RECEIVED

SEP 22 1989

DIV. OF INSPECTION

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 50 CHAMBERS BRIDGE Rd. BRICK TOWN N.J.
2. Owner Name: MOBILE OIL CORP Tel. ( )
   Address SOUTHWOOD AVE LINDEN N.J.
3. Principal Contractor: CBM CONST Tel. (704 523-0837
   Address 615 MINUET LANE CHARLOTTE NC 28224
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: BOHLER ENGINEERING Tel. (201 964-7888
   Address 626 CHEST NUT ST UNION N.J. 07083
5. Responsible Person in Charge of Work _____ Tel. ( )

671

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☑ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☑	Electrical	7,000
4. ☐	Fire Protection	
5. ☑	Other	13,000
6. ☐	Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ *Partial Releases* 2. ☐ *Prototype Processing*

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

114

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ *One-Family (R–3a)*

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☑ Other _____

State Specific Use: GAS STATION

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10109929

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 CBM Const TEL. 704 523-0839

ADDRESS 615 MINIGET LANE CHARLOTTE N.C. 28227

SIGNATURE [signature]

BLOCK NO. 671 LOT NO. 11A SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	9-22-89	[illegible]	9-27-89	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			9-22-89	[illegible]	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	*Architectural*			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
✓	FIRE PROTECTION		12-18-89	
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 97.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	40.
OTHER _____	.
SUBTOTAL	$ 137.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	20.
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 162.50

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

CONSTRUCTION PERMIT

Date Issued 10-6-89
Control #
Permit # 5560

IDENTIFICATION Block 671 Lot 11A

Work Site Location 30 Chambers Bridge Contractor C Bm Const **0007**

Address 5560**

Owner in Fee Southern Mobil BLOCK 0.00

Address Tele. ( ) 964-7852 671 #

Lic. No. or Bldrs. Reg. No. Exp. Date 0.00

Tele. ( ) Federal Emp. No. 11 #

or Social Security No. BUILDING 97.50

FIRE 40.00

PLAN RVW 5.00

C / O 20.00

TOTAL 162.50

CASH 163.00

CHANGE 0.50

10/06/89 NO. 5 0016A005 13:42

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Repair

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 $ 10,000

PAYMENTS **(Office Use Only)**

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 1560
DATE ISSUED
REVISION DATE 10-6-89
Block 671 Lot 110
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner MOBILE OIL CORP
Address SOUTH WOOD AVE LINDEN NEW JERSEY
Tel. ( )

Contractor CBM CONST
Address 615 MINUET LANE CHARLOTTE NC 28270
Tel. (704) 523-0837

Work Site Address 50 CHAMBERS BR Rd. BRICKTOWN N.J.
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

REMOVE OLD DESPENSERS
INSTALL NEW DESPENSERS
& GAS ISLANDS

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☑ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 20,660

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U:C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 5560
DATE ISSUED 10-6-89
REVISION DATE
Block 671 Lot 11A
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Mobil Oil Corp
Address Southwood Ave
Linden N.J.
Tel. ( )
Work Site Address 50 Chambers
Bridge Rd. Bricktown NJ

Contractor CBM Const
Address 615 Minget La
Charlotte N.C. 28229
Tel. (704) 523-6837
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent:

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☑ Other ______ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: ______ No. of Spare Heads: ______
☐ Valves Supervised – Method: ______
Water Supply – Source: ______ Size: ______
FD Connection Location: ______
Estimated Cost of Work: $ ______ $ ______

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☐ Other ______
Manual Pull: ☐ Yes ☐ No
Locations: ______
Estimated Cost of Work: $ ______ $ ______

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $ ______ $ ______

B4. STAND PIPES

Pipe Size: ______ Pump Size: ______
Water Source: ______ Size: ______
FD Connection Location: ______
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ ______ $ ______

B5. OTHER

Remove old despensers $ 140
Install new despensers $
& gas islands $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 140

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP ______ Present ______ Proposed
Heating Systems – Location: ______
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other ______
Fuel Storage Tank –Location: ______ Fuel Type: ______ Capacity: ______
Total Estimated Cost of Fire Protection Work: $ ______

D. COMMENTS

Protection at Ends of Island.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 5510
DATE ISSUED
REVISION DATE 10 6 87
Block 671 Lot 11A
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner MOBIL OIL CORP
Address SOUTHWOOD AVE
LINDEN N.J.
Tel. ( ) _____
Work Site Address 50 CHAMBERS BRIDGE Rd. BRICKTOWN NJ

Contractor CBM CONST
Address 615 MINNETT LN
CHARLOTTE N.C. 28217
Tel. (704 523-6937
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☑ Other _____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____

FEE $

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____

$

B5. OTHER

REMOVE OLD DESPENSERS
INSTALL NEW DESPENSERS
& GAS ISLANDS

$ 40
$
$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 40

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

Protection at Ends of Island

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
12-19-89	Three dispensers Installed two one on Island & one on curbside Island. Flow Sheet test att. Vapor Recovery. Test of Nitrogen to Follow.
12-22-90	Nitrogen Test of Complies with Code

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: 9/26/89

Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 12-19-89

Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other Final				12-19-89
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

RAY LOMBARD
Service Station Maintenance
Installation and Maintenance
75 SOUTH ROAD • BLOOMINGDALE, NEW JERSEY 07403 • 838-0311

PRESSURE DROP vs. FLOW TEST DATA

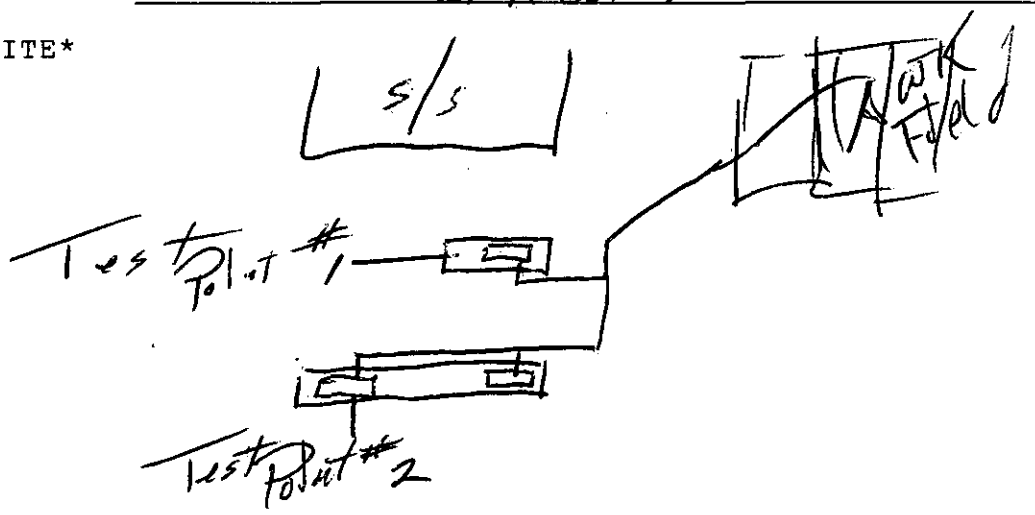
Test Date: 12/18/89 Tester: Ray

Site Operator: Mobil S/S

Facility Address: RT 202 + 549

Bricktown NJ.

SKETCH OF SITE*



PRESSURE DROP TEST DATA

FLOWMETER (CFH) #1	DRY PRESSURE ("WCG)	WET PRESSURE ("WCG)
20	.08	
60	.30	.28
100	.75	

FLOWMETER (CFH) #2	DRY PRESSURE ("WCG)	WET PRESSURE ("WCG)
20	.08	
60	.31	.30
100	.74	

FLOWMETER (CFH) #3	DRY PRESSURE ("WCG)	WET PRESSURE ("WCG)
20		
60		
100		

Construction Code Enforcement

Machine #5

Reports

Cashier Key Off (A)

KEY	REPORT	KEY IN:	
X2	ALL GROUPS BY #	12	X/Z
X2 or Z	DEPTS BY GROUPS:		
	BUILDING:	1	SUBT
	ALL OTHER:	Ø	SUBT
X2 or Z	DEPTS – IN ORDER	10	X/Z
X2 or Z	INDIVIDUAL DEPT	DEPT	SUBT
X2 or Z	TERMINAL	ØØ	X/Z
X2	CASH IN DRAWER	CASH	
X2 or Z	HOURLY	93	X2

10/02/89 NO. 5 CHANGE 0014A005 0.00
15:39

0047A005 06/29/89SUB TL 0.00
0005 16:36

10/05/89 NO. 5 0019A005 09:14

DATA CHART
For Use With
petro tite

OK JR

1 LOCATION: Rt. 549 & Rt 70 Brick Town NJ
Street No. and/or Corner — City — State — Telephone No.

2 OWNER: Mobil S/S
Name — Address — Representative — Position — Telephone No.

3 OPERATOR:
Name — Dealer, Mgr. or Other — Address (If different than Location) — Telephone No.

4 REASON FOR TEST

5 TEST REQUESTED BY: CBM
Name — Position — Order No. — Billing Address

6 SPECIAL INSTRUCTIONS: Installed test plug in 4" port

7 CONTRACTOR OR COMPANY MAKING TEST: MECHANIC(S) NAME: Fairfield Maintenance Joe Ramiccio 1208103321

8 IS A TANK TEST TO BE MADE WITH THIS LINE TEST? ☐ YES ☒ NO

9 MAKE AND TYPE OF PUMP OR DISPENSERS: Red Jacket remote / Gilbarco MPD's

10 WEATHER: 15° cloudy TEMPERATURE IN TANKS ____ °F ____ °C

COVER OVER LINES: Concrete / Blktp (Concrete, Black Top, etc.)

APPROXIMATE BURIAL DEPTH: 18" - 36"

CBM Mobil S/S Rt 549 & Rt 70 OWNER
Name
Brick Town NJ LOCATION
City State
Mo. 12 Day 21 Year 89 DATE OF TEST

11 IDENTIFY EACH LINE AS TESTED	12 TIME (MILITARY)	13 LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	14 PRESSURE psi OR kPa BEFORE	14 PRESSURE psi OR kPa AFTER	15 VOLUME READING BEFORE	15 VOLUME READING AFTER	15 VOLUME NET CHANGE	16 TEST RESULTS CONCLUSIONS, REPAIRS AND COMMENTS
Super Unlead		performed pretest	Bleed Back.	Satisfactory				
	1000	Set at 50 psi						
	1015	15° cloudy	29 Psi	50 Psi	.0485	.0385	-.0100	
	1030		41 Psi	50 Psi	.0385	.0335	-.0050	
	1045		43 Psi	50 Psi	.0335	.0300	-.0035	
	1100		46 Psi	50 Psi	.0300	.0280	-.0020	
	1115		48 Psi	50 Psi	.0280	.0275	-.0005	
	1130		49 Psi	50 Psi	.0275	.0270	-.0005	-.0065 hrly
		Bleed Back	50 Psi	0 Psi	.0270	.0545	+.0275	
Special Unlead		performed pretest	Bleed Back.	Satisfactory				
	1000	Set at 50 Psi						
	1015	15° cloudy	38 Psi	50 Psi	.0825	.0765	-.0060	
	1030		39 Psi	50 Psi	.0765	.0715	-.0050	
	1045		42 Psi	50 Psi	.0715	.0675	-.0040	
	1100		43 Psi	50 Psi	.0675	.0640	-.0035	
	1115		44 Psi	50 Psi	.0640	.0610	-.0030	
	1130		45 Psi	50 Psi	.0610	.0580	-.0030	
	1145		45 Psi	50 Psi	.0580	.0550	-.0030	
	1200		46 Psi	50 Psi	.0550	.0525	-.0025	
	1215		46 Psi	50 Psi	.0525	.0500	-.0025	
	1230		46 Psi	50 Psi	.0500	.0475	-.0025	
	1245		46 Psi	50 Psi	.0475	.0450	-.0025	-.0100 hrly
		Bleed Back	50 Psi	0 Psi	.0450	.0665	+.0215	
Regular Unlead		performed pretest	Bleed Back		satisfactory			
	1245	Set at 50 Psi						
	1300	15° cloudy	34 Psi	50 Psi	.0700	.0590	-.0110	
	1315		37 Psi	50 Psi	.0590	.0510	-.0080	
	1330		41 Psi	50 Psi	.0510	.0455	-.0055	
	1345		46 Psi	50 Psi	.0455	.0435	-.0020	
	1400		48 Psi	50 Psi	.0435	.0420	-.0015	
	1415		48 Psi	50 Psi	.0420	.0405	-.0015	

RECEIVED
JAN 12 1990
BUILDING

RECEIVED
JAN 12 1990
BUILDING