### 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 1	No. Building No.	Tank No.
0081533	247 248 249 250 251 252 253 254 255 256 258 261 262 263 264 265 266 267 268 269 270 271 360 361 362 363 364 655	34 35 36 38 39 41 42 44 45 48 49 51 51 51 51 71 71 72 74 97
	656 657 658	98 99 100

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

Sincerely,

Trues (

Mr. James Ott Acting Director Directorate of Public Works



341300 

# Departmen Environmental Protection and Energy Division of Responsible Party Site Remediation CN 028

Trenton, NJ 08625-0029

ATTN: UST Program (609) 984-3156

Date Rec'd.	
Auth.	
Routing	
UST NO.	<del></del>

-				<u>'</u>
	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		1
1		DARD REPORT		{
	for report	ing activities at a	n us i laciity:	1
1	General Facility Information	Changes	Sale or Transfer	
	X Closure (Abandonment or F		Substantial Modification	
1	Temporary Closure	•	Financial Responsibility	
	Change in Service		Address Change Only	
	Charl Old V Car Tar	al Amirina - Ma-	mints Form For That Assists	
L	Check ONLY One Type	or Activity — Con	plete Form For That Activity	
	(More than o	one tank can be I	isted per activity)	
			ations at existing registered still	
	the state of the s		•	•
Αr	swer questions 1 through 5 and others as applic	able.		
		I G ADI	WI - FOR MOULIAN	711.
٦.	Company name and address (as it	UIU, MA	N- FORT MONMOU	///
	appears on registration questionnaire):	DPW -	BUILDING 173	
	•	FORT /	MONIMOUTH NIT	DT703
		1-10	EUGENE IN. LE	CINCUI
	And the second s	AIIVe	LOUENT W. DE	00009
	Fatherna and the set			
<b>Z</b>	Facility name and location (If different from above):			
	(a pure cont nont acces).			
		<del></del>		<del></del>
3	Contact person for this activity:	GENIE	LESINSKI	
₩.	The state of the s			40 CO
		Telephone Nur	mber: (908) 532-9	<u> </u>
			• /	
4.	The identification number of the affected tank :	as it appears in (	Question Number 12 on the Registr	ation Questionnaire:
			Ţ.	·
	:			
5.	Registration Number (If known):	UST -	•	
				<del></del>
6.	For GENERAL FACILITY INFORMATION change	s (address, lelept	none, contact person, etc supply Ni	EW information only):
	a. Facility name:			
	a. Facility name:			
	c. Owner's mailing address:			· · · · · · · · · · · · · · · · · · ·
			<del> </del>	
		<del></del>	NJ .	
	d Block that Bak	<del></del>		
	d. Block: Lot:	<del></del>	,	
	e. Contact person (tacility operator):			
	f. Contact telephone number:	<del></del>		<u> </u>
	g. Other (Specify):		_	- مستومین با معبیری الادرسی
	•			

(OVER)

a.   Temporary Closure (12 month maximum time – see N.J.A.C. 7.148-9.1(b)). Remove all hazardous substances; leave tank in place. b.   Change is service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7.148-9.1(e). c.   Changes in service from one regulated hazardous substance to another regulated hazardous substance.  Tank No.   Old   New   Tank No.   Old   Ne		HOIL DOLL	/	Name and the second	, - :	
b. pg Removal Date:	shandonment	cessary implement.		pies) and all documentati	anded for	A STATE OF THE STA
Attach the necessary implementation schedule (3 copies).  8. For CHANGES IN HAZARDOUS SUBSTANCES STORED (chéck 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	-	•		Case No.		
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 NJJA.C. 7:148-9.1(e).  c. Changes in service from one regulated hazardous substance to another regulated hazardous substance.  Tank No. Old New New New (Altach additional sheets it more space is needed)  9. For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator)  b. New Facility Name NJ  County Tele: (	, <del>, -</del>			<del>-</del>	<del></del>	
a.   Temporary Closure (12 month maximum time – see N.J.A.C. 7.148-9.1(b)). Remove all hazardous substances; leave tank in place. b.   Change is service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7.148-9.1(e). c.   Changes in service from one regulated hazardous substance to another regulated hazardous substance.  Tank No.   Old   New   Tank No.   Old   Ne	R For CHANGES IN	N HAZARDOUS SUE	STANCES STORE	≅D (cháck all that acciv):		
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. 7:148-3.1(e).  C. Changes in service from one regulated hazardous substance to another regulated hazardous substance.  Tank No. Old New New (Attach additional sheets it more space is needed)  9. For TRANSFER OF OWNERSHIP: Effective Date:  a. New Owner (operator) b. New Facility Name  Country Tele:  1. Type of Modification b. "NOTE" Substantial Modifications require a permit under N.J.A.C. 7:148-10.  11. For changes in FiNANCIAL RESPONSIBILITY to (check appropriate changes and attach copies of new information) a. Policy Number: b. Policy Number: c. Other: b. Policy Number: c. Other: c. Other: CERTIFICATION  This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the activity and shall be signed by the highest ranking individual at the facility with overall responsibility for the activity and shall be signed by the highest ranking individual at the facility with overall responsibility for the activity of penalty of penalty of years of penalty of years are significant told and criminal penalties for submitting take, inaccurate or incomplete information, including and price or type):  Title: DiffCATOR  New  Title: DiffCATOR  Definition or type):  Title: DiffCATOR  Definition or type the properties and the penalty of the type of the pen	a. 🛘 Temporary	y Closure (12 month i		•	Remove all haza	rdous
and site assessment performed per N.J.A.C. 7.7.148-9.1(e).  C. Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. Old New		•			<b>~</b> -1 1	educido e e
Tank No. Old New Tank No. Old New Tank No. Old New Tank No. Old New (Attach additional sheets it more space is needed)  B. For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator) b. New Facility Name    No	and site asses	ssment performed pe	r NJA.C. 7:148-9	1.1(e).		•
Tark No. Old New (Attach additional sheets if more space is needed)  9. For TRANSFER OF OWNERSHIP: Effective Date:	_		_	· ·	pulated hazardous	s substance.
Affacts additional sheets it more space is needed)  9. For TRANSFER OF OWNERSHIP: Effective Date:					<del></del>	<del></del>
(Attach additional sheets it more space is needed)  9. For TRANSFER OF OWNERSHIP: Effective Date:	Tank No.	Oki	····	New		
B. For TRANSFER OF OWNERSHIP: Effective Date:  a. New Owner (operator)  b. New Facility Name    NJ	Tank No.					· · · · · · · · · · · · · · · · · · ·
a. New Owner (operator) b. New Facility Name    NJ	9. For TRANSFER (	-	•	·		•
County  C. Closing Attorney  County  Tele:						
County  E. Closing Attorney  Tele:						
County  E. Closing Attorney  Tele:				12		,
Tale: (				N	J	·
Tale: (	•	<del></del>		·	_	
This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for a lacility (NJAC. 7:148-23 (a) 1).  Certify under penalty of law that the information provided in this document is true, accurate and complete information, including that there are displaced by the true penalty of the stocument.  Signature:  Name (print or type):  Take: Diffactor — Deft of Public Works Date:  Date:			County			
monitoring systems, cathodic protection, etc.):  a. Type of Modification  b. "NOTE" Substantial modifications require a permit under NJAC. 7:148-10.  11. For changes in Financial Responsibility to (check appropriate changes and attach copies of new information)  a. Policy Type:   b. Policy Number:   c. Other:   (Specify)  NOTE: All appropriate and applicable permits, licenses and certificates required by the above activity(les) from a 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 a lacility (NJAC. 7:148-23 (a) 1).***  1 certify under penalty of taw that the information provided in this document is true, accurate and complete. I am awaits there are significant civil and criminal penalties for submitting take, inaccurate or incomplete information, includings and/or imprisonment.*  Signature:  Name (print or type): TAMES OTT  Take: DIFETOR DEFT OF PUBLIC WORKS Date:	E. Closing Attorn	жу	·	Tek	:: ()	
a. Policy Type:  b. Policy Number:  c. Other:  (Specify)  NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(les) from a local, state and/or federal agencies must be obtained separately from this notification.  CENTIFICATION  "This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for a facility (NJAC. 7:148-2.3 (a) 1)."  I certify under penalty of law that the information provided in this document is true, accurate and complete. I am awaital there are significant civil and criminal penalties for submitting talse, inaccurate or incomplete information, includings and/or imprisonment."	p. NOIE SE		*	under N.J.A.C. 7:148-10.		•
b. Policy Number:   (Specify)  NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(ies) from a 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 a facility (NJAC.7:148-23 (a) 1).  I certify under penalty of law that the information provided in this document is true, accurate and complete. I am await there are significant civil and criminal penalties for submitting talse, inaccurate or incomplete information, includings and/or imprisonment.  Signature:  Name (print or type):  TAMES OTT  Tale: DIRETOR — DEPT OF PUBLIC WORKS Date:	11. For changes in Fi	NANCIAL RESPONS	SIBILITY to (check	: : acomposate chances and	strach cooles of	new internation):
(Specify)  NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(ies) from a 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 a facility (N.J.A.C. 7:148-2.3 (a) 1)."  I certify under penalty of law that the information provided in this document is true, accurate and complete. I am await there are significant civil and criminal penalties for submitting talse, inaccurate or incomplete information, including and/or imprisonment."  Signature:  Name (print or type): TAMES OTT  Tale: DIRECTOR — DEFT OF PUBLIC WORKSDate:		_			attach copies of	new intermation)
(Specify)  NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(les) from a 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 a facility (N.J.A.C. 7:148-23 (a) 1)."  Tecrify under penalty of law that the information provided in this document is true, accurate and complete. I am awaital there are significant divil and criminal penalties for submitting false, inaccurate or incomplete information, includings and/or imprisonment."  Signature:  Name (print or type):  TAMES OTT  Tale: DIFETOR — DEFT OF PUBLIC WORKSDate:	8	L Policy Type: 🛚	đ.	Company/Carrier:	attach copies of	new information)
NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(les) from a 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 a facility (N.J.A.C. 7:148-2.3 (a) 1).  **The certify under penalty of law that the information provided in this document is true, accurate and complete. I am awaital there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including sand/or imprisonment.  **Signature:**  Name (print or type):   **TAMES OTT*  Tale: DIRECTOR — DEFT OF PUBLIC WORKSDate:**	8 b	L. Policy Type: []  D. Policy Number: [	đ.	Company/Carrier:	attach copies of	new information)
NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(les) from a 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 a facility (N.J.A.C. 7:148-2.3 (a) 1).  **The certify under penalty of law that the information provided in this document is true, accurate and complete. I am awaital there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including sand/or imprisonment.  **Signature:**  Name (print or type):   **TAMES OTT*  Tale: DIRECTOR — DEFT OF PUBLIC WORKSDate:**	8 b	L. Policy Type: []  D. Policy Number: [	đ.	Company/Carrier:	attach <del>copies</del> of	new information)
NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(les) from a 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 a facility (N.J.A.C. 7:148-2.3 (a) 1).  **The certify under penalty of law that the information provided in this document is true, accurate and complete. I am awaital there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including sand/or imprisonment.  **Signature:**  Name (print or type):   **TAMES OTT*  Tale: DIRECTOR — DEFT OF PUBLIC WORKSDate:**	8 b	L. Policy Type: []  D. Policy Number: [	đ.	Company/Carrier:	attach copies of	n <del>ew Inlormati</del> on)
CERTIFICATION  "This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for a facility (N.J.A.C. 7:148-2.3 (a) 1).  "I certify under penalty of law that the information provided in this document is true, accurate and complete. I am awaital there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, includines and/or imprisonment."  Signature:  Name (print or type):  Take: DIRECTOR - DEFT OF PUBLIC WORKS Date:	8 b	L. Policy Type: []  D. Policy Number: [	đ.	Company/Carrier:	attach copies of	new information)
This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for a facility (NJAC. 7:148-23 (a) 1).***  I certify under penalty of law that the information provided in this document is true, accurate and complete. I am awaital there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, includ lines and/or imprisonment.*  Signature:  Name (print or type):  Take: DIRECTOR - DEFT OF PUBLIC WORKS Date:	8 b	L. Policy Type: []  D. Policy Number: []  Cithar: []	d. e.	Company/Carrier:	attach copies of	new information)
lacility (N.J.A.C. 7:148-2.3 (a) 1). The information provided in this document is true, accurate and complete. I am await there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including and/or imprisonment.*  Signature:  Name (print or type):  Tale: DIRECTOR - DEPT OF PUBLIC WORKSDate:	NOTE: ALL appropri	L. Policy Type:   D. Policy Number:   Citier:   (in the content of	Specify)  permits, ticenses ies must be obtain	Expiration Date:   Expiration Date:   and certificates required ted separately from this named separately from this named separately from the sepa	by the above ac	· .
Title: DIRECTOR - DEPT OF PUBLIC WORKS Date:	NOTE: ALL appropri	L. Policy Type: []  L. Policy Number: []  Citier: []  (integrate and applicable and/or federal agence	Specify)  permits, licenses ies must be obtain	Expiration Date:   Expiration Date:   and certificates required the separately from this number of the separately from the sep	by the above acodification.	tivity(ies) from a
itial there are significant civil and criminal penalties for submitting talse, inaccurate or incomplete information, includ lines and/or imprisonment.*  Signature:  Name (print or type):	NOTE: ALL appropriate in the state of the st	L. Policy Type: []  L. Policy Number: []  Cither: []  (integrate and applicable and/or federal agence and specific and spe	Specify)  permits, licenses ies must be obtain	Expiration Date:   Expiration Date:   and certificates required the separately from this number of the separately from the sep	by the above acodification.	tivity(ies) from a
Signature:  Name (print or type):	NOTE: ALL appropriate in the local, state in the lacility (N.J.A.C. 7:14)	n. Policy Type:   D. Policy Number:   Citier:   (interest and applicable and/or federal agence and specific and the signed in B-23 (a) 1).	Specify)  permits, licenses ies must be obtain  CERTION the highest rand	Expiration Date:   Expiration Date:   and certificates required ted separately from this number of the factorious of the	by the above ac diffication.	tivity(ies) from a
Name (print or type):	NOTE: ALL appropriate in the local, state in the local, state in the local in the l	Policy Type:  Policy Number:  Char:  Char:   (in the control of th	Specify)  permits, licenses ies must be obtain  CERTI by the highest ran	Expiration Date:  Expiration Date:  and certificates required ted separately from this national at the facility for this document is true.	by the above ac diffication. By with overall re-	tivity(ies) from a sponsibility for the
Name (print or type):	NOTE: ALL appropriates in the sense of the s	Policy Type:  Policy Number:  Char:	Specify)  permits, licenses ies must be obtain  CERTI by the highest ran	Expiration Date:  Expiration Date:  and certificates required ted separately from this national at the facility for this document is true.	by the above ac diffication. By with overall re-	tivity(ies) from a sponsibility for the
TRUE: DIRECTOR - DEPT OF PUBLIC WORKS Date:	NOTE: ALL appropriate in the control of the control	Policy Type:  Policy Number:  Char:	Specify)  permits, licenses ies must be obtain  CERTI by the highest ran	Expiration Date:  Expiration Date:  and certificates required ted separately from this national at the facility for this document is true.	by the above ac diffication. By with overall re-	tivity(ies) from a sponsibility for the
	NOTE: ALL appropriate in the registration for facility (N.J.A.C. 7:14). The certify under penaltimal there are significations and/or imprisons. Signature:	Policy Type:  Policy Number:  Char:	Specify)  permits, ticenses ies must be obtain  CERTI by the highest ran  compation provided it penalties for suf	Expiration Date:  Expiration Date:  and certificates required ted separately from this national at the facility for this document is true.	by the above ac diffication. By with overall re-	tivity(ies) from a sponsibility for the
	NOTE: ALL appropriate in the registration to facility (N.J.A.C. 7:14) The certify under penaltical there are significations and/or imprisons Signature: Name (print or type)	Policy Type:  Policy Number:  Char:	Specify)  Specify)  permits, licenses ies must be obtain  CERTI by the highest randomation provided all penalties for suf	Expiration Date:  Expiration Date:  and certificates required the separately from this national state (and in this document is true, britishing false, inaccurate	by the above ac diffication. By with overall re-	tivity(ies) from a sponsibility for the sponsibilit
	NOTE: ALL appropriate in the registration to facility (N.J.A.C. 7:14) The certify under penaltical there are significations and/or imprisons Signature: Name (print or type)	Policy Type:  Policy Number:  Char:	Specify)  Specify)  permits, licenses ies must be obtain  CERTI by the highest randomation provided all penalties for suf	Expiration Date:  Expiration Date:  and certificates required the separately from this national state (and in this document is true, britishing false, inaccurate	by the above ac diffication. By with overall re-	tivity(ies) from a sponsibility for the sponsibilit

	SOIL I	UST #		SOIL L	og: <u></u>	ST#			•
	. · · ·			DATE:	<del> </del>				• •
	LOCA'	TION: BLDE7		LOCAT	TON:	BLD	67		•
Fr	•	USDA SOIL TAXONOMY TERMINOLOGY THE SOIL LOG, Use the GUIDE freely.  GRADE	F		USDA THE	SOIL LOG. 1	OMY TERMIN Use the GUIDE CADE	OLOGY freely.	
		TOP SOIL		·	·	TOP	SOIL	•	
	「「「「「「「」」」 「「」」 「「」」 「「」」 「」」 「」」 「」」	UST					•		
	が、一般を表する。								

# UST REMOVAL CHECKLIST TANK INFORMATION

BLDG NUMBER TANK NUMBER		TANK CONTENTS
TANK SIZE	GALLONS	
	SITE )	INFORMATION
DATE		CLOSURE NO.
KTR/SUPVR		WEATHER
GOVT SSE	· · ·	DICAR NO.
OIL REMOVED	· .	DEPTH OF COVER SOIL
SLUDGE REMOVED	<del></del>	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:	·	<u> </u>
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 NA
Confined Space Entry Permit		NA NA
Cert. of Disposal (Scrap)		NA NA
Haz-Waste Manifests	,	NA .
Drumed 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)	- <del> </del>	* 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 NIDEPE '		
QUARTERLY UPDATE TO NIDEPE		

## I ARMY, SELFM-PW-EY DAILY UST SUBSURFACE REMOVAL LOG

	BLDG.#:	REG.#:		CLOSURE#:	_
•	DATE:	TOF	A: *	TOD:	
	GOV. SSE:		NJDE!	P CERT.#:	
		REMOVAL CONTRAC	<b>→</b> *		
	CLOSURE SUPERVI	ISOR:	NJD	EP CERT.#:	<del>''.</del>
		WEATHER:			
ſ					T
]		ACTIVITY		<u> </u>	YES/
	THE SUPERVISOR (CI	OSURE CERT.) WAS ON-SITE I	DURING ALL CLO	SURE RELATED ACTIVITIES	
	THE SSE WAS ON-SIT	TE DURING UST REMOVAL AND	SITE SCREENING	AND SAMPLING ACTIVITIES	
	ALL ON-SITE PERSON	NEL HAD TRAINING IAW ALL	SAFETY REQUIRE	MENTS (E.G. 29CFR)	<u> </u>
	A CONFINED ENTRY E	PERMIT WAS COMPLETED AND PO	OSTED ON-SITE	BY THE CONTRACTOR	
	THE UST WAS PLACED	ONTO PLASTIC, SCRAPED OFF	, INSPECTED FOR	HOLES AND PHOTOGRAPHED	
	A DISCHARGE WAS RE	PORTED TO THE NJDEP (609-	292-7172), CAS	E#	
	PHOTOS HAVE UST#,	BLDG. #, DATE, TIME, NAME	OF SSE AND DE	SCR. WRITTEN ON BACK	
	GROUNDWATER WAS EN	NCOUNTERED AT FEET BG	, A SHEEN (WAS	/WAS NOT) OBSERVED ON GW	
	IF OVA/Hnu WAS USE	ED: WAS IT CAL. AND FOUND	TO BE OPERATIO	NAL (cal. data on COC)	
(	IF SAMPLES WERE TA	AKEN: COC, SCALED SITE MAP	(VERT. SOIL H	ORIZONS AND PLOT PLAN)	
	ALL SAMPLE COLLECT	FION ACTIVITIES WERE AS DE	SCRIBED IN THE	NJDEP FSPM, 1992	
·	ALL SAMPLING WAS I	BIASED TOWARD HIGHEST OVA/	FID RECORDED S	ITES IAW 7:26E-3.6 et seq.	
	ALL PETROL. CONT.	SOILS WERE SECURED FROM T	HE WEATHER BY	CLOSE OF BUSINESS TODAY	
	THE SSE AUTHORIZED	D BACKFILLING THE EXCAVATI	ON (STONE TO 1	" ABOVE GROUNDWATER)	
	ADDITIONAL NOTES	WERE TAKEN AND ARE RECORDE	D ON THE BACK	OF THIS FORM	
	THE FOLLOWING DOC	UMENTS WERE ADDED TO THE P	PROJECT FOLDER	TODAY: (CIRCLE EACH)	
	SCALED SITE MAP (SA	ERMIT, ACCIDENT REPORT, HAZ. MPLING), SRF-CLOSURE, CHAIN ( <sup>3</sup> ), PHOTOGRAPHS (UST, EXCAVAT	OF CUSTODY, SOIL	ANALYTICAL RESULTS, CLEAN	
т -	artifu under -	penalty of law that	tank daga	CHECK ALL BOXES, LEA	
		ance with N.J.A.C. 7:			
		ignificant penalties			
		ion, including fines a			·
SIG	NATURE:		DATE:		
\	\\				