

U.S. ARMY, Fort Monmouth Directorate of Public Works Fort Monmouth, New Jersey 07703

63B

September 21, 1998

New Jersey Department of Environmental Protection BUREAU OF STATE CASE MANAGEMENT BILLING AND REGISTRATION UNIT CN 029 401 EAST STATE STREET, Trenton, NJ 08625 - 0028 ATTN: Patricia Wilbon,

Regarding: UST inventory status update corrections

Dear Ms. Wilbon:

We have reviewed the DEP UST database printout obtained from our Federal Case Manager, Ian Curtis in an effort to determine any inconsistencies. Several discrepancies between the NJDEP database and the Fort Monmouth database were identified to you in a July memo. After further review we have identified additional discrepancies which need correction.

I have enclosed the Standard Reporting Forms f : the sites below. The following sites need to have the status changed:

| BLDG. # | NJDEP Reg. # | DEP STATUS | CORRECT STATUS |
|---------|--------------|-----------------|--|
| 63B | 0090010-002 | Empty 12 months | Removed prior to 01/01/91 |
| 220B | 0081533-014 | Removed | Delist Is a residential UST, should have been de-listed |
| 1213B | 0081533-174 | In-use | Delist Does not exist, assumed to have been a double entry for UST#173 |
| 657 | 0081533-99 | In-use | Delist Is a residential UST, should have been de-listed |
| 669 | 0081533-102 | Empty 12 months | Delist Is a residential UST, should have been de-listed |

I have enclosed a copy of the Standard Reporting Forms for the sites below. The following sites needs to have their status' changed to removed:

| BLDG. # | NJDEP Reg. # | Date removed | |
|---------|--------------|--------------|----------|
| 257 | 0081533-200 | 04/08/98 | 04/15/98 |
| 2018 | 00192486-34 | 05/20/98 | 5/22/98 |

If the information provided in this enclosure is inadequate or you require further information with regard to these documents please contact me at (732) 532-6224.

Sincerely,

Charles Appleby

Environmental Specialist

Directorate of Public Works

Enclosure:

SRF for above ref. sites

CC: UST Inventory File

UST Bldg. Files

| Site Remediation Program | | | | |
|--|--|--|--|--|
| UST Site Remedial Investigation Report A. Facility Name: Building 63B | | | | |
| Facility Street Address: Riverside Ave. | | | | |
| Municipality: Oceanport County: Ft. Monmouth | | | | |
| Block: NA Lot(s): NA Telephone Number: 732-532-6223 | | | | |
| B. Owner (RP)'s Name: U.S. Army Garrison - Directorate of Public Works | | | | |
| Street Address: 173 Riverside Ave. City: Ft. Monmouth | | | | |
| State: NJ Zip: 07703 Telephone Number: 732-532-6223 | | | | |
| C. (Check as appropriate) D. (Complete all that apply) Assigned Case Manager: Greg Zalaskus | | | | |
| Site Investigation Report (SIR) \$500 Fee UST Registration Number: 90010-02 (7 digits) | | | | |
| □ Remedial Investigation Incident Report Number: | | | | |
| Report (RIR) \$1000 Fee • Tank Closure Number C(N)9 C 9 C9 (7 characters) | | | | |
| E. Certification by the Subsurface Evaluator: The attached report conforms to the specific reporting requirements of N.J.A.C. 7:26E | | | | |
| F. Certification by the Responsible Party(ies) of the Facility: The following certification shall be signed [according to the requirements of N.J.A.C. 7: 14B-1.7(b)] as follows: 1. For a Corporation by a person authorized by a resolution of the board of directors to sign the document. A copy of the resolution, certified as a true copy by the secretary of the corporation, shall be submitted along with the certification; or 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or 3. For a municipality, State, federal or other public agency by either a principal executive officer or ranking elected Official. "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." | | | | |
| Name (Print or Type): | | | | |
| Signature: | | | | |
| Company Name: Date: | | | | |

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