BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-2208

CONSTRUCTION PERMIT APPLICATION C12-002756

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 E. CHAMBERS BRIDGE Rd)
2. Name of Owner in Fee: AUTO ZONE INC
   Tel. (901) 645 8648 e-mail _____
   Address 123 S. FRONT St. (street) MEMPHIS (municipality) TENNESSEE (state) 38103 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MAX - DFG & FIG Inc. Tel. (908) 3535004
   Address 7 EVANS TERMINAL e-mail _____
   HILLSIDE N.J. 07202
   License No. OR, if new home, Builder Reg. No. 10592 Exp. Date JUN/13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223345624 FAX: (908) 8208660
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	60 ✓		
4. Fire Protection			
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	$ 60 ✓		

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 ____

IIa. PROPOSED WORK

Sprinkler Fill 08-10

- ☐ 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		MK	7/30/12						
☐ Electrical									
☑ Plumbing	5,000				7/30/12	MK			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

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(f)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 Max - Heating Inc

Address 7 Evans Terminal Rd
Hillside N.J. 07202

Telephone (908) 353-5004

Signature Max

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/16/2012
Control Number C-12-002756
Permit Number 12-2208
Permit Issue Date 8/7/2012
Certificate Number 12-2208

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. (52) Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: 4236458648

Contractor Max Plumbing and Heating

Address 7 Evans Terminal Rd. Hillside NJ 07205

Telephone: 9083535004 Fax: 9088208660

License Number or Builders Registration Number: 10392 Federal Emp. Number: 223345624

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: SEPTIC ABATEMENT/ABANDONMENT Auto Zone

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: 8/16/2012 U.C.C. F260 (rev. 08/05)

8-7-12

CONSTRUCTION PERMIT

Date Issued 12-3-12
Control # C-12-002756
Permit #

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. (52) Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: 4236458648

Contractor: Max Plumbing and Heating
Address: 7 Evans Terminal Rd. Hillside NJ 07205
Telephone: 9083535004
Lic. No. or Bldrs. Reg. No. 10392
Federal Employee. No. 223345624

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:
SEPTIC ABATEMENT/ABANDONMENT Auto Zone TNC

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$60
Check No.	11998
Cash	$0
Credit	$0
Collected By	

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 $5,000

Construction Official 8-1-12 Date

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.

8-7-12

Date Received
Control # 12-2208

Date Issued
Permit #

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 52 CHAMBERS BRIDGE RD

Owner in Fee: AUTO ZONE INC

Tel. (423) 645 8648 e-mail

Address 123 S. FRONT ST. MEMPHIS - TENNESSEE 38103
street municipality zip code

Contractor: NAX - R&B HTG INC Tel. (908) 353 5004

Address 7 EVANS TERMINAL RD e-mail
HILLSIDE N.J. 07202.

Contractor License No. 10352 Exp. Date JUN/13

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

Federal Emp. ID No. 223346624 FAX: (908) 8208660

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 $ 5000

COMMERCIAL

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 sign/Contractor sign and seal here:

Print name here: SILVANO HARDLESS

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMOLATION SEPTIC TANK

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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: 7/30/12 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-31-12
Approved by: BJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8-16-12
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	06-14-12		08-14-12	PA

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

08.14.12 PA

(1) OFFLOAD PRESENT INFORMED THAT TANK MUST BE PUMPED OUT.

(2) REMOVE TANK & CLAIM FOR INSPECTION.

(3) NOTED PUMP OUT RECEIPT "

(4) " TANK DISPOSAL "

(5) " FULL DART "

OK 08.14.12 PA

671. 1.01 12-2208

A & L SEPTIC SERVICE

PO Box 627 • Mt. Holly, NJ 08060
800-229-6411
NJ DEP 01911

INVOICE # 74443
Date: 8-14-12 Day: Tues
Driver: Karl Truck #: 42
Manifest: Plant:
BLOCK: LOT:
PHONE #:

NAME: PNC Bank (Max Plumbing) PHONE #: (908) - 353 - 5004
ADDRESS: 54 Chambers bridge Rd BILL TO:
Brick, NJ

CHARGE	PAID	CHECK #	TIME IN/TIME OUT	CREDIT CARD	EXP DATE	CODE	APPROVAL
	X	18026	10:25-11:15				

LOAD REMOVED FROM 1- Septic Tank # GALLONS 1500 $ 397.50
LOCATION OF SYSTEM Front ☐ Sketch location on back of sheet
CONDITIONS (check all that apply & describe)
☑ Solids 1/2 Heavy $ 105.00
☐ Overflowing No ☐ Runback No
☐ Effluent filter must be cleaned once a year. Homeowner wants filter cleaned ☐ No ☐ Yes Access Condition N/A
☐ Drainfield area malfunctioning, please note below:
☐ Diagnose / Troubleshoot Service $
Date tank was last pumped: Next scheduled pumping: XXXX Effluent filter should be checked monthly
Clean effluent filter periodically. Due Date:

WORK PERFORMED AT TIME OF SERVICE: ☐ Port Toilet Rental $ ☐ Rental Date
☐ # Gallons Hydrogen Peroxide $ ☐ Eff. Filter Cleaned $ ☐ Digging $ ☐ Snaking $
☐ Backflushing $ ☐ Locating $ ☐ Bacteria Treatment $ ☐ Jetting Serv. $
☐ Backhoe Service $ ☐ Service Call $ ☐ Camera TV/Inspection $ ☐ Other $

INSTALLATION OF A: ☐ Volts ☐ Floats $ ☐ Baffles $ ☐ Lid $ ☐ D. Box $
☐ Pump $ ☐ HP ☐ Misc. $ ☐ Riser $ ☐ Septic Tank $

Septic Certification requires testing, then pumping of all tanks ☐ Septic Cert. Fee $ ☐ Pumping Fee
RECOMMENDATIONS: Removing Tank - Hooked up to Sewer

Customer acknowledges they flushed toilets twice successfully. Customer Signature:

TERMS: PAYMENT DUE AT TIME OF SERVICE - "LATE CHARGE - In the event that any payment is not made as required under this Proposal, there shall be a late charge imposed in the amount of five percent (5%) of the amount not paid when due and the amount balance due and owing under this Proposal will bear interest at the rate of twelve (12%) per annum or the maximum interest rate allowed under the laws of the state of New Jersey, whichever is less. The customer shall also be responsible for all the costs of collection in the event of a default, including court costs and reasonable attorney's fees."
Please note, we are not responsible for damage past the curb line. This receipt should not be construed as a septic certification, either expressed or implied.

SUBTOTAL	$ 502.50
COUPON/ DISCOUNT	$
SALES TAX	$ 35.17
TOTAL	$ 537.67

I have read and understand the receipt and any recommendations made by the driver and I am satisfied with the above work that was performed and the prices I have been charged.

Signature Print Name FELIPE MARQUES

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :405612
Date :8/14/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 3333333
GENERAL ACCOUNT

Truck : XX224X
Location: 1507 BRICK TWP.

Gross :	38940	lb	Scale 1	In	11:59 am
Tare :	24820	lb	Scale 1	Out	12:02 pm
Net :	14120	lb			
	7.060	tn			

Weigh Master: DP

Remarks: CCApproved:509231
MAX PLUMBING AND HEATING

Material $	49.42
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	49.42

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	7.060	tn	7.00	CONCRETE/ASPHALT/DIRT		49.42

$49.42

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

08/14/12 12:14PM

Ocean City Remanufact
1497 Lakewood Road
Toms River, NJ 08755
732-244-1716

TERMINAL I.D.: 2011
MERCHANT #:

AMEX
XXXXXXXXXXXX5612
SALE
BATCH: 000318 INV:000013
AUTH:509231

AUG 14, 12 11:14

TOTAL $203.37

F MARQUES

X_____
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :405612
Date :8/14/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 3333333
GENERAL ACCOUNT

Truck :	XX224X		Gross :	38940	lb	Scale 1	In	11:59 am
Location:	1507	BRICK TWP.	Tare :	24820	lb	Scale 1	Out	12:02 pm
			Net :	14120	lb			
				7.060	tn			

Weigh Master: DP

Remarks: CCApproved:509231
MAX PLUMBING AND HEATING

Material $	49.42
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	49.42

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	7.060	tn	7.00	CONCRETE/ASPHALT/DIRT		49.42

$49.42

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Driver's Signature:

08/14/12 12:14PM

Ocean City Remanufact
1497 Lakewood Road
Toms River, NJ 08755
732-244-1716

TERMINAL I.D.: 2011
MERCHANT #:

AMEX
xxxxxxxxxxx5612
SALE
BATCH: 000318 INV:000013
AUTH:509231

AUG 14, 12 11:14

TOTAL $203.37

F MARQUES

X_____
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :405613
Date :8/14/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 3333333
GENERAL ACCOUNT

Truck : XK224Y
Location: 1508 TOMS RIVER TOWNSHIP

Gross :	24800	lb	MAN WT	Out	12:13 pm
Tare :	24800	lb	Scale 1	In	12:04 pm
Net :	0	lb			
	12.000	YD			

Weigh Master: DP

Remarks: CCApproved:509231
MAX

Material $	143.88
Delivery $	0.00
Misc $	0.00
Tax $	10.07
Total $	153.95

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
10121	12.000	YD	11.99	R-BLEND BY THE YARD	10.07	143.88
					10.07	$153.95

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

08/14/12 12:14PM