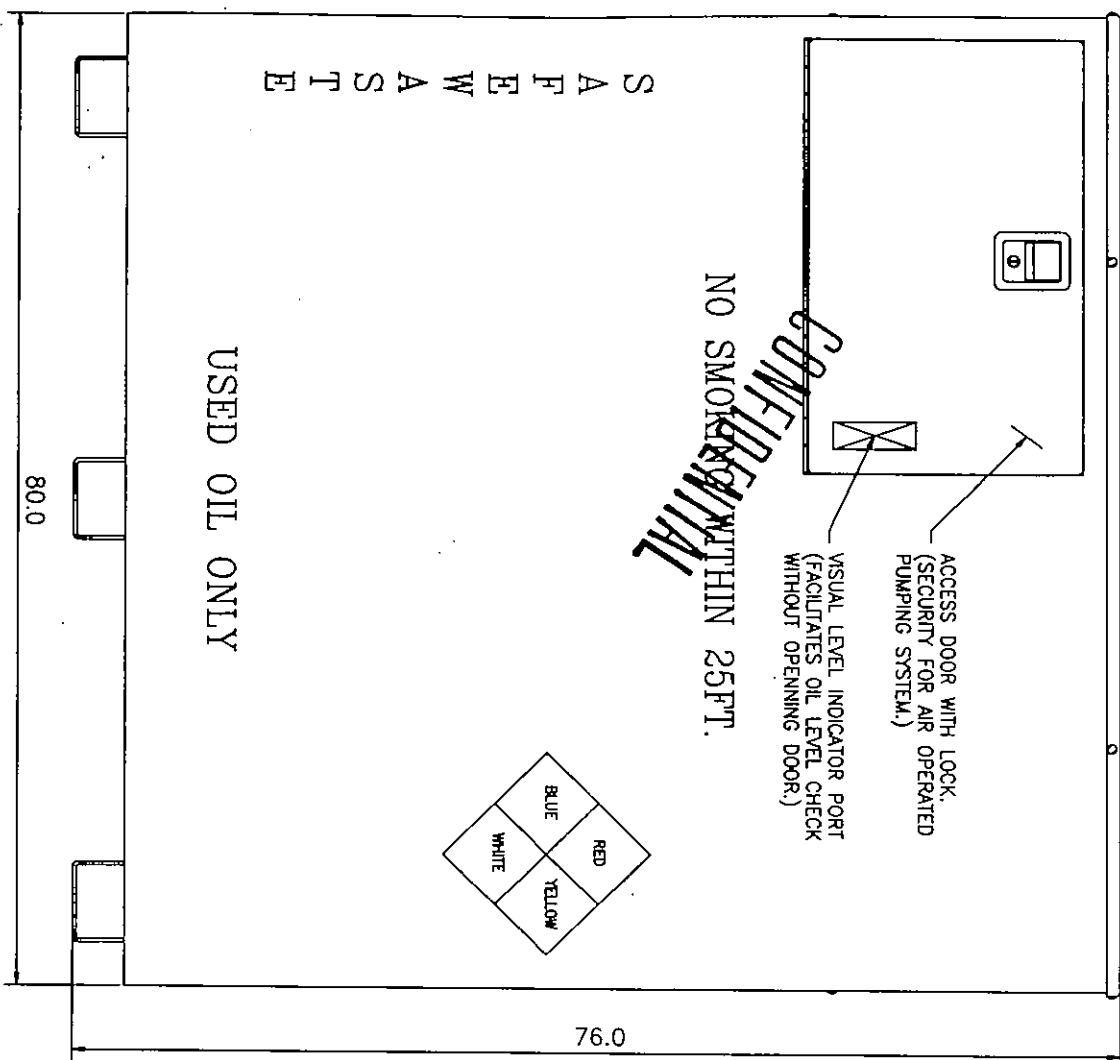
Each system has its own UL Listed 142 primary storage tank with a 135% secondary containment. The primary tanks are 100% visually inspectable with an automatic over fill shut-off and an environmental cover which provides security for the control assembly and secondary containment.

Safewaste Surface Waste Oil Systems are easy to install and operate. Each system is shipped completely assembled, ready to hook into an on-site air supply. The UL Listed pneumatic pump draws waste oil through a suction hose which attaches to the customer's "catch" container, utilizing a dry-break coupler. A 2" dry-break cam and groove coupler is provided for top discharging. A remote site level gauge provides the operator an indication of the available fill capacity in the tank. And, the automatic fill shut off gauge does not allow tank overfilling. All control assemblies are located under the environmental cover, which is locked down for improved security.

Safewaste Surface Waste Oil Systems are available in 245, 260, or 550 gallon storage capacities. Other sizes will be considered for manufacturing.



LRS, INC.
1903 DURFEE AVE. SOUTH EL MONTE, CA 91733
(213) 686-0070 (818) 350-8040
SAFEWASTE MODEL 245-S



LRS, INC.
1903 DUFFEE AVE. SOUTH EL MONTE, CA 91733
(213) 686-0070 (818) 350-8040
SAFEWASTE MODEL 550-R



THE LEAK RECOGNITION SPECIALISTS
ATTACHMENT B

SAFEWASTE™

INSTALLATION REQUIREMENTS

Safewaste Surface Waste Oil Systems are shipped completely assembled with all plumbing intact, ready for operation. The site owner must provide an air source (minimum 60 psi) and install the on/off valve from the air source to within 5 feet of the system. All collection caddies must have 3/4" male dry-break fitting installed for connection to the suction hose.

Placement of the system must comply with all codes and regulations. The surface of the placement area must be within 1/2" of level. There must also be sufficient space for proper system operation and maintenance.

The equipment and activities necessary for successful installation are as follows:

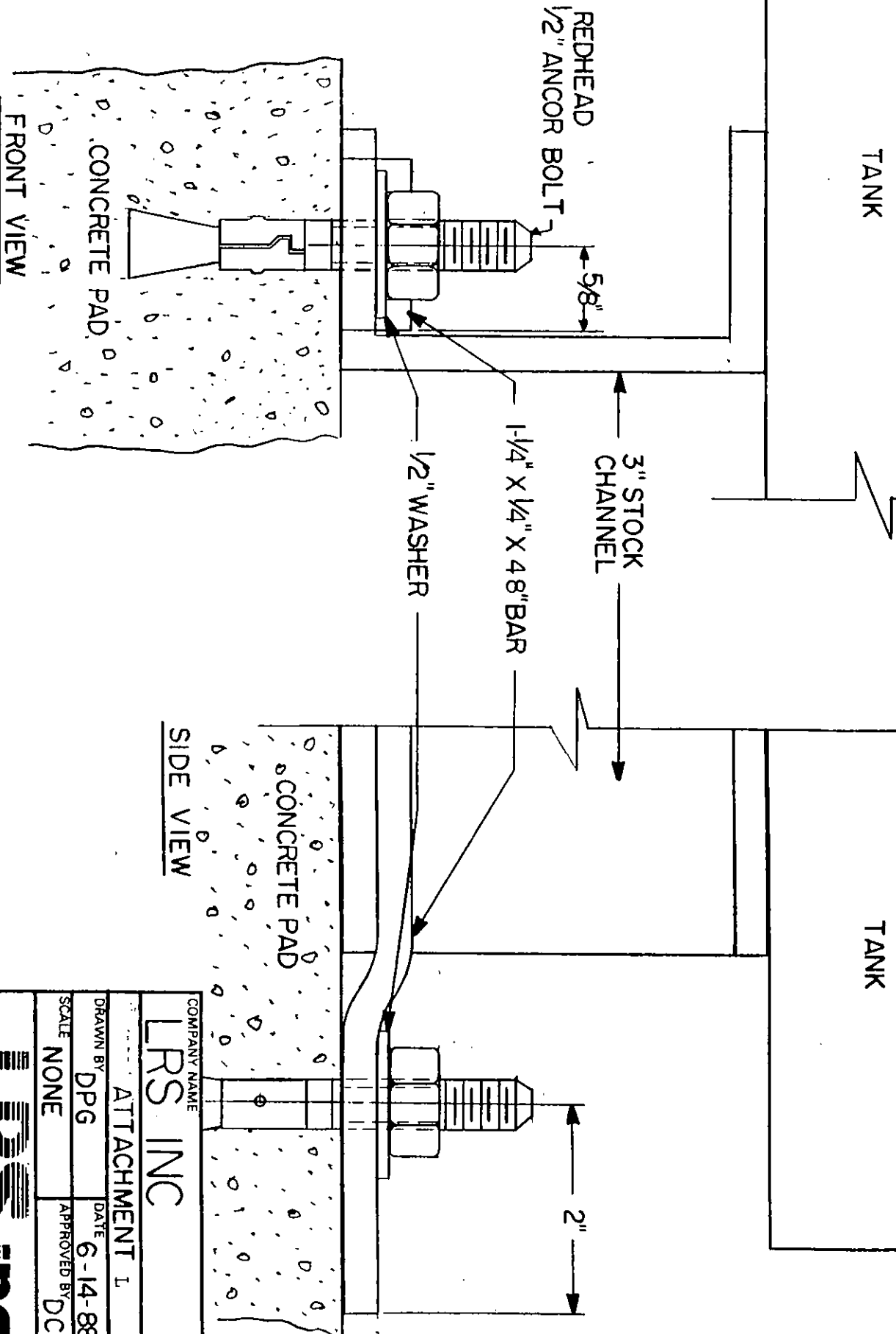
Provided to Customer

- . Safewaste Surface Waste Oil System
- . Male dry-break connector(s)
- . Tank placement straps with lag bolts
- . Installation of site level gauge
- . Collection Caddy - optional

Provided by Customer

- . Level placement area - to within 1/2" of level
- . Air source - minimum 60 psi and on/off valve 1/2"
- . Collection Caddy-adaptable to male dry-break connector(s).
- . Installation of on/off valve to within 5 feet of the system
- . Coring through wall if system is placed outside.
(Or per Fire Wall Penetration Specifications,
Attachment B-1)

STRAP DOWN DETAIL



SIDE VIEW

FRONT VIEW

COMPANY NAME
LRS INC

ATTACHMENT L

DRAWN BY
DPG

DATE
6-14-88

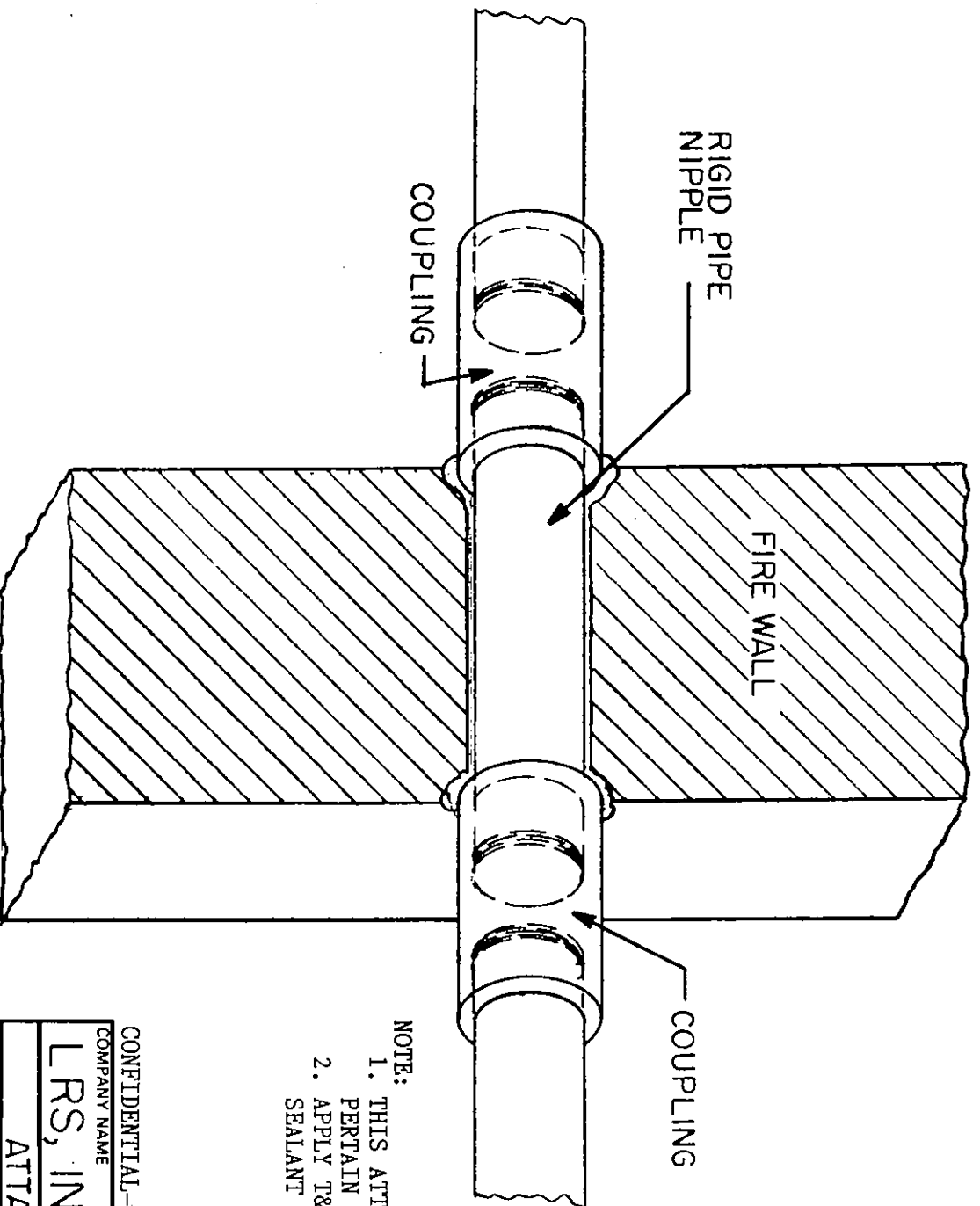
SCALE
NONE

APPROVED BY
DCM

LRS, inc.
THE LEAK RECOGNITION SPECIALISTS
1903 Durfee Avenue South El Monte, CA 91733

CONFIDENTIAL-NOT FOR REPRODUCTION

FIRE WALL PENETRATION



NOTE:

1. THIS ATTACHMENT WILL PERTAIN TO ALL PIPE SIZES
2. APPLY T&B FTS-500 FIRE SAFE SEALANT AT EACH WALL OPENING

CONFIDENTIAL-NOT FOR REPRODUCTION

COMPANY NAME

LRS, INCORPORATED

ATTACHMENT B-1

DRAWN BY

DPG

DATE

6-7-88

SCALE

NTS

APPROVED BY

DCM

LRS, inc.

THE LEAK RECOGNITION SPECIALISTS

1903 Duffee Avenue South El Monte, CA 91733



THE LEAK RECOGNITION SPECIALISTS

ATTACHMENT C

SAFEWASTE™

OPERATION PROCEDURES

SAFEWASTE™ Surface Waste Oil Systems do not require any electricity. All components are mechanical. The secondary containment provides 135% capacity of the UL Listed 142 inner tank and has a minimum 48" of self-contained diking. An on-site air compressor must provide a minimum of 60 psi and the system placement area must be relatively level.

A double diaphragm UL Listed pneumatic pump, located on the top of the inner storage tank, creates a vacuum which draws liquid through a 3/4" hose to the tank.

A site level gauge, located on the side of the enclosure or next to the air shut off valve, indicates the remaining fill capacity of the inner storage tank. An automatic overfill safety valve restricts the flow of air to the pump when the liquid reaches maximum fill capacity-95%. This maximum level is variable but can only be set at the factory.

When transferring liquid to the storage tank, the operator must first look at the site gauge to determine the existing fill capacity of the tank to see if transfer is possible, or if pick-up is needed. Second, the suction hose (female end of the hydraulic dry-break) is coupled to the collection caddy (male end of the hydraulic dry-break) and the air source is turned on. When the collection caddy is emptied, the hose is disconnected at the dry break, then the air is turned off.

If the automatic shut off valve (ASV) engages while transferring liquids into the storage tank, the predetermined maximum fill level has been reached. The ASV will bypass the air supply to the pump until the liquid in the tank has been lowered below the maximum fill level.

If at any time the site gauge indicates the liquid level is near maximum fill capacity or the ASV engages, the operator should not attempt to transfer additional liquid into the storage tank. The operator should immediately contact their waste oil hauler to schedule a pick up.

**SAFEWASTE
OPERATION PROCEDURES**

Page Two

When emptying the inner storage tank, an EPA authorized waste oil hauler should always be used. The first step is to unlock the environmental cover and tilt it back so that the control assembly area of the tank is accessible. Second, the suction hose from the truck should be connected to the 2" cam and groove coupler located to the left of the pump assembly. Third, when disconnecting the suction hose, the suction should remain so the liquid remaining in the hose empties completely into the truck. Fourth, the environmental cover should be tilted back into place and locked.

If there are any additional questions, please contact LRS, Inc. at 818/350-8040.

NOTE: For the SAFEWASTE square containment series the environmental cover does not tilt back. The access door on the front of the system must be opened to access the 2" cam and groove coupling, located to the left of the pump assembly.

LRS, inc.

THE LEAK RECOGNITION SPECIALISTS

SAFEWASTETM SURFACE STORAGE SYSTEM INSPECTION PROCEEDURE

OIL SUCTION SYSTEM

TURN ON AIR SUPPLY AT BALL VALVE; LISTEN TO HEAR IF PUMP IS WORKING. PUT HAND OVER FEMALE QUICK CONNECTOR TO FEEL VACUUM(WILL FEEL SLIGHT SUCTION).

IF NECESSARY, CONNECT FEMALE QUICK CONNECT TO MALE QUICK CONNECT ON COLLECTION CADDY AND FOLLOW OPERATING INSTRUCTIONS.

AUTOMATIC OVERFILL PROTECTION SYSTEM

TURN ON AIR SUPPLY AT BALL VALVE, LOCATE AUTOMATIC SHUT-OFF VALVE ON TOP RIGHT SIDE OF TANK. PLACE HAND ON SILVER COUNTER-WEIGHT AND MOVE DOWN. PUMP WILL STOP WORKING, AND AIR WILL BY-PASS TO AUDIBLE ALARM. TAKE HAND OFF COUNTER-WEIGHT AND PUMP WILL RESUME PUMPING.

SECONDARY CONTAINMENT SYSTEM

OPEN ACCESS DOOR, SHINE FLASHLIGHT INTO ANNULAR SPACE TO VISUALLY INSPECT AND MONITOR FOR PRESENCE OF LIQUID.

File:INSP.PRO



THE LEAK RECOGNITION SPECIALISTS

**OPERATING INSTRUCTIONS
FOR CADDY
DISCHARGE**

IMPORTANT -

- PROTECTIVE EYE GOGGLES AND HAND GLOVES MUST BE WORN WHEN HANDLING USED OIL.
 - ACCESS DOOR TO BE OPENED BY AUTHORIZED PERSONNEL ONLY DURING EMPTYING OF TANK OR PUMP MAINTENANCE.
-
- 1) VISUALLY INSPECT THE SITE LEVEL GAUGE TO SEE IF THERE IS ENOUGH CAPACITY IN STORAGE TANK TO EMPTY COLLECTION CADDY.
 - 2) TAKE FEMALE QUICK CONNECTION OFF HANGER AND CONNECT TO MALE QUICK CONNECTION ON TOP OF COLLECTION CADDY.
 - 3) TURN AIR SUPPLY ON AT BALL VALVE.
 - 4) WAIT A FEW MINUTES FOR CADDY TO EMPTY. (PUMPING SOUND WILL INCREASE IN SPEED WHEN CADDY IS EMPTY.)
 - 5) LEAVE AIR SUPPLY ON WHILE DISCONNECTING FEMALE QUICK CONNECTION FROM MALE QUICK CONNECTION.
 - 6) REPLACE FEMALE QUICK CONNECTION ON HANGER AND WIPE OFF ANY EXCESS OIL DRIPPINGS.
 - 7) TURN OFF AIR SUPPLY AT BALL VALVE.
 - 8) VISUALLY INSPECT THE LEVEL OF LIQUID IN TANK AT SITE LEVEL GAUGE. IF FULL REPORT TO MANAGER FOR OIL PICK UP.
 - 9) IF ANY OPERATING PROBLEMS, CONTACT YOUR MANAGER OR LRS AT (800) 966-4577.

LRS, inc.

THE LEAK RECOGNITION SPECIALISTS

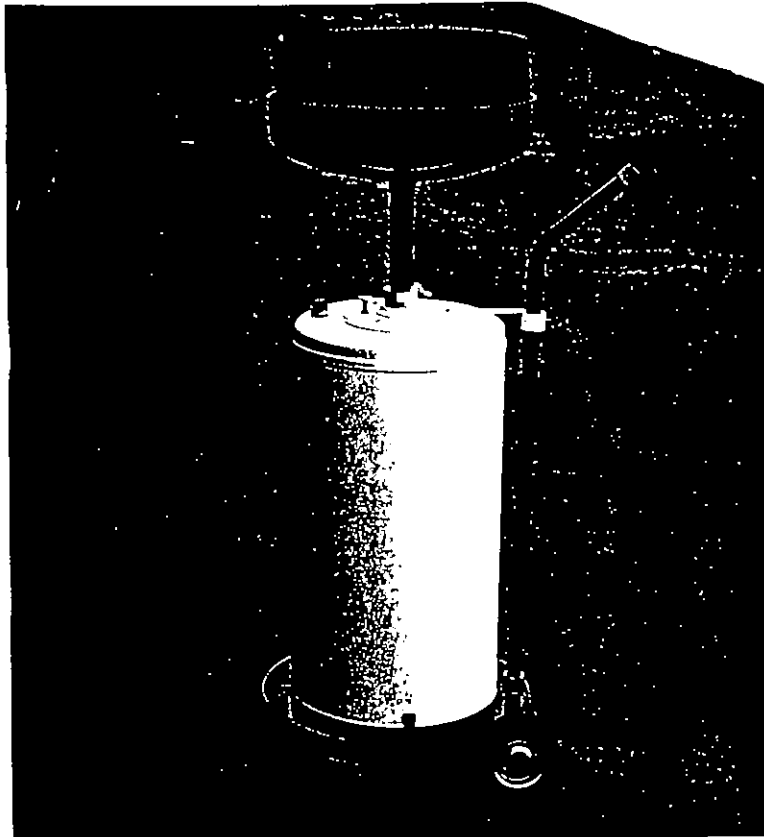
COLLECTION CADDIES

<u>MODEL</u>	<u>LIQUID CAPACITY</u>
HI-BOY 18H	18 GALLONS
LO-BOY 31L	31 GALLONS
LO-BOY 28L	28 GALLONS
LO-BOY 26L	26 GALLONS
LO-BOY 25A**	25 GALLONS

** MADE OF ALLUMINUM - IDEAL FOR MOBILE REPAIR TRUCKS

CONVERSION KITS

- # HB (FOR HI-BOY TYPE ROLL CADDY)
- # MA (MALE ADAPTOR QUICK DISCONNECT)
- # RF (RETRO FIT KIT FOR HI-BOY TYPE ROLL CADDY)

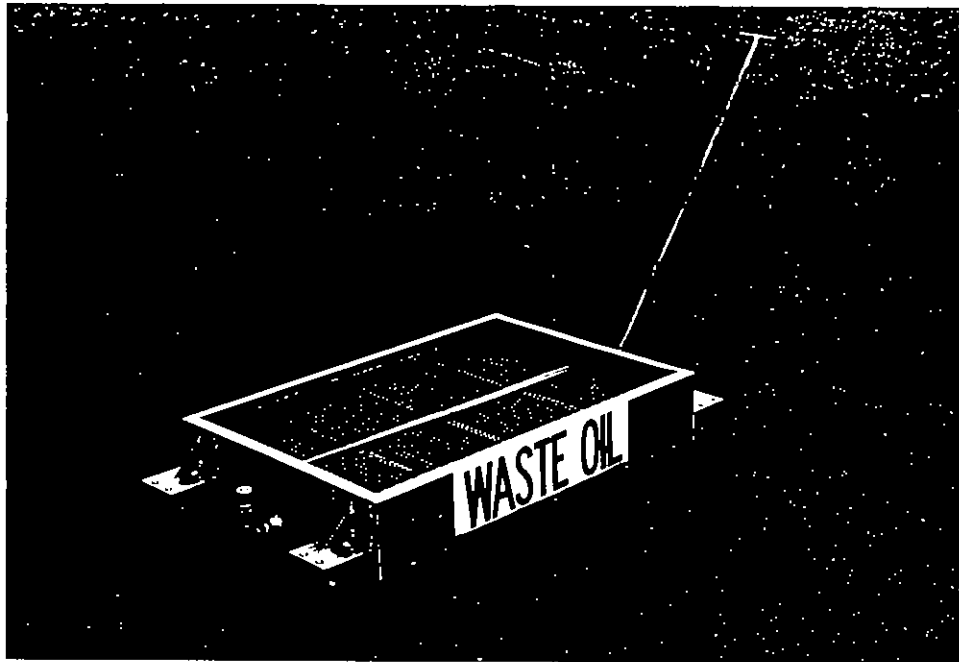


File: CADSP

LRS, inc.

THE LEAK RECOGNITION SPECIALISTS

LO-BOY COLLECTION CADDIES



SPECIFICATIONS

<u>MODEL</u>	<u>HEIGHT</u>	<u>WIDTH</u>	<u>LENGTH</u>	<u>WEIGHT</u>	<u>CAPACITY</u>
31L	11"	32"	36"	65#	31 GAL.
28L	5.5"	36"	56"	90#	28 GAL.
26L	8"	32"	36"	60#	26 GAL.
25A**	8"	32"	36"	40#	25 GAL.

** MADE OF ALUMINUM - IDEAL FOR MOBILE REPAIR TRUCKS.

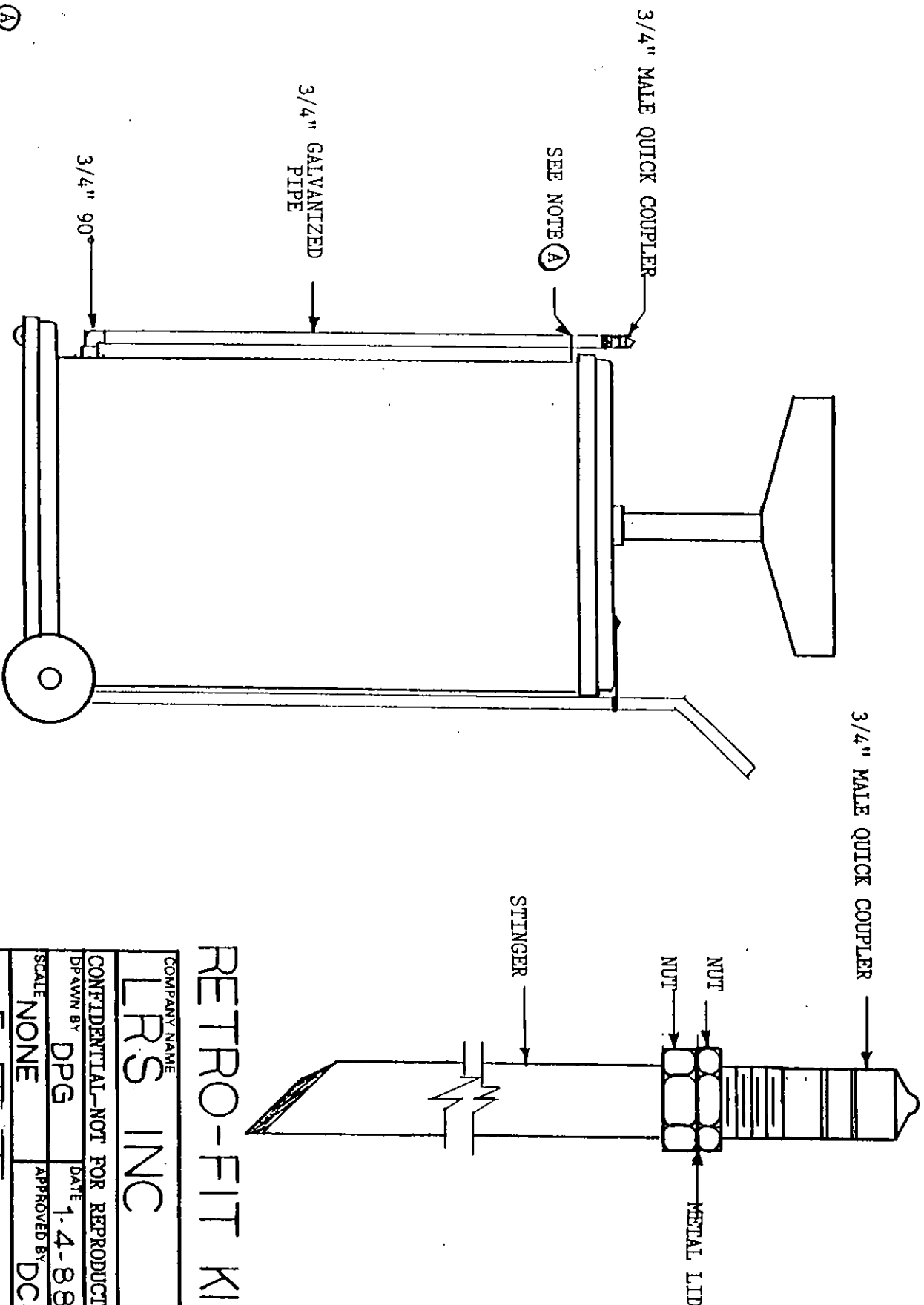
FEATURES:

- > DURABLE 12 GAUGE STEEL CONSTRUCTION
- > OIL RESISTANT POLYOLEFIN WHEELS
- > 36" HANDLE
- > INTERIOR BAFFLES
- > METAL DIAMOND SCREEN
- > 3/4" GATE VALVE(DRY COUPLER CONNECTION AVAILABLE.)
- > PAINTED PRIMER GRAY
- > WEIGHT CAPACITY-500#

BENEFITS:

- > SCREEN AND TOP LIP PREVENTS SPLASHING
- > SCREEN ALSO HOLDS DRAINING FILTERS
- > WHEELS HARMLESS TO CONCRETE FLOORS
- > LONG HANDLE MAKES DRAINING VEHICLES EASY

RETRO-FIT ROLL CADDY



NOTE ①
LRS Recommends a bracket be installed at this location to help secure the 3/4" galvanized pipe to the roll caddy body.

RETRO-FIT KIT

COMPANY NAME
LRS INC

CONFIDENTIAL—NOT FOR REPRODUCTION

DRAWN BY DPG DATE 1-4-88

SCALE NONE APPROVED BY DCM

LRS, inc.
THE LEAK RECOGNITION SPECIALISTS
1903 Durtée Avenue South El Monte, CA 91733

The Goodyear Tire & Rubber Company

Akron, Ohio 44316-0001

October 10, 1990

RECEIVED

OCT 15 1990

DIV. OF INSPECTION

Inspector Ray Korkowski
Township of Bricktown
401 Chambers Bridge Rd
Bricktown NJ 08723

Dear Inspector Korkowski:

RE: UNDERGROUND WASTE OIL TANK - GOODYEAR BRICKTOWN NJ

Regarding our Store in Bricktown, New Jersey, it is our intention to have the underground waste oil tank removed by December 30, 1990.

LRS Inc does not handle our "Tank Pulls." The firm of Metcalf & Eddy will be in to pull the appropriate permits prior to removal.

Sincerely,



Staff - Operations
Retail Stores Division

S L Knapp
dm

LRS, inc.
THE LEAK RECOGNITION SPECIALTY

1903 Durfee Avenue
South El Monte, CA 91733
818/350-8040
213/688-0070

FAX COVER SHEET

DATE: 10/13/90

COMPANY: _____

ATTN: RAY Korkowski FAX# _____

TOTAL NUMBER OF PAGES INCLUDING COVER 1

COMMENTS: Re: Permit for above ground waste oil
tanks.

THANKS,



LRS Inc.
Mark Evans
215 547 7200
215 945 8556 FAX

The Goodyear Tire & Rubber Company

Akron, Ohio 44316-0001

October 10, 1990

RECEIVED

OCT 15 1990

DIV. OF INSPECTION

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Township of Bricktown
401 Chambers Bridge Rd
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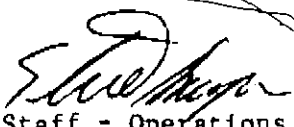
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Sincerely,


Staff - Operations
Retail Stores Division

S L Knapp
dm

1-216-796 6240

*Talked to
EAF 9/27/96*

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

Daniel F. Newman, Mayor

Members of Township Council

Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe



Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 672 - Lot 8 - *Good Year* Address 2805 Chambers
Bridge

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

Administrative _____

Zoning _____

Engineering _____

Building Hold For FAX

Plumbing _____

Electric _____

Fire _____

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

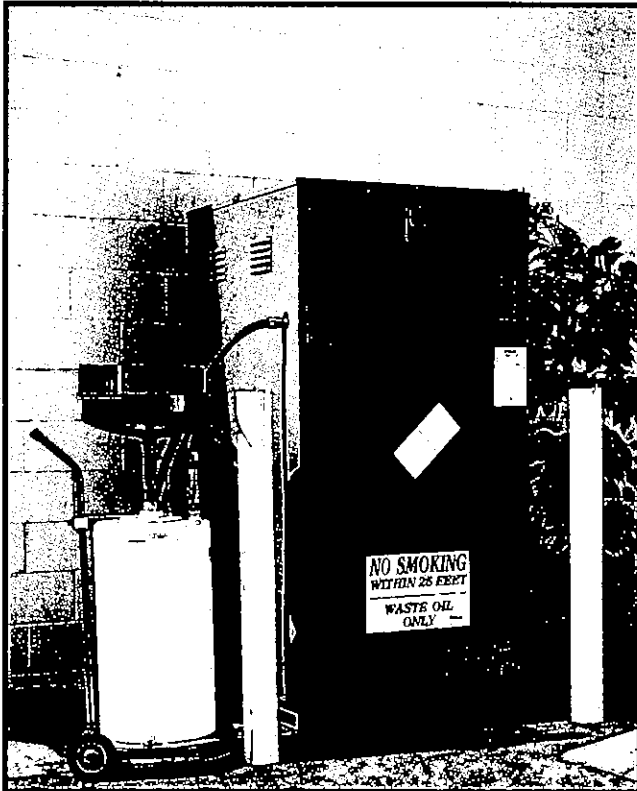
There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date _____

SAFEWASTE™

ABOVE GROUND STORAGE SYSTEMS



Patent No. 4,890,983

Other Patents Pending

BENEFITS:

- Superior Environmental and Fire Protection
- Engineered to Meet National and Local Codes
- Eliminates Underground Liability
- Tamper Proof Self-Containment
- Versatile Applications
- Forklift Movable
- Cleaner Work Area

FEATURES:

- UL Listed Above Ground Flammable Liquid Primary Storage Tank
- UL Listed Air Operated Pump
- Closed-Loop Suction System
- Audible Overspill Prevention Alarm
- 135% Secondary Containment - Minimum
- Automatic Overflow Protection
- Environmental Security Enclosure
- Liquid Level Indicator
- 100% Observable Primary and Secondary Tanks
- Combination storage for virgin/used products

SIZES and SPECIFICATIONS

MODEL #	TOTAL WORKING CAPACITY GALLONS	HEIGHT	WIDTH	DEPTH	SHIPPING WEIGHT
110-S	105	75"	37.5"	37.5"	450#
245-S	235	75"	37.5"	37.5"	650#
550-R	522	76"	80"	37.5"	1100#
1000-S	1044	76"	73"	80"	2100#

For Further Information Please Contact:

LRS, inc.

1903 Durfee Avenue • South El Monte, CA 91733
(818) 350-8040 (213) 686-0070

NATIONWIDE (800) 966-4577 FAX (818) 350-8042

Call LRS, inc for:

- Fire Department Permitting Service
- Regulatory Compliance Consulting
- Construction Management
- Turn-Key Installation Program
- Other Collection Products Available