



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT MONMOUTH
286 SANGER AVENUE
FORT MONMOUTH, NEW JERSEY 07703-5101

Directorate of Public Works

NJ Department of Environmental Protection
 Division of Remediation Support
 UST Program
 Registration and Billing Unit
 P.O. Box 028
 Trenton, New Jersey 08625-0028

CONCURRENCE				
OFFICE	NAME	INITIALS	DATE	TEL. NO.
mon-PW	Charles Appleby	CA	6-9-08	202692

Re: Updated UST Facility Certification Questionnaire
Removal of USTs, TMS# N08-6337
US Army Garrison, Fort Monmouth, Main Post EAST
Facility ID: 009001; UST # 65, 66 and 67

JUN 09 2008

Dear Sir/Madam:

Enclosed is a UST Facility Certification Questionnaire which documents removal of three USTs from Fort Monmouth. The USTs removed are Tank Numbers 65, 66, and 67. These tanks were located at Building 273 in Fort Monmouth's Main Post East facility, Facility ID 0090010.

These USTs are being replaced with two 10,000 gallon above ground storage tanks.

Should you have any questions or require any additional information, please contact Mr. Charles Appleby, Environmental Protection Specialist, at 732-532-2692 or email: Charles.Appleby@US.Army.mil

Sincerely,

Joseph Fallon
 Chief, Environmental Branch

Enc. Completed NJDEP UST Facility Certification Questionnaire
 Closure – Notice of Intent, UST, TMS# N08-6337

cc: Lawrence Quinn, NJDEP Case Manager

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION



DIVISION OF REMEDIATION SUPPORT
 UST Program • Registration and Billing Unit
 PO Box 028, Trenton, N.J. 08625-0028
 1-609-633-1464 • www.state.nj.us/dep/srp/bust

STATE USE ONLY

Check In Yes No

**UNDERGROUND STORAGE TANK
 FACILITY CERTIFICATION QUESTIONNAIRE**

FACILITY UST # (PROGRAM INTEREST ID):

009001

Completion of this Registration Questionnaire will satisfy the registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21 et seq., and the Underground Storage Tank Rules N.J.A.C. 7:14B et. seq.

Check appropriate box

- A. This is a registration of a proposed or newly installed underground storage tank. (This form must be filed at least 30 days prior to operation)
- B. This is a registration of an existing underground storage tank not presently registered.
- C. This is a correction or amendment to an existing facility registration. (Check type of change below)
- D. There have been no changes to the facility registration since last submittal. (Complete Section A, C & E)

If "C" is checked above, please check the appropriate type of change(s) below

- | | | |
|--|---|---|
| <input type="checkbox"/> Facility Name and/or Address Change | <input type="checkbox"/> Type of Product(s) Stored | <input type="checkbox"/> Financial Responsibility Change (Including Policy Renewal) |
| <input type="checkbox"/> Owner Name and/or Address Change | <input type="checkbox"/> Substantial Modification(s) (see 14B) | <input type="checkbox"/> Sale or Transfer (Complete entire form) |
| <input type="checkbox"/> Facility Operator and/or Address Change | <input type="checkbox"/> Tank(s) and/or Piping Changes | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Owner Contact Person Change | <input checked="" type="checkbox"/> Closure (Complete Section B Questions 1, 4, 5, 12C) | |

SECTION A - GENERAL FACILITY INFORMATION

1. Facility Name US ARMY GARRISON Fort Monmouth MAJOR POST E

2. Facility Location
 Address Line 1 Building 273
 Address Line 2 _____
 City or Municipality GEARHART
Monmouth COUNTY NJ STATE 07793- ZIP CODE 105 BLOCK 1 LOT

3. Facility Operator
 ORGANIZATION (If applicable, e.g. Company) or INDIVIDUAL
 Contact Person JOHIM MCCARTHY PERSON ENV. ENG. TITLE
732 532 6224 PHONE NUMBER (INCLUDE AREA CODE & EXT) _____ E-MAIL ADDRESS
 Operator Address (if different than #2) 1731 Riverside Ave ADDRESS LINE 1 (NUMBER AND STREET)
 _____ ADDRESS LINE 2 (e.g. PO BOX, SUITE)
FT Monmouth CITY OR MUNICIPALITY NJ STATE 07793- ZIP CODE

4. Tank Owner
 (Organization) F&E
 Contact Person _____ PERSON _____ TITLE _____
 _____ PHONE NUMBER (INCLUDE AREA CODE & EXT) _____ E-MAIL ADDRESS
 Tank Owner Address _____ ADDRESS LINE 1 (NUMBER AND STREET)
 _____ ADDRESS LINE 2 (e.g. PO BOX, SUITE)
 _____ CITY OR MUNICIPALITY _____ STATE _____ ZIP CODE

5. **Billing Address:** Check one below
 Same as Tank Owner address listed in Section A4. Same as Facility Operator address listed in Section A3. Other and attach billing address.
6. **Total number of regulated underground storage tanks at facility** (Complete Section B for each tank unless there has been no change since last submittal)
7. **Total regulated underground storage capacity at facility (gallons)**
8. **Facility Type:** A State C County/Municipal E Charitable / Public School G Farm (as defined in N.J.S.A. 54:4-23.1 et seq.)
 B Commercial/ Industrial D Federal F Residential

NOTE: The facility site plan must be submitted when registering any underground storage tank pursuant to N.J.A.C. 7:14B 2.2.

SECTION B - SPECIFIC TANK INFORMATION

ALL regulated underground storage tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND PRIOR TO 9/3/86) must be registered. Report all tank/piping status changes. **DO NOT MARK SHADED AREAS**

1. Tank Identification Number	TANK NO. <input type="text" value=""/> <input type="text" value="6"/> <input type="text" value="5"/>		TANK NO. <input type="text" value=""/> <input type="text" value="6"/> <input type="text" value="6"/>		TANK NO. <input type="text" value=""/> <input type="text" value="6"/> <input type="text" value="7"/>		TANK NO. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		TANK NO. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
2. CAS Number (Hazardous substances only)										
3. Date Tank Installed										
4. Tank Size (gallons) - Please note that each compartment is considered a separate Tank System	6000		10000		10000					
5. Tank Contents (Mark one "X" for each tank)										
A. Leaded Gasoline										
B. Unleaded Gasoline			X		X					
C. Alcohol Enriched Gasoline										
D. Light Diesel Fuel (No. 1-D)										
E. Medium Diesel Fuel (No. 2-D)	X									
F. Waste Oil										
G. Kerosene (No. 1)										
H. Heating Oil (No. 2) Complete 13C										
I. Heating Oil (No. 4) Complete 13C										
J. Heating Oil (No. 6) Complete 13C										
K. Aviation Fuel										
L. Motor Oil										
M. Lubricating Oil										
N. Automatic Transmission Fluid										
O. Hazardous Waste (Specify ID Number)										
P. Coolant/Antifreeze										
Q. Other (please specify)										
6. Tank & Piping Construction (Mark at least one each for Tank and Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel										
B. Cathodically Protected Metal (Mark SA or IC)										
1. Sacrificial Anode (SA)	Mo. Day Year		Mo. Day Year		Mo. Day Year		Mo. Day Year		Mo. Day Year	
*Date Sacrificial Anode Installed (TANK ONLY)										
2. Impressed Current (IC)	Mo. Day Year		Mo. Day Year		Mo. Day Year		Mo. Day Year		Mo. Day Year	
*Date Impressed Current Installed (TANK ONLY)										
C. Fiberglass-Coated Steel (TANK ONLY)										
D. Fiberglass-Reinforced Plastic										
E. Internally Lined (TANK ONLY)	Mo. Day Year		Mo. Day Year		Mo. Day Year		Mo. Day Year		Mo. Day Year	
*Date Internal Lining Installed										
F. Other (Please specify) (Include Brand Name)										
7. Piping Operation (Mark one for each tank system)										
A. Pressurized Piping (PIPING ONLY)										
B. American Suction Piping (PIPING ONLY)										
C. European Suction Piping (PIPING ONLY)										
D. Supply/Return (Heating Oil Piping Only)										
8. Tank & Piping Structure (Mark one for each TANK & PIPING)										
A. Single Wall										
B. Double Wall										
C. Secondary Containment (e.g. Externally Lined)										
9. Type of Monitoring/Detection (Mark all that apply for TANK & PIPING)										
A. Statistical Inventory Reconciliation										
Vendor Name & Phone Number										
B. Manual Tank Gauging (TANK ONLY)										
C. Inventory Control (TANK ONLY)										
D. Interstitial										
E. Tightness Test										
F. Ground Water Observation Wells										
G. Vapor Observation Wells										
H. In-Tank (Auto Monitoring Gauge) (TANK ONLY)										
I. In-Line Electronic Pressure Monitor (PIPING ONLY) See Definition Page 4										
J. Automatic Line Leak Detector (PIPING ONLY) See Definition Page 4										
K. None (TANK & PIPING)										

Tank Identification Number	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	65	66	67		
10. Overfill Protection (Mark one X for each tank)					
A. Yes					
B. No					
11. Spill Containment Around Fill Pipe (Mark one X for each tank)					
A. Yes					
B. No					
12. Tank Status Information (Mark appropriate choice for each tank)					
A. In-Use					
B. Out of Service (See Definition Page 4)					
Date Taken Out of Service	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
C. Closed					
1. Removed					
Date Removed	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
<i>Tms-08-6337</i>	<i>06/04/2008</i>	<i>06/03/2008</i>	<i>06/02/2008</i>		
Closure # <i>Larry Ruino NJDEP</i>	<i>Case mgr.</i>	<i>Case mgr.</i>	<i>Case mgr.</i>		
2. Abandoned-In-Place					
Date Abandoned-In-Place	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
Closure #					
13. Tank Use Information (Mark if applicable)					
A. Emergency Back-up Generator					
B. Sump (See Definition Page 4)					
C. Heating Oil Tanks If you checked H, I or J under item B5 on Page 2, check one of the following					
1. Product for on-site consumption use					
2. Product for sale or distribution					
14. Other Information (Mark if applicable)					
A. Date of Sale or Transfer	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year
B. Substantial Modification #					
C. ISRA #					
15. Is the tank within a wellhead protection area as defined on Page 4 (Mark for each tank)					
A. Yes					
B. No					

SECTION C - FINANCIAL RESPONSIBILITY

Please note: In addition to new submittals, any change in the Financial Responsibility Assurance Mechanism as per N.J.A.C. 7:14B 2.2 (including policy renewal date) for an existing facility shall be listed below.

Type of Mechanism (i.e. Insurance)

Carrier/Issuing Agency

Effective Date

Expiration Date

Policy Number

Amount of Aggregate Coverage

SECTION D - GENERAL GUIDANCE

- FEE:** (If applicable) Please make check payable to: "Treasurer, State of New Jersey". Registration and Billing Fee Schedule can be found in N.J.A.C. 7:14B-3.
- PENALTY:** Failure by owner or operator of a regulated underground storage tank to comply with any requirement of 7:14B et. seq. may result in penalties set forth in N.J.S.A. 58:10A-12.
- EMERGENCY:** If a discharge or spill occurs, the NJDEP Hotline at (877) 927-6337 must be called **IMMEDIATELY** - 24 hours a day.
- EXEMPTION:** Residential heating oil underground storage tanks are exempt from the rules as per by N.J.S.A. 58:10A-21 et. seq. Please see N.J.A.C. 7:14B.-1.4(b) for other exemptions.
- PUBLICATIONS:** Operation and maintenance / record keeping / compliance publications are available on line at www.state.nj.us/dep/srp/bust
Suggested Publications: "Underground and Storage Tank Owner's Self-inspection Checklist" and "Tank Care".
- QUESTIONNAIRE:** Initial facility registrations can be submitted online at www.njdeponline.com (Renewal and modifications need prior DEP pin code approval to submit online).
- MAILING:** UST Registration Certificates are mailed directly to the facility to be displayed prominently as per N.J.A.C. 7:14B-2.6

SECTION E - CERTIFICATION

Must be signed as follows:

- For a corporation, by a person authorized by resolution of the Board of Directors to sign the document.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- For persons other than indicated above, by the person with legal responsibility for the site.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Barbara Folk
(Typed / Printed Name)

Barbara Folk
(Signature)

Director, DPW
(Title)

6/6/08
(Date)

00 900 1
Facility UST #

SECTION F - DEFINITIONS

Section B7 C. **"European" Suction Piping** - Suction piping which has enough slope so that the product in the pipe can drain back into the tank when the suction is released, and which has only one check valve, located directly beneath the pump in the dispensing unit. Any underground storage tank equipped with "European" Suction Piping has no monitoring detection requirements for piping.

Section B9 I. **In-Line Electronic Pressure Monitor** - (Used with pressurized piping only) A monitor which checks for loss of pressure within piping when no product is dispensed. This method may be used once every 30 days or every time the dispenser turns off.

Section B9 J. **Automatic Line Leak Detectors** - (Used with pressurized piping - Must be able to detect a 3 gph leak within 1 hour of its occurrence). Types of detectors are:

1. Flow restrictors and flow shut offs which monitor pressure within piping. When a suspected leak is detected, either restricts the flow of product through the piping well below the 3 gph leak rate it detects, or completely cuts off product flow and shuts down the pump.
2. Continuous alarm systems which constantly monitor piping conditions and trigger an audible or visual alarm if a leak is suspected.

Section B12 B. **Out of Service Storage Tank** - Any underground storage tank system in which hazardous substances are contained or have been contained, but from which hazardous substances are not or have not been introduced or dispensed pending a decision to close the system or begin reuse of the system.

Please Note: Underground storage tank systems which are out of service shall comply with the provisions of N.J.A.C. 7:14B-9-1. The owner or operator of an underground storage tank system which is out of service for a period greater than three months shall follow the guidelines in the current American Petroleum Institute Bulletin #1604. The owner or operator may request that the underground storage tank system remain out of service for a period of more than 12 months without having to permanently close the tank system by complying with the provisions of N.J.A.C. 7:14B-9.1(b) by submitting a Site Investigation (SI) Report at least 30 days before expiration of the 12 month period.

Section B13 B. **Sump** - Any underground storage tank used to collect or contain a hazardous substance for no more than 48 hours.

Section B15 **Wellhead Protection Area** -

1. The area within a 2,000 ft. radius surrounding a public community or public non-community water system well when there is an underground storage tank containing gasoline or non-petroleum hazardous substances located within that area.
2. The area within a 750 ft. radius surrounding a public community or public non-community water system well when there is an underground storage tank containing petroleum products other than gasoline located within that area.



Division of Remediation Support
Bureau of Risk Management, Initial Notice and Case Assignment
PO Box 435
Trenton, NJ 08625-0435
(609) 633-0708

Fallon

**CLOSURE - Notice of Intent
Underground Storage Tank System**

DEP Received Date: 05/29/2008
Earliest Start of Work Date: 06/12/2008
Expiration Date: 05/29/2009

TMS #: N08-6337
Activity #: UCL080001

Facility ID #: 009001

Facility Name:
USARMY GARRISON FORTMONMOUTH MAN POST E

Facility Address:
BLDG 273
Oceanport Boro
Monmouth County

Decommission, close and conduct a site investigation for the UST(s) and all associated piping specified in this approval in accordance with the Technical Requirements for Site Remediation, N.J.A.C. 7:26E.

The management of any excavated soils must follow the requirements listed in N.J.A.C. 7:14B-8.2.

Note: The UNDERGROUND STORAGE TANK SERVICES CERTIFICATION ACT, N.J.S.A. 58:10A-24, requires all services performed on an UST system for the purpose of complying with P.L.1986, c.102 to be performed by or under the immediate on-site supervision of a person certified by the Department for that service. The certified person providing that service must be employed by a business that is also certified by the Department for that service.

Contact Person: BARBARA FOLK

Telephone #: (732)427-1523

This Permit must be displayed at the Site during the Approved Activity and must be made available for inspections at all times.

The above listed facility is hereby granted approval to perform the attached activities in accordance with N.J.A.C. 7:14B-1 et. seq.

Rafael Rivera, Supervisor
Bureau of Risk Management, Initial Notice and Case Assignment

This Permit consists of 2 pages.

The closure of the following:

One-10000 gallon Unleaded Gasoline underground storage tank, and appurtenant piping.

One-6000 gallon Medium Diesel Fuel (No. 2-D) underground storage tank, and appurtenant piping.

One-10000 gallon Unleaded Gasoline underground storage tank, and appurtenant piping.