

U.S. Army, Fort Monmouth
Directorate of Engineering and Housing
Fort Monmouth, New Jersey 07703

N.J. Department of Environmental
Protection and Energy
Division of Water Resources
Bureau of Underground Storage Tanks
Tank Registration Section - CN 029
401 East State Street
Trenton, N.J. 08625-0029
Attn: Ms. Nancy Crispi

June 15, 1994

Dear Ms. Crispi:

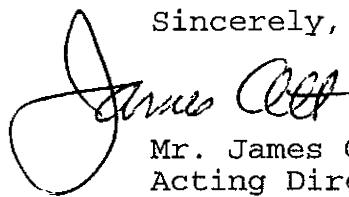
As per your request on 10 June 1994, the following list of residential underground storage tanks are now exempt from registration as of February 1994:

Registration No.	Building No.	Tank No.
0081533	202	14
	207	211
	211	9
	212	10
	213	11
	214	12
	219	13
	222	15
	223	16
	225	17
	226	18
	227	19
	228	20
	233	21
	234	22
	235	23
	236	24
	237	25
	238	26
	239	27
	240	28
241	29	
242	30	
243	31	
244	32	
245	33	

Registration No.	Building No.	Tank No.
0081533	247	34
	248	35
	249	36
	250	37
	251	38
	252	39
	253	40
	254	41
	255	42
	256	43
	258	44
	261	45
	262	46
	263	47
	264	48
	265	49
	266	50
	267	51
	268	52
	269	53
	270	54
	271	55
	360	70
	361	71
	362	72
	363	73
	364	74
	655	97
	656	98
	657	99
	658	100

If any questions arise, please contact Gene Lesinski at 908-532-6310.

Sincerely,



Mr. James Ott
Acting Director
Directorate of
Public Works



Department Environmental Protection and Energy
 Division of Responsible Party Site Remediation
 CN 028
 Trenton, NJ 08625-0029

Date Rec'd. _____
 Auth. _____
 Routing _____
 UST NO. _____

ATTN: UST Program
 (609) 984-3156

STANDARD REPORTING FORM
 for reporting activities at an UST facility:

- | | |
|--|---|
| <input type="checkbox"/> General Facility Information Changes | <input type="checkbox"/> Sale or Transfer |
| <input checked="" type="checkbox"/> Closure (Abandonment or Removal) | <input type="checkbox"/> Substantial Modification |
| <input type="checkbox"/> Temporary Closure | <input type="checkbox"/> Financial Responsibility |
| <input type="checkbox"/> Change in Service | <input type="checkbox"/> Address Change Only |

Check ONLY One Type of Activity - Complete Form For That Activity

(More than one tank can be listed per activity)

*** NOTE *** ALL NEW tank installations at existing registered facilities must submit a Registration Questionnaire for the new tanks.

Answer questions 1 through 5 and others as applicable.

1. Company name and address (as it appears on registration questionnaire):

U.S. ARMY - FORT MONMOUTH
 DPW - BUILDING 173
 FORT MONMOUTH NJ 07703
 ATTN: EUGENE W. LESINSKI

2. Facility name and location (if different from above):

3. Contact person for this activity:

GENE LESINSKI
 Telephone Number: (908) 532-0989

4. The identification number of the affected tank as it appears in Question Number 12 on the Registration Questionnaire:

5. Registration Number (if known):

UST - _____

6. For GENERAL FACILITY INFORMATION changes (address, telephone, contact person, etc. - supply NEW information only):

a. Facility name: _____

b. Facility location: _____

c. Owner's mailing address: _____

 _____ NJ _____

d. Block: _____ Lot: _____

e. Contact person (facility operator): _____

f. Contact telephone number: (_____) _____ - _____

g. Other (Specify): _____

(OVER)

a. Abandonment Date: _____
Attach the necessary implementation schedule (3 copies) and all documentation needed for abandonment per N.J.A.C. 7:14B-9.1 (d).

b. Removal Date: _____ / _____ / _____ Case No. _____
Attach the necessary implementation schedule (3 copies).

8. For CHANGES IN HAZARDOUS SUBSTANCES STORED (check all that apply):

- a. Temporary Closure (12 month maximum time - see N.J.A.C. 7:14B-9.1(b)). Remove all hazardous substances; leave tank in place.
- b. Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:14B-9.1(e).
- c. Changes in service from one regulated hazardous substance to another regulated hazardous substance.

Tank No. _____	Old _____	New _____
Tank No. _____	Old _____	New _____
Tank No. _____	Old _____	New _____

(Attach additional sheets if more space is needed)

9. For TRANSFER OF OWNERSHIP: Effective Date: _____ / _____ / _____

a. New Owner (operator) _____
b. New Facility Name _____

_____ NJ _____
_____ County _____

c. Closing Attorney _____ Tele: (____) _____

10. For SUBSTANTIAL MODIFICATIONS (to include any retrofitted activity - e.g. the addition of spill/overflow protection, monitoring systems, cathodic protection, etc.):

a. Type of Modification _____ Date: _____ / _____ / _____

b. * NOTE * Substantial modifications require a permit under N.J.A.C. 7:14B-10.

11. For changes in FINANCIAL RESPONSIBILITY to (check appropriate changes and attach copies of new information):

- a. Policy Type:
- b. Policy Number:
- c. Other:
- d. Company/Carrier:
- e. Expiration Date:

(Specify)

NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(ies) from any local, state and/or federal agencies must be obtained separately from this notification.

CERTIFICATION

This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility (N.J.A.C. 7:14B-2.3 (a) 1).

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Signature: _____

Name (print or type): JAMES OTT

Title: DIRECTOR - DEPT OF PUBLIC WORKS Date: _____

SOIL I UST #

DATE: _____

LOCATION: BLDE7

SOIL LOG: UST #

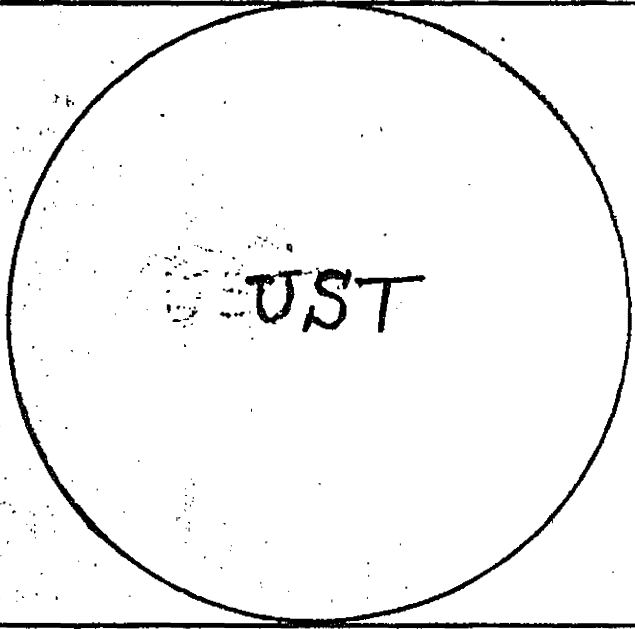
DATE: _____

LOCATION: BLDE7

USDA SOIL TAXONOMY TERMINOLOGY
THE SOIL LOG, Use the GUIDE freely.

GRADE

TOP SOIL



FT

FT

USDA SOIL TAXONOMY TERMINOLOGY
THE SOIL LOG, Use the GUIDE freely.

GRADE

TOP SOIL

UST REMOVAL CHECKLIST
TANK INFORMATION

BLDG NUMBER _____ TANK CONTENTS _____
TANK NUMBER _____ TANK MATERIAL _____
TANK SIZE _____ GALLONS PIPING MAT'L/LENGTH _____
TANK DIMENSIONS _____

SITE INFORMATION

DATE _____ CLOSURE NO. _____
KTR/SUPVR _____ WEATHER _____
GOVT SSE _____ DICAR NO. _____
OIL REMOVED _____ DEPTH OF COVER SOIL _____
SLUDGE REMOVED _____ EXCAV DIMENSIONS _____
SOIL REMOVED _____ GROUNDWATER ENCOUNTERED _____
BACKFILL USED _____ QTY OF BACKFILL _____
CONDITIONS FOUND _____

FIELD EQPT USED _____

NO. OF SAMPLES TAKEN _____

CHRONOLOGICAL EVENTS _____

REMARKS

U.S. Army
 DEH Bldg. 167
 SELFM-EH
 Fort Monmouth, NJ 07703

Date: _____
 Building #: _____
 NJDEPE UST Reg.#: _____
 NJDEPE CASE # _____

**FORT MONMOUTH SELFM-PW-EV
 UNDERGROUND STORAGE TANK REMOVAL
 ADMINISTRATIVE CHECK LIST**

Error! Bookmark not defined-Submission and/or Activity	Completed Date/Initials	Sent to NJDEPE Date/Initials
UST Registration		
Site Investigation (Preliminary)		NA
Closure Application Form		
Fees		
Decommissioning Plan, SAS, Implementation Schedule		
Scaled Site Map		
SFR-Closure (within 7 Days)		
Discharge Reported to NJDEPE		NA
Confined Space Entry Permit		NA
Cert. of Disposal (Scrap)		NA
Haz-Waste Manifests		NA
Drummed Waste Manifests (DRMO)		NA
Scaled Site Map(s) (Sampling)		NA
Chain Of Custody(s)		NA
Soil Analytical Results w/ conformance/nonconformance summaries, IR specs TPHC-(PWS-007)		NA
Soil Analytical Results w/ conformance/nonconformance summaries, GC/MS VOA+15 -(BPA)		NA
Removal Invoice w/Clean Fill Tickets, and Signature of Closure Individual		NA
SITE ASSESSMENT SUMMARY		
DISCHARGE INVESTIGATION REPORT (RI)		
QUARTERLY UPDATE TO NJDEPE		
QUARTERLY UPDATE TO NJDEPE		

1 ARMY, SELFM-PW-EY
DAILY UST SUBSURFACE REMOVAL LOG

BLDG.#: _____ REG.#: _____ - _____ CLOSURE#: _____
 DATE: _____ TOA: * _____ TOD: _____
 GOV. SSE: _____ NJDEP CERT.#: _____
 REMOVAL CONTRACTOR: SAI Inc.
 CLOSURE SUPERVISOR: _____ NJDEP CERT.#: _____
 WEATHER: _____

ACTIVITY	Y E S / N O
THE SUPERVISOR (CLOSURE CERT.) WAS ON-SITE DURING ALL CLOSURE RELATED ACTIVITIES	
THE SSE WAS ON-SITE DURING UST REMOVAL AND SITE SCREENING AND SAMPLING ACTIVITIES	
ALL ON-SITE PERSONNEL HAD TRAINING IAW ALL SAFETY REQUIREMENTS (E.G. 29CFR)	
A CONFINED ENTRY PERMIT WAS COMPLETED AND POSTED ON-SITE BY THE CONTRACTOR	
THE UST WAS PLACED ONTO PLASTIC, SCRAPED OFF, INSPECTED FOR HOLES AND PHOTOGRAPHED	
A DISCHARGE WAS REPORTED TO THE NJDEP (609-292-7172), CASE# _____	
PHOTOS HAVE UST#, BLDG. #, DATE, TIME, NAME OF SSE AND DESCR. WRITTEN ON BACK	
GROUNDWATER WAS ENCOUNTERED AT _____ FEET BG, A SHEEN (WAS/WAS NOT) OBSERVED ON GW	
IF OVA/Hnu WAS USED: WAS IT CAL. AND FOUND TO BE OPERATIONAL (cal. data on COC)	
IF SAMPLES WERE TAKEN: COC, SCALED SITE MAP (VERT. SOIL HORIZONS AND PLOT PLAN)	
ALL SAMPLE COLLECTION ACTIVITIES WERE AS DESCRIBED IN THE NJDEP FSPM, 1992	
ALL SAMPLING WAS BIASED TOWARD HIGHEST OVA/FID RECORDED SITES IAW 7:26E-3.6 <i>et seq.</i>	
ALL PETROL. CONT. SOILS WERE SECURED FROM THE WEATHER BY CLOSE OF BUSINESS TODAY	
THE SSE AUTHORIZED BACKFILLING THE EXCAVATION (STONE TO 1" ABOVE GROUNDWATER)	
ADDITIONAL NOTES WERE TAKEN AND ARE RECORDED ON THE BACK OF THIS FORM	
THE FOLLOWING DOCUMENTS WERE ADDED TO THE PROJECT FOLDER TODAY: (CIRCLE EACH) SCRAP TICKET, CSE PERMIT, ACCIDENT REPORT, HAZ. WASTE MANIFEST, DAILY UST CLOSURE LOG, SCALED SITE MAP (SAMPLING), SRF-CLOSURE, CHAIN OF CUSTODY, SOIL ANALYTICAL RESULTS, CLEAN FILL TICKETS (IN YDS ³), PHOTOGRAPHS (UST, EXCAVATION, SAMPLING POINTS)	

CHECK ALL BOXES. LEAVE NO BLANKS

I certify under penalty of law that tank decommissioning activities were performed in compliance with N.J.A.C. 7:14B-9.2(b)3 and 7:26 *et seq.* I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment.

SIGNATURE: _____ DATE: _____