

Completed
7.9.96

0085115

LETTER OF TRANSMITTAL

BOROUGH OF MADISON
Hartley Dodge Memorial
Madison, N. J. 07940
(201) 593-3063, 3065, 3060 or 3064

| |
|---|
| Date: June 28, 1996 |
| Attention: _____ |
| Re: Police Sta. UST Facility Questionnaire |
| _____ |
| _____ |
| _____ |

To: NJDEP
Div. of Responsible Party Site Remediation
Bureau of Applicability & Compliance
Registration & Billing Unit
CN 028
Trenton, N. J. 08625-0028

We are sending you Under separate cover via _____
the following items:

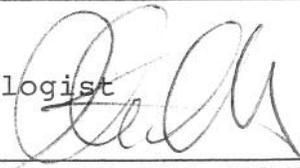
| Copies | Date | No. | Description |
|--------|---------|-----|---|
| 1 | 6-27-96 | | UST Facility Questionnaire # 0085115 for 4K gal. gasoline UST closure |
| | | | CMRRR P 539 538 757 |
| | | | |
| | | | |

These are transmitted as checked below:

- | | |
|---|---|
| <input type="checkbox"/> For Approval | <input type="checkbox"/> Approved as submitted |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections |
| <input type="checkbox"/> Resubmit _____ copies for approval | |
| <input type="checkbox"/> Submit _____ copies for distribution | |
| <input type="checkbox"/> Return _____ corrected prints | |
| <input type="checkbox"/> For review and comment | |
| <input type="checkbox"/> FOR BIDS DUE _____ 19 _____ | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |

REMARKS _____

Copy to Burton Turner, Senior Hydrogeologist

SIGNED 
LAND USE SERVICES
Stanley J. Schrek

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION
 BUREAU OF APPLICABILITY AND COMPLIANCE
 Registration and Billing Unit
 CN 028, Trenton, N.J. 08625-0028
 1-609-984-3156

FOR STATE USE ONLY

Check In Yes No

STATUS Active Inactive

COMCODE

UNDERGROUND STORAGE TANK FACILITY QUESTIONNAIRE

FACILITY UST # 0085115

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, and the Registration and Billing Regulations N.J.A.C. 7:14B-2.

[Check appropriate box(es)]

- A. Is this a registration of a proposed or newly installed underground storage tank? (This form must be filed at least 30 days prior to operation)
- B. Is this a registration of an existing underground storage tank not presently registered?
- C. Is this a correction or amendment to an existing facility registration? UST # 0085115
- D. There have been no changes to the facility registration since last submittal. UST # _____ (Go to certification page for signatures)

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 |
| <input type="checkbox"/> Owner Name and/or Address Change | <input type="checkbox"/> Spills, Leaks, Releases | <input type="checkbox"/> Substantial Modification(s) |
| <input type="checkbox"/> Facility Operator and/or Address Change | <input type="checkbox"/> Tank(s) and/or Piping Changes | <input type="checkbox"/> Sale or Transfer (Complete Questions 4,5,6 & 13) |
| <input type="checkbox"/> Owner Contact Person Change | <input checked="" type="checkbox"/> Closure (Complete Question #13) | <input type="checkbox"/> Other (please specify) |

SECTION A - GENERAL FACILITY INFORMATION

1. Facility Name H | A | R | T | L | E | Y | | D | O | D | G | E | | M | E | M | O | R | I | A | L | | B | L | D | G | |

2. Facility Location K | I | N | G | S | | R | O | A | D | |
NUMBER AND STREET

R | O | R | O | U | G | H | | O | F | | M | A | D | I | S | O | N | |
CITY OR MUNICIPALITY

M | O | R | R | I | S | | N | J | 0 | 7 | 9 | 4 | 0 | |
COUNTY STATE ZIP CODE BLOCK LOT

3. Facility Operator S | T | A | N | L | E | Y | | J | | S | C | H | R | E | K | | Contact Tele. No. 2 | 0 | 1 | | 5 | 9 | 3 | | 3 | 0 | 6 | 3 | |
PERSON OR TITLE (Area Code) (Extension)

Operator Address (if different than #2) _____
NUMBER AND STREET

_____ CITY OR MUNICIPALITY

STATE ZIP CODE

4. Tank Owner B | O | R | O | U | G | H | | O | F | | M | A | D | I | S | O | N | |

5. Tank Owner Address H | A | R | T | L | E | Y | | D | O | D | G | E | | M | E | M | O | R | I | A | L | | B | L | D | G | |

K | I | N | G | S | | R | O | A | D | |
NUMBER AND STREET

M | A | D | I | S | O | N | |
CITY OR MUNICIPALITY

N | J | 0 | 7 | 9 | 4 | 0 | |
STATE ZIP CODE

Contact Person (Tank Owner) S | T | A | N | L | E | Y | | J | | S | C | H | R | E | K | | Contact Tele. No. 2 | 0 | 1 | | 5 | 9 | 3 | | 3 | 0 | 6 | 3 | |
(Area Code) (Extension)

7. EPA ID #

8. Total number of regulated underground storage tanks at facility (Complete Section B for each tank)

| Tank Identification Number | TANK NO. |
|---|--|--|--|--|--|
| 8. Type of Monitoring/Detection System K. None L. Other (please specify) | Tank Piping <input type="checkbox"/> <input type="checkbox"/> |
| 9. Overfill Protection (tank only) (Mark one X for each tank) A. Yes B. No | <input type="checkbox"/> |
| 10. Spill Containment Around Fill Pipe (Mark one X for each tank) A. Yes B. No | <input type="checkbox"/> |
| 11. Tank Status (Mark one X for each tank) A. In-use B. Empty less than 12 months C. Empty 12 months or more D. Emergency spill tank (sump) E. Emergency backup generator tank F. Abandoned in Place G. Removed H. Other (please specify) | Tank Piping <input type="checkbox"/> <input type="checkbox"/> |
| 12. If box 11B, C, or D above has been marked, indicate the estimated date last used (month/day/year) | Mo. Day Year |
| 13. Closure Information - Tank ID No. | TANK NO. 0002 | TANK NO. | TANK NO. | TANK NO. | TANK NO. |
| A. Date abandoned in place | Mo. Day Year |
| B. Date taken temporarily out of service | | | | | |
| C. Date removed | 0161111916 | | | | |
| D. Date of Sale or Transfer | | | | | |
| E. TMS # (if applicable) | C93-1079 | | | | |
| F. ISRA # (if applicable) | | | | | |

SECTION C - FINANCIAL RESPONSIBILITY

Does this facility have a Financial Responsibility Assurance Mechanism as required in 40 CFR 280? YES NO
Please list the appropriate financial information below:

| | |
|-------------------------------------|--------------------------------------|
| Type | Carrier / Issuing Agency |
| _____/_____/_____ Effective Date | _____/_____/_____ Expiration Date |
| _____ | _____ |
| Policy Number | \$ Amount |

SECTION D - MONITORING SYSTEMS

Does this facility have a release detection monitoring system which is in compliance with N.J.A.C. 7:14B-6? YES NO
If "No", please be aware that the facility must meet the appropriate deadline. (See "Dates to Know" on Page 4)

SECTION E - RECORDKEEPING/COMPLIANCE

Please answer all the questions in this section on a facility basis. Any one tank not in compliance requires a "NO" answer for the entire facility

- Does this facility have cathodic protection systems for all steel tanks and piping?
If "Yes", are the systems properly operated and maintained pursuant to N.J.A.C. 7:14B-5? YES NO
- Are the performance claims and documentation of monitoring systems maintained by the owner or operator pursuant to N.J.A.C. 7:14B-5? YES NO
- Are the proper monitoring, testing, sampling, repair and inventory records kept on-site pursuant to N.J.A.C. 7:14B-5 and 6? YES NO
- Is the proper Release Response Plan kept on-site pursuant to N.J.A.C. 7:14B-5? YES NO
- Does the facility have spill and over fill protection systems pursuant to N.J.A.C. 7:14B-4? YES NO
- Have all Fill Ports been permanently marked as per API #1637 pursuant to N.J.A.C. 7:14B-5? YES NO

IMPORTANT INFORMATION

FEE: Please make checks payable to: "Treasurer, State of New Jersey". Use of the enclosed return envelope will expedite processing. Registration and Billing Schedule can be found in N.J.A.C. 7:14B. All Initial Registration fees are \$100 per facility.
PENALTY: Failure by owner or operator of a regulated underground storage tank to comply with any requirement of the State UST Act or regulations may result in the penalties set forth in N.J.S.A. 58:10A-10.
EMERGENCY: If a discharge or spill occurs, the NJDEP Hotline at (609) 292-7172 must be called IMMEDIATELY - 24 hours a day.
UPGRADE EXEMPTION: Residential heating oil underground storage tanks are exempt from all upgrade requirements.

DATES TO KNOW (critical deadlines)

- December 22, 1988 — All new federally regulated tank systems must have cathodic protection and spill/overflow protection.
September 4, 1990 — All new State-only regulated tank systems must have cathodic protection and spill/overflow protection.
December 22, 1990 — All federally regulated piping must have begun leak detection.
February 19, 1993 — All federally regulated tank systems must maintain financial responsibility assurance.
December 22, 1993 — All federally regulated tank systems must have begun leak detection.
December 22, 1998 — All regulated tanks shall install cathodic protection and spill/overflow protection.

CERTIFICATIONS

NOTE: IF THE PERSON SIGNING CERTIFICATION NO. 2 IS THE SAME AS THE PERSON SIGNING CERTIFICATION NO. 1, THEN CERTIFICATION NO. 2 NEED NOT BE SIGNED. (If different persons are required to sign No. 1 and No. 2, then they must do so.)

CERTIFICATION NO. 1:

Must be signed by the highest ranking individual at the facility with overall responsibility

"I certify under penalty of law that the information provided in this document is true, accurate and complete to the best of my knowledge, information and belief. I am aware that there are significant civil and criminal 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."

Stanley J. Schrek, PE, RA, PP

(Typed / Printed Name)

Borough Engineer

(Title)

[Handwritten Signature]
6/27/96
(Date)

CERTIFICATION NO. 2:

Must be signed as follows:

- For a corporation, by a principal executive officer of at least the level of vice president
• 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 herein and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal 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."

Gary Ruckelshaus

(Typed / Printed Name)

Mayor

(Title)

[Handwritten Signature]
6-27-96
(Date)

CERTIFICATION NO. 3:

If applicable, must be signed by the individual who is certified to perform services.

"I certify under penalty of law that the information provided in this document is true, accurate and complete to the best of my knowledge, information and belief. I am aware that there are significant civil and criminal 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."

Burton Turner, Senior Hydrogeologist

(Typed / Printed Name)

(Title)

Environmental Engineering Corp.

(Name of Firm, if applicable)

[Handwritten Signature]
6/24/96
(Date)
001421
(N.J. Certification Number)