



Completed
3-4-94

RECEIVED
State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
Trenton, N.J. 08625-0029
BUREAU OF UNDERGROUND STORAGE TANKS
ATTN: BUST Program
(609) 984-3156

For State Use Only
Date Rec'd. _____
Auth. _____
Routing _____
UST NO. 0085115

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.

- Company name and address (as it appears on registration questionnaire):
 Borough of Madison
 Kings Road; Hartley Dodge Memorial
 Madison, NJ
- Facility name and location (if different from above):

- Contact person for this activity:
 Mr. James Allison; Borough Administrator
 Telephone Number: (201) 593-3038
- The identification number of the affected tank as it appears in Question Number 12 on the Registration Questionnaire:

- Registration Number (if known):
 UST - 0085115
- For GENERAL FACILITY INFORMATION changes (address, telephone, contact person, etc. – supply NEW information only):
 - Facility name: _____
 - Facility location: _____
 - Owner's mailing address: _____

 _____ NJ _____
 - Block: _____ Lot: _____
 - Contact person (facility operator): _____
 - Contact telephone number: (_____) _____ - _____
 - Other (Specify): _____

7. For CLOSURE (abandonment or removal – check all that apply):

a. Abandonment

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

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:

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 _____

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: d. Company/Carrier:

b. Policy Number: e. Expiration Date:

c. Other:

(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: Mark Hartman

Name (print or type): Mark Hartman

Title: Principal Hydrogeologist Date: December 14, 1993

NOTICE

An SRF will no longer be required prior to the closure of an underground storage tank. Submit the SRF and the information requested below within 7 days after the completion of the tank closure (removal or abandonment). Complete only Sections 1-5 on the SRF and sign the form.

TMS # C93-1081; C-93-1080

Date of Closure December 9, 1993

Abandonment or Removal (circle one)

#, Size and Content of Tank(s) (2) 4,000G #2 Heating Oil

0001: 0002