State of New Jersey
Department of Environmental Protection and Energy
Division of Responsible Party Site Remediation
CN 028
Trenton, NJ 08625-0028

Scott A. Weiner
Commissioner

Karl J. Delaney
Director

U. S. Army Fort Monmouth
DEH Bldg. 167
Forth Monmouth, NJ 07703

JUN 10 1993

RE: U. S. Army Fort Monmouth, Charles Wood West
Fort Monmouth, Monmouth County, NJ
TMS # C92-3488
UST # 0081515 - 63
Bldg. 2546

Dear Sir/Madam:

On April 26, 1993 the New Jersey Department of Environmental Protection and Energy (the Department) received a report from your faciltiy. This report documents the corrective action measures undertaken in response to the discharge from your underground storage tank system.

Based on our review of the information submitted, we find that you have complied with the Department's existing requirements regarding corrective action for the investigated underground storage tank system. Therefore, you are not required to conduct any corrective actions pursuant to N.J.A.C. 7:14B-8 at this time.

Thank you for your cooperation in this matter.

Very truly yours,

Kevin J. Gratina

for Kenneth T. Hart, Assistant Director
Industrial Site Evaluation Element

c: Monmouth County Health Department
Sergio Hönl, Case Manager

Fort Monmouth UST Status Summary Report

UST REGISTRATION INFORMATION SUMMARY

LOCATION:	2546	*NJDEP REG ID:*	81515 - 63
RESIDENTIAL?	NO		

UST CONSTRUCTION INFORMATION SUMMARY

SIZE (GALLONS):	6000	*CONSTRUCTION:*	STEEL
PRODUCT:	#2 FUEL OIL	*YEAR INSTALLED:*	

UST REMOVAL/INVESTIGATION SUMMARY

REMOVAL DATE:	7/31/1992	*REMOVAL CONTRACTOR:*	SERV-AIR HAZ
SRF SEND DATE:	DEP RCVD	*TMS:*	C-92-3488
DICAR NO.		*LEAK DETECT:*	

REMEDIATION COMMENTS: UST removed; TPHC <1000 mg/kg. UST needed to be removed due to contractor (electrical contractor, who Ditch-Witched into it). Pulled by Serv-Air with C. Appleby, DEH, performing oversight. Pumped out by L&L Oil; approximately 6000 gallons of oil removed. Approximately 35 cubic yards of soil removed and sent to Charles Wood storage pad. Closure approved 06/10/93.

REGISTRATION COMMENTS: POR # R2-2278 Serv-Air, Inc. for Registration and closure. Notified NJDEPE before removal; they wanted money and SAS information. CK sent it on Aug 28,1992. The cover letter stated that the UST was removed and a Site Assessment was completed.

SAS DONE:	YES	*CONSULTANT:*	
MWs NEEDED:		*MONITORING WELLS:*	0
SUB-SURFACE EVALUATOR:	C. Appleby		

CURRENT UST STATUS

UST STATUS:	Removed; Report Submitted/Not Nec.	*CASE STATUS:*	Case Closed
SUBMITTAL DATE:	4/22/1993	*APPROVAL DATE:*	6/10/1993
FINALIZED:	No		

mailed 4/28/93

US ARMY, FORT MONMOUTH
NEW JERSEY

DIRECTORATE OF ENGINEERING AND HOUSING
ENVIRONMENTAL OFFICE

UNDERGROUND STORAGE TANKS CLOSURE AND SITE ASSESSMENT REPORT

BUILDING 2546

PREPARED BY

CHARLES M. APPLEBY
ENVIRONMENTAL PROTECTION SPECIALIST
NJDEPE UST SUBSURFACE CERTIFICATION # 002056

APRIL 22, 1993

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

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3. UST Recycling receipt
4. UST Registration Questionnaire
5. UST Closure Approval Application / PERMIT
6. UST Standard Reporting Form (Closure)
7. Soil Sample Analytical Results
8. NJDEPE UST Site Assessment Summary Form (UST-014) and Explanation Statements

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

UNDERGROUND STORAGE TANK (UST) DECOMMISSIONING / CLOSURE SUMMARY

A. General Requirements:

All activities associated with the decommissioning of the underground storage tank (UST) complied with all applicable Federal, State and Local laws and ordinances. These laws included but were not limited to: NJAC 7:14B et seq., 5:23 et seq. and OSHA 1910.146 & 1910.120. All removal activities followed all applicable requirements.

B. Safety and Health:

Before, during, and after all activities, the work site was made free of all hazards which may have posed a threat to the health and safety of all personnel who were involved with, or were affected by, the decommissioning of the UST System. All areas which posed, or may have been suspected to pose a vapor hazard were monitored by a qualified individual utilizing approved equipment. The individual ascertained if the area was properly vented to render the area safe, as defined by OSHA.

C. UST Excavation:

1. All underground obstructions (utilities,... etc.) were marked out by the contractor performing the excavation.

2. All activities were carried out with the greatest regard to safety and health and the safeguarding of the environment.

3. All excavated soils were evaluated as to the possibility of contamination. Soils suspected to be contaminated with product were staged on poly-sheeting separate from soils not suspected to be contaminated (see section E Excavated Soils management).

4. Surface materials (ie. asphalt, concrete, etc...) were excavated and staged separate from all soils.

5. Soil was excavated to expose the UST and associated piping. The piping was not removed/disturbed until all free product was drained into the UST. The UST were rendered vapor free by purging prior to any cutting or access. After the removal of the associated piping, manways were made in the USTs to allow for the proper cleaning of the UST. The UST were completely emptied of all liquids prior to removal of the UST from the ground. The tank contents were removed via a vac truck (L&L Oil Service Inc.) and the contents were recycled by the same (NJ MANIFESTS # NJA 1504105,1504088 and 1504083). Access to the UST for Cleaning was via confined space entry procedures utilizing supplied air respirators. All of the openings in the tanks were plugged, except for one vent hole (manway), prior to UST removal from the excavation.

6. After each UST was removed from the ground, it was staged on poly-sheeting and examined for corrosion holes. The presence or absence of corrosion holes was documented by the Sub-Surface Evaluator. No corrosion holes (Holidays) were observed upon the inspection of the UST. The excavation site was not contaminated, based on field survey readings. The site excavation filled with groundwater to a depth of approx. one foot in the area of the UST field due to weather conditions (rain). No oil sheen was observed on the exposed water surface.

D. UST Transport / Disposal:

1. The tank was transported / recycled by :

On 18 January 1993 the UST was transported and recycled by MAZZA & SONS, INC. Metal Recyclers, 3230 Shafto Rd. Tinton Falls NJ, NJDEPE # 1336001136, in compliance with all applicable regulations and laws.

2. The Subsurface Evaluator labeled the tank prior to transport to the Storage Area with the following information:

a. site of origin: U.S. ARMY, FORT MONMOUTH
b. contact person: Charles Appleby
c. NJDEP UST ID numbers: 0081515-63
d. product previously stored; HEATING OIL
e. name of transporter/contract person:
MAZZA AND SONS INC. / Demonic Mazza
f. destination site / contact person
MAZZA AND SONS INC. / Demonic Mazza

E. Excavated Soils Management:

1. All excavated soils suspected to be contaminated were transported, by the contractor, to a designated staging area within Fort Monmouth. The designated area contains the soils and direct all stormwater runoff away from any contact with the surrounding soils.

2. All soils stored in the designated staging areas will be maintained in piles no larger than 500 cubic yards each. Each pile will be lined and covered with weighted poly-sheeting to ensure proper containment.

3. Each soil pile will be sampled and analyzed for waste classification as outlined in the NJDEP document titled "Management of Excavated Soils" dated August 17, 1990.

4. All soils categorized as Hazardous Waste or Nonhazardous Waste will be managed as such, in accordance with N.J.A.C. 7:26-1 et seq.. Fort Monmouth has an established contract with All Service Environmental Inc., Contract # DAAB0892D0004 for the proper incineration of ID-27 soils at Soil Remediation of Philadelphia Inc..

5. All soils that contain levels of contaminants below the Category 3 soil limits will be used in accordance with Federal and State requirements.

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

UNDERGROUND STORAGE TANK (UST)
SITE ASSESSMENT SUMMARY

General:

This site specific assessment plan was managed and carried out by the U.S. Army DEH and Serv-Air Inc. personnel. All analyses were performed and reported by NJDEP certified testing laboratories. All sampling was performed under the direct supervision of a NJDEPE Certified Sub-Surface Evaluator and according to the methods described in the 1992 NJDEP Field Sampling Procedures Manual. All records of the Site Assessment Activities are maintained by Fort Monmouth, DEH: Environmental Office.

Closure Contractor: E-Systems Inc.
HAZ-MAT RESPONSE TEAM
Contact Person: Charles Appleby, US ARMY
NJDEPE Closure Cert. #: 2056
Phone Number:(908) 532-6224

Subsurface Evaluator During Removal: Charles Appleby
NJDEPE Closure/Subsurface Cert. #: 2056
Employer: U.S. Army, Fort Monmouth
Phone Number: (908) 532-6224

Subsurface Evaluator During Sampling: Charles Appleby
NJDEPE Closure/Subsurface Cert. #: 2056
Employer: U.S. Army, Fort Monmouth
Phone Number: (908) 532-6224

Analytical Laboratory: Fort Monmouth Environmental Testing Laboratory
NJDEPE Cert. #: 13461
Contact Person: Brian McKee, Laboratory Director
Phone Number: (908) 532-4359

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

PHASE I
UST DECOMMISSIONING

A. Initial Soil Excavation:

1. Soils were excavated from the UST site and screened utilizing a Flame Ionization Detector (FID) or Photo Ionization Detector (PID).

2. All soils observed to be contaminated via observed readings from the field instrument (greater than background) were transported to the designated staging area for further classification (TPHC analysis, ETC..) when the staged amount exceeds 100 cu.yds.. Approximately 36 cubic yards of soils suspected to be contaminated with virgin petroleum heating oil were transported to the Charles Wood Staging area

B. Continued Excavation:

1. Excavation of suspect contaminated soil was not required based on analytical results. The analytical results were reviewed by the subsurface evaluator prior to the backfilling of the excavation.

PHASE II
Site Survey

A. Vapor Screening:

1. An individual under the direct supervision of a NJDEPE Sub-Surface Evaluator and trained in the operation of a FID and/or PID evaluated the sides and pit bottom of the excavation.

2. Based on the observed field readings, soils were not excavated and handled as suspected contaminated soils.

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

PHASE III
Site Sampling

A. SOIL SAMPLING:

1. Soil samples were collected and analyzed from the UST excavation and are summarized in TABLE 1 as follows:

TABLE 1
SUBSURFACE SOIL ANALYSIS SUMMARY REPORT
LABORATORY: Fort Monmouth Environmental Testing Laboratory
SAMPLING DATES: JULY 31 and AUGUST 3, 1992
SUBSURFACE SOIL ANALYSIS SUMMARY REPORT

	ANALYTICAL RESULTS (MG/KG) (J) INDICATES DETECTED BELOW MDL (B)INDICATES ALSO PRESENT IN BLANKS		
	VOC (TOTAL(NO B))	OVA FIELD SURVEY	TOTAL PETROLEUM HYDROCARBONS
NJDEPE SUBSURFACE CLEANUP STANDARD	NONE	NONE	1000
BOTTOM CENTER	NA	ND	68.4
SOUTH BOTTOM	NA	ND	180.2
S-WEST WALL	NA	ND	ND
S-EAST WALL	NA	ND	12.0
N-EAST WALL	NA	ND	108.8
N-WALL	NA	ND	81.6
N-WEST WALL	NA	ND	12.9
N-BOTTOM	NA	ND	40.1
N-EAST WALL (DUPLICATE)	NA	ND	318.0
SAMPLE MEAN (USING HIGH DUPLICATE)	NA	NA	89.15

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

NOTE: The complete listing of all results and the associated paperwork (QA/QC) is enclosed within attachment A.. All Site Locations are labeled on the attached site map.

2. All samples were taken in the native soil, from the interior of the excavation. The sample locations were along the perimeter of the tank excavation. All of the soil samples were discrete samples taken within a 6 inch vertical interval. All samples were collected by utilizing laboratory decontaminated stainless steel trowels dedicated to each sample location. All TPHC samples were taken at a depth of 0-6 inches with the use of a laboratory decontaminated stainless steel trowel. Each TPHC sample was screened with an FID and\or PID and recorded immediately after collection. Each referenced Sample directly correlates to the sample sites on the attached drawing. The samples were taken from a clean well sorted fine tan sand strata which is typical of the fill material used throughout Fort Monmouth.

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

UST REMOVAL FIELD CHECK LIST

GOVERNMENT SUBSURFACE EVALUATOR: CHARLES APPLEBY
NJDEPE CERTIFICATION NUMBER: 2056

REMOVAL CONTRACTOR: E-Systems HAZ-MAT Response Team
SITE SUPERVISOR: Charles Appleby, US ARMY
NJDEPE CERTIFICATION NUMBER: G0000265

NJDEPE HOTLINE: (609) 292-7172 CALLED BY: not called
DATE:_____ TIME:_____ OPERATOR:___ SITE#:_____

EMERGENCY PHONE #'S: FIRE, POLICE, FIRST AID: 911

WEATHER: Sunny 85 degrees F
DATE: July 31 and August 03

UST's REMOVED

UST #	CONSTRUCTION	SIZE	CONDITION (HOLIDAYS,ETC..)	PHOTO
63	STEEL	6,000	GOOD CONDITION	yes

1. TYPE OF BACKFILL REMOVED AROUND TANKS: BANKRUN FILL

2. WAS WATER IN EXCAVATION? (YES, RAIN WATER) DEPTH TO WATER, 1 FOOT

3. WAS FREE PRODUCT OBSERVED IN EXCAVATION? (NO)

5. WASTE REMOVAL: HAZ-LIQUID - 6000 GAL.
- L&L OIL SERVICE
SLUDGE - 55 GAL.- US ARMY, DEFENSE REUTILIZATION MARKETING OFFICE (DRMO),
SOIL(ID-27) - 36 YD^3s - IF CLASSIFIED AS ID-27 THE SOIL WILL BE INCINERATED BY SOIL REMEDIATION OF PHILADELPHIA

6. WHO AUTHORIZED THE BACKFILL OF THE EXCAVATION? C. APPLEBY

7. AMOUNTS OF BACKFILL USED: CLEAN FILL 136 YD^3s
WASHED STONE 0 YD^3s

1661 / 1621

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NJ[illegible] Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Ft Monmouth PO Box 360 Fort Monmouth NJ. 07703
4. Generator's Phone (908) 542-3997

A. State Manifest Document Number: NJA 1504105
B. State Generator's ID: SAME

5. Transporter 1 Company Name: Lionetti Oil Recovery
6. US EPA ID Number: NJD084044064
C. State Trans. ID: NJDEP[illegible]
D. Transporter's Phone: 908 [illegible]

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Trans. ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: L&L Oil Service Inc 740 Lloyd Rd. Aberdeen NJ 07747
10. US EPA ID Number: NJD0[illegible]
G. State Facility's ID
H. Facility's Phone: 908 566 2785

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Petroleum oil NOS Combustible Liquid NA1993	01	TT	2000	G	X726
b.					
c.					
d.					

VERIFIED BY

DATE RECEIVED AUG 04 1992

J. Additional Descriptions for Materials Listed Above: a. L.T. 95% water 5% Fuel

APPROVED BY ____

CONTRACT # ____ ACCT # ____

K. Handling Codes for Wastes Listed Above: a. S02 b. T01

15. Special Handling Instructions and Additional Information: ERG #27 DEC 21 15910 Bldg 2546 Along Apoc Rd. 24Hr Emergency 908 566-2785 Charleswood Area

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Charles M. Appleby DEH — Signature: [signature] — Month Day Year: 07 31 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GEORGE KURA — Signature: George Kura — Month Day Year: 07 31 92

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] — Signature: [signature] — Month Day Year: 07 31 92

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5580 (Day) (609) 292-7172 (Night)

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

3 — TSD MAIL TO - GENERATOR

REV. 9-88

1660/1620

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J 2 2 1 0 0 2 0 9 7 8 Manifest Document No. 0 8 8

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Fort Monmouth- P.O. Box 368
Fort Monmouth N.J. 07703

A. State Manifest Document Number: NJA 1504088

B. State Generator's ID: Same

4. Generator's Phone (908) 532-5997

5. Transporter 1 Company Name: Liquidri Oil Recovery

6. US EPA ID Number: N J D 0 8 4 0 4 4 0 6 4

C. State Trans. ID: NJDEP 6247

D. Transporter's Phone (908) 721-0908

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Trans. ID

9. Designated Facility Name and Site Address
L. & L. Oil Service Inc.
740 Lloyd Road
Aberdeen N.J.

10. US EPA ID Number: N J D 0 1 1 4 2 7 9 2 5

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone (908) 566-2785

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Petroleum Oil Nos Combustible Liquid NA 1993	0 1	T E	X 1000	G	X 7 6 6
b.					
c.					
d.					

VERIFIED BY: _____

DATE RECEIVED
HUC
AUG 0 4 1992

J. Additional Descriptions for Materials Listed Above
a. 1. 95 % Water APPROVED BY _____
5 % Fuel
c.
CONTRACT # ____ ACCT # ____
b.
d.

K. Handling Codes for Wastes Listed Above
a. S O 2
c.
b. T O 1
d.

15. Special Handling Instructions and Additional Information
ERG 27 Decal 15910 Bldg 2546
Alongapoe Rd Charles Wood Area
24 Hr. Emergency Phone (908) 566-2785

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
Charles Appley DEH		07	31	92

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
GEORGE KURA	George Kura	07	30	92

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Sherri Shipps	Sherri Shipps	08	04	92

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection: (609) 292-5560 (Day) (609) 292-7172 (Night)

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

3 — TSD MAIL TO - GENERATOR

1551/619

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-31

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J 2 2 1 0 0 2 0 9 7 8 — Manifest Document No. 0 4 0 8 3

2. Page 1 of 1

Information in the shaded area is not required by Federal law.

3. Generator's Name and Mailing Address
Fort Monmouth - P.O. Box 360
Fort Monmouth N.J. 07703

A. State Manifest Document Number NJA 1504083

B. State Generator's ID None

4. Generator's Phone (908) 542-5997

5. Transporter 1 Company Name: Liquarti Oil Recovery

6. US EPA ID Number: N J D 0 8 4 0 4 4 0 6 4

C. State Trans. ID N J D E P 6 2 4

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (908) 721-0900

E. State Trans. ID

9. Designated Facility Name and Site Address
L. & L. Oil, Service Inc.
740 Lloyd Road
Aberdeen N.J.

10. US EPA ID Number: N J D 0 1 1 4 2 7 8 9 5

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone (908 566-2785

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. Petroleum Oil Nos Combustible Liquid NA 1993	01	T T	X2000	G	X 7 2 2
b.					
c.					
d.					

VERIFIED BY
DATE RECEIVED
AUG 4 1992
APPROVED BY
CONTRACT # ACCT #

J. Additional Descriptions for Materials Listed Above
a. L.T. 95% Water 5% Fuel
b. d.

K. Handling Codes for Wastes Listed Above
a. S 0 2 c.
b. T [illegible] 1 d.

15. Special Handling Instructions and Additional Information
ERG 27 Decal 15910
24 Hr. Emergency Phone (908) 566-2785
N Bldg 2546
Alongapoe Rd
Charles Wood Area

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Charles Appleby DEH — Signature — Month 07 Day 30 Year 92

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GEORGE KUBA — Signature: George Kuba — Month 07 Day 30 Year 92

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month 07 Day 30 Year 92

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection (609) 292-5560 (Day) (609) 292-7172 (Night)

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

3 — TSD MAIL TO - GENERATOR

MAZZA & SONS, INC.

Metal Recyclers
Auto and Truck
3230 Shafto Rd.
Tinton Falls, NJ
(908) 922-9292

NO. _____

DATE 18 JAN 93

Customer's Name [redacted]

Address FT MON. 3,000 gal TANK
6,000 Cs

UST Reg. # 0081515-63 (6000 gal)

Bldg. 2546

Removal Coordinated by
Reggie Sears DEP Fort Monmouth

Make of Autos

Tires

Tank

Price:

	Weight	Price
Cast Iron		
Steel		
Lt. Iron		
Copper #1		
Copper #2		
Lt. Copper		
Brass		
Alum Clean		
Lead		
Stainless		
Radiators		
Battery		
TOTAL AMOUNT:		

Weigher _____ Customer _____

264-2546 File Copy

FOR STATE USE ONLY

UST # _____

	YES	NO
CK. IN.	☐	☐
AMT.	☐	☐
AUTH.	☐	☐
SP. ROUTE	☐	☐
SITE PLN.	☐	☐
SIGN.	☐	☐

COMCODE ☐☐☐☐

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
Trenton, N.J. 08625-0029

UNDERGROUND STORAGE TANK REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
Registration and Billing Section
1-800-722-TANK

Completion of this Registration Questionnaire will satisfy all initial 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?

B. X Is this a registration of an existing underground storage tank?

General Facility Information

1. Facility Name: U.S. ARMY FORT MONMOUTH

2. Facility Location: Charles Wood West
NUMBER AND STREET
Fort Monmouth
CITY OR MUNICIPALITY
Monmouth (COUNTY) | NJ (STATE) | 07703 (ZIP CODE)
BLOCK ____ LOT ____

3. Owner's mailing address: Dish Bldg. 167
NUMBER AND STREET
Fort Monmouth
CITY OR MUNICIPALITY
Monmouth (COUNTY) | NJ (STATE) | 07703 (ZIP CODE)

4. Owner's name: U.S. Army

5. Contact person (Facility Operator): Dinkerrai Desai
PERSON OR TITLE

6. Contact telephone number: 908 (AREA CODE) 532 (CHANGE) 1475 (NUMBER)

7. Total number of facility underground storage tanks: 60 (Complete Questions 12 thru 32 for each tank)

8. Total facility underground storage tank capacity (gallons): 260605

9. Status of owner: (mark one) A. ☐ CURRENT B. ☐ FORMER

10. Type of owner (mark one) A. ☐ State B. ☐ Commercial C. ☐ Local D. ☒ Federal E. ☐ Charitable or Public School F. ☐ Residence G. ☐ Ownership Uncertain

11a. Two copies of a site plan are submitted with this registration A. ☐ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are: E (existing/in use), P (empty), M (emergency), A (abandoned), C (other). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11b. Do you have financial responsibility assurance? ☐ YES ☒ NO

_____ (Type) _____ (Company/Carrier)

_____ (Policy Number) _____ (Expiration Date)

UST NO. 81515

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

	Bldg. 2546 TANK NO. 63	Bldg. 2539 TANK NO. 64	TANK NO.	TANK NO.	TANK NO.
12. Tank identification number	63	64			
13. CAS number (hazardous substances only)					
14. Tank age (years)	5.0	5.0			
15. Tank size (gallons)	6000	1000			
16. Tank contents (MARK ONE X)					
A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☒	☒	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
K. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
L. Aviation fuel	☐	☐	☐	☐	☐
M. Hazardous substances (please specify)					
N. Motor oil	☐	☐	☐	☐	☐
P. Lubricating Oil	☐	☐	☐	☐	☐
Q. Sewage	☐	☐	☐	☐	☐
R. Sewage sludge	☐	☐	☐	☐	☐
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	☐	☐	☐	☐	☐
U. Mineral spirits	☐	☐	☐	☐	☐
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					

17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
B. Carbon steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Galvanized steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Coated steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. Iron (cast or ductile)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Cathodically protected steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Fiberglass-coated steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
K. Other non-metallic (please specify)										
L. Other (please specify)										

18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
B. Double wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Manway in tank	☐		☐		☐		☐		☐	

19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)										
B. None	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐

UST NO. 81515

	TANK NO.		TANK NO.		TANK NO.		TANK NO.		TANK NO.	
Tank I D. No.	63		64							
20. Tank and piping lining installed (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. At purchase of tank	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Retrofitted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. None	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
21. Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Liner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Vault	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Double wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. None	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Sacrificial anode	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Impressed current	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. None	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Manual sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Ground water monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. System in secondary containment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. System outside backfill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. System within piping (piping leak detector)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. System within backfill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. None	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Event activated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Audio	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Visual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. In-tank (automatic) monitoring gauge	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Pressure/vacuum loss sensor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Liquid filled annular space	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Liquid sensor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
J. Vapor sniff wells	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
K. Other (please specify)										
L. None	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Yes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. No	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
C. Test positive (MARK IF LEAK WAS DISCOVERED)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26. Leak/spill occurrence (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Within the past 1 year	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Within the past 1 to 5 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. More than 5 years ago	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. No Records	☒	☒	☒	☒	☐	☐	☐	☐	☐	☐
E. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

UST NO. 8515

Tank I.D. No.	TANK NO. 63	TANK NO. 64	TANK NO.	TANK NO.	TANK NO.
27. Tank status (MARK ONE X)					
A. In-use	☐	☐	☐	☐	☐
† B. Empty less than 12 months	☐	☐	☐	☐	☐
† C. Empty 12 months or more	☐	☒	☐	☐	☐
† D. Emergency spill tank (sump)	☐	☐	☐	☐	☐
† E. Abandoned, in place, filled and sealed	☐	☐	☐	☐	☐
F. Other (please specify)	REMOVED				
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☐	☐	☐
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☐	☐	☐
30. Spill containment around fill pipe (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☐	☐	☐

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	☐	☐	☐	☐	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☒	☒	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
K. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
L. Aviation fuel	☐	☐	☐	☐	☐
M. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
N. Motor oil	☐	☐	☐	☐	☐
P. Lubricating Oil	☐	☐	☐	☐	☐
Q. Sewage	☐	☐	☐	☐	☐
R. Sewage sludge	☐	☐	☐	☐	☐
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	☐	☐	☐	☐	☐
U. Mineral spirits	☐	☐	☐	☐	☐
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
32. Estimated date last used (month/year)	Mo. Yr. Unknown	Mo. Yr. unknown	Mo. Yr.	Mo. Yr.	Mo. Yr.

OWNER OR OPERATOR CERTIFICATION

"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."

James Ott (SIGNATURE) 8/28/95 (DATE)

(PRINT OR TYPE NAME)

JAMES OTT (TITLE)
Acting Director
Dir, Engineering and Housing

[redacted]

RO-1/90

UST-013
9/90

FOR STATE USE ONLY	
UST #	
Date Rec'd	
CA #	
Staff	

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WATER RESOURCES
BUREAU OF UNDERGROUND STORAGE TANKS
TANK MANAGEMENT SECTION

CN 029, 401 EAST STATE STREET
TRENTON, N.J. 08625-0029

UNDERGROUND STORAGE TANK CLOSURE PLAN APPROVAL APPLICATION

Under the provisions of the Underground Storage of Hazardous Substances Act in accordance with N.J.A.C. 7:14B-9 et seq.

This application form shall be used by all applicants who plan to close Underground Storage Tank Systems pursuant to N.J.A.C. 7:14B-9 et seq.

INSTRUCTIONS:

- *Before completing application form please refer to the attached Application Instruction Sheet.*
- *Please print legibly or type.*
- *Fill in all appropriate blanks. This application form requires that additional sheets be attached for some of the information requested. You may call the Bureau of Underground Storage Tanks/Tank Management Section (609/984-3156) for assistance.*
- *Return one original of this form (including all attachments required) and a copy of the complete Standard Reporting Form (SRF) to the address above. You must sign all forms as required and attach a check for the proper fee (see the fee schedule on Page 3). Make check payable to the Treasurer, State of New Jersey.*
- *If the subject facility is not registered the Closure Plan will not be approved.*
- *Please Note: Make sure that all required informaiton on the Standard Reporting Form (SRF) is submitted. The SRF and this Closure Plan Application must be submitted together.*

Date of Application 28/August/1992

FACILITY REGISTRATION #
0081515-63
Bldg 2546

1. **FACILITY NAME AND ADDRESS**

U.S. Army Fort Monmouth

DEH Bldg. 167

Fort Monmouth NJ 07703

Telephone No. (908) 532-1475 Dinkerrai Desai

II. **THIS CLOSURE PLAN IS FOR:**

A. Substance stored in subject tank(s):

1. Petroleum Products

Indicate Type of Product #2 Heating oil
(Write out product name;, e.g.)

a. Gasoline, Jet Fuel, or Kerosene
b. Heating Oil (#2, 4, 6), or Diesel
c. Waste Oil (Please indicate **total storage capacity** of waste oil at the facility [including the tank(s) being closed]) 6000 gals.

2. Hazardous Substances other than Petroleum Products *(Describe)*

Indicate Type of Product _____
(Write out product name; add sheet if necessary.)

B. Type of Activity: *(Circle one)*

1. Abandonment of Tank(s)

Attach the closure plan for abandonment, as required by N.J.A.C. 7:14B-9.2(b) or 9.3(b), which must contain the following items:

a. Implementation schedule (3 copies per N.J.A.C. 7:14B-9.2(a)3)
b. Site assessment plan
c. Tank decommissioning plan
d. A site map
e. Attach all justification for abandonment-in-place as required by N.J.A.C. 7:14-9.1(d). Attach the certification statement (on the back page) for abandonment-in-place, if applicable.

2. Removal of Tank(s)

Attach the closure plan for removal as required by N.J.A.C. 7:14B-9.2(b) or 9.3(b). The following items must be included:

✓ a. Implementation schedule (3 copies)
✓ b. Site assessment plan
✓ c. Tank decommissioning plan
✓ d. A site map

NOTE: TANK WAS Removed 7/30/92 - Emergency Summary will Follow

3. Temporary Closure

Indicate which situation applies and attach appropriate documentation.

a. ____ Temporary closure for 12 months or less is subject to requirements of N.J.A.C. 7:14B-9.1(a).

b. ____ Requesting an extension of temporary closure for more than 12 months per N.J.A.C 7:14B-9.1(b) must perform **site assessment** and submit results.

4. Change in Service

Attach documentation that the tank system being changed from the storage of a **regulated** to a **non-regulated substance** has been emptied and cleaned and that a site assessment has been performed, as required by N.J.A.C. 7:14B-9.1(e).

III. FEE SCHEDULE

Check the activities below that apply, calculate the Total Fee and submit that amount with this application. Make checks payable to **Treasurer, State of New Jersey.** Public schools and religious and charitable institutions are exempt form the fees. The owner or operator shall submit a separate fee for each excavation where an activity occurs.

A.	Activities Which Require a Site Assessment	120.00	$ 120.00
	1. Removal or Abandonment without exemption to site assessment requirement		
	2. Change in service from a regulated substance to a non-regulated substance		
	3. Extension of period of Temporary Closure		
B.	Activities Not Requiring a Site Assessment		$ 80.00
	1. Removal or abandonment with valid exemption		
C.	Additional Activities		
	1. Change in service from one regulated substance to another regulated substance		NO FEE
	APPLICATION REVIEW FEE (activities in A, B, C)	+	$ 50.00
	TOTAL FEE DUE		$ 170.00

IV. THE BUREAU OF UNDERGROUND STORAGE TANKS WILL REVIEW THE CLOSURE PLAN FOR COMPLETENESS AND APPROPRIATENESS AS SPECIFIED IN SUBCHAPTER 9 OF THE UST REGULATIONS. PLAN APPROVAL WILL INDICATE THAT THE OWNER OR OPERATOR MAY PROCEED WITH THE CLOSURE. **FINAL APPROVAL OF THE CLOSURE IS NOT IMPLIED.** ALL APPROPRIATE AND APPLICABLE PERMITS, LICENSES AND CERTIFICATES REQUIRED FOR ANY OF THE ABOVE ACTIVITIES FROM ANY LOCAL, STATE AND/OR FEDERAL AGENCIES MUST BE OBTAINED SEPARATELY FROM THIS APPLICATION.

THE SITE ASSESSMENT SAMPLING AND ANALYTICAL REQUIREMENTS WILL BE SENT WITH THE APPROVAL TO PROCEED.

NOTE: Notice of Approval to Proceed or Disapproval will be mailed to the facility address unless some other address is specified here.

_____

_____

_____

SIGNATURE OF CONTACT PERSON

This application form must be signed by a contact person of the owner or operator of the subject facility. The contact person should have overall knowledge of tank decommissioning procedures and the site assessment requirements applicable to the tank closure which is the subject of this application.

Charles Appleby

NAME (Print or Type) Dinkerrai Desai *SIGNATURE* [signature] 2056

TITLE DEH Environmental Coordinator *DATE* 8/28/92

UNDERGROUND STORAGE TANK SYSTEM
CLOSURE APPROVAL

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION
BUREAU OF UNDERGROUND STORAGE TANKS
CN-029, TRENTON, NJ 08625-0029

TMS # C-92-3488 UST # 0081515 -63

US Army Ft. Monmouth
DEH Bldg. 167
Ft. Monmouth, NJ

(Monmouth)

THE ABOVE LISTED FACILITY IS HEREBY GRANTED APPROVAL TO PERFORM THE FOLLOWING ACTIVITY IN ACCORDANCE WITH N.J.A.C. 7:14B-1 et seq.:

REMOVAL: One 6,000 gallon #2 fuel oil UST and appurtenant piping.

SITE ASSESSMENT: Soil samples will be taken every five (5) feet along the center line of each tank and one (1) soil sample from every 15 feet along all associated piping. Two (2) additional samples will be taken from around the tank and biased to the areas of highest field screened readings. Samples will be analyzed for TPHC. If sample results are greater than 1,000ppm than samples will be analyzed for VO+10.

Dinkemrai Desai 908-532-1475

ON-SITE MANAGER TELEPHONE

OWNER TELEPHONE

EFFECTIVE DATE OCT 16 1992

THIS FORM MUST BE DISPLAYED AT THE SITE DURING THE APPROVED ACTIVITY AND MUST BE MADE AVAILABLE FOR INSPECTION AT ALL TIMES.

Michael S Kelly (for)

KEVIN F. KRATINA, ACTING BUREAU CHIEF
BUREAU OF UNDERGROUND STORAGE TANKS

UST-011 GREEN-APPLICANT COPY-APPLICANT COPY-LCO COPY-TMS COPY-R&B

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
Trenton, N.J. 08625-0029

ATTN: BUST Program
(609) 984-3156

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

STANDARD REPORTING FORM
for reporting activities at an UST facility:

____ General Facility Information Changes	____ Sale or Transfer
XXXX Closure (Abandonment or Removal)	____ Substantial Modification
____ Temporary Closure	____ Financial Responsibility
____ Change in Service	____ 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.

1. Company name and address (as it appears on registration questionnaire): Fort Monmouth
. #167
mouth NJ 07703
nkerri Desai

2. Facility name and location (if different from above): _____

3. Contact person for this activity: Dinkerrai Desai
Telephone Number: (908) 532-1475

4. The identification number of the affected tank as it appears in Question Number 12 on the Registration Questionnaire: 008515-63

5. Registration Number (if known): UST - Bldg 2546

6. For GENERAL FACILITY INFORMATION changes (address, telephone, contact person, etc. – supply NEW information only):

   a. Facility name: _____
   b. Facility location: _____
   c. Owner's mailing address: _____
   _____
   _____ NJ _____
   _____
   d. Block: _____ Lot: _____
   e. Contact person (facility operator): _____
   f. Contact telephone number: (_____) _____ – _____
   g. Other (Specify): _____

(OVER)

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).
   ☒ 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/overfill 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: ☐
   b. Policy Number: ☐
   c. Other: ☐
   d. Company/Carrier: ☐
   e. Expiration Date: ☐

   _____
   _____
   _____
   (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: _____

Name (print or type): Dinkerrai Desai /Charles Appleby - 2056

Title: Environmental Coordinator Date: 28 August 1992

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 # None

Date of Closure July 30, 1992

Abandonment or Removal (circle one)

#, Size and Content of Tank(s) 6000 gal Steel #2 Fuel oil

UST # 0081515-63 - Newly Registered 8/28/92

SRFa-3/91

Serv-Air, Inc.
A Subsidiary of E-Systems, Inc.
Environmental and Energy Laboratory
P.O. Box 369
Fort Monmouth, NJ 07703
908-532-6147

NJDEPE Certified Laboratory # 13461

Report of Analysis

Analysis by: Brian K. McKee

Project: Olongopo Tank Closure

Date Started: 07-31-92
Date Complete: 08-03-92

Reviewed: 08-03-92
Revised: NA
Released: 08-03-92

By: Brian K. McKee
Brian K. McKee
Environmental and Energy Chief

Serv-Air, Inc.

A Subsidiary of E-Systems, Inc.
Environmental and Energy Laboratory
P.O. Box 369
Fort Monmouth, NJ 07703
908-532-6147

NJDEPE Certified Laboratory # 13461

Project: Tank Closure Location: Olongopo (C.Wood Section) Date: 07-31-92
Sample Matrix: Soil
Parameter: Total Petroleum Hydrocarbon
Method: 418.1

Sample ID	Rec'd	Extract	Anaylsis	Results (mg/Kg)	Detection Limit (mg/Kg)
C92-923	7/31	7/31	7/31	68.4 *	3.0
C92-924	7/31	7/31	7/31	180.2 *	3.0
C92-925	7/31	7/31	7/31	nd	3.0
C92-926	7/31	7/31	7/31	12.0 *	3.0
blank	0/00	7/31	7/31	nd	3.0
C92-927	8/03	8/03	8/03	108.8 *	3.0
C92-928	8/03	8/03	8/03	81.6 *	3.0
C92-929	8/03	8/03	8/03	12.9 *	3.0
C92-930	8/03	8/03	8/03	40.1 *	3.0
C92-931	8/03	8/03	8/03	318.0 *	3.0
blank	0/00	8/03	7/03	nd	3.0

Notes:

* = Levels reported are on a wet weight basis
ND = none detected

Brian K. McKee
Laboratory Director

CLIENT NAME: SERV-AIR INC.
SITE LOCATION: PO BOX 369 BLDG 490
Ft. MONMOUTH NJ 07703 (908)542-4359

SAMPLERS: Sarah Hubbard
Charles Appleby

SAMPLE ID.	DATE	TIME	MATRIX	COMP	GRAB	SAMPLE LOCATION	NUMBER OF CONTAINERS	TPH ANALYSIS W/M VOA 5's	OVA READING Per Appleby request Soil wt.	REMARKS
C92-927	8-3-92	1027	Soil		✓	NE Wall	1	1	30gm	
C92-928	8-3-92	1032	"		✓	North Wall	1	1	30gm	
C92-929	8-3-92	1034	"		✓	NW Wall	1	1	30gm	
C92-930	8-3-92	1038	"		✓	N. Pit bottom	1	1	30gm	
C92-931	8-3-92	1040	"		✓	NE Wall #2	1	1	30gm	

TOTALS

SAMPLE CONTAINERS PREPARED BY: S. Hubbard

RELINQUISHED BY: | DATE TIME | RECEIVED BY:

RELINQUISHED BY: | DATE | TIME | RECEIVED BY: | RELINQUISHED BY: | DATE TIME | RECEIVED BY:

CLIENT NAME: SERV-AIR INC.
SITE LOCATION: PO BOX 369 BLDG 490
Ft. MONMOUTH NJ 07703 (908)542-4359

SAMPLERS: B. McK

SAMPLE ID.	DATE	TIME	MATRIX	COMP	GRAB	SAMPLE LOCATION	NUMBER OF CONTAINERS	TPH	REMARKS
C92-923	7/31		Soil		X	Olongapo Center Bottom	1	X	
924					X	South Bottom	1	X	
925					X	South West Wall	1	X	
926					X	South East Wall	1	X	
TOTALS									

SAMPLE CONTAINERS PREPARED BY:	RELINQUISHED BY:	DATE TIME	RECEIVED BY:

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	RELINQUISHED BY:	DATE TIME	RECEIVED BY:

RELINQUISHED BY:

UST-014
2/91

FOR STATE USE ONLY

UST # _____
Date Rec'd _____
TMS # _____
Staff _____

State of New Jersey
Department of Environmental Protection and Energy
Division of Responsible Party Site Remediation
CN 029
Trenton, NJ 08625-0029
Tel. # 609-984-3156
Fax. # 609-292-5604

Scott A. Weiner
Commissioner

Karl J. Delaney
Director

UNDERGROUND STORAGE TANK SITE ASSESSMENT SUMMARY

Under the provisions of the Underground Storage of Hazardous Substances Act in accordance with N.J.A.C. 7:14B

This Summary form shall be used by all owners and operators of Underground Storage Tank Systems (USTS) who have either reported a release and are subject to the site assessment requirements of N.J.A.C. 7:14B-8.2 or who have closed USTS pursuant to N.J.A.C. 7:14B-9.1 et seq. and are subject to the site assessment requirements of N.J.A.C. 7:14B-9.2 and 9.3.

INSTRUCTIONS:

- *Please print legibly or type.*
- *Fill in all applicable blanks. This form will require various attachments in order to complete the Summary. The technical guidance document, Interim Closure Requirements for UST's, explains the regulatory (and technical) requirements for closure and the Scope of Work, Investigation and Corrective Action Requirements for Discharges from Underground Storage Tanks and Piping Systems explains the regulatory (and technical) requirements for corrective action.*
- *Return one original of the form and all required attachments to the above address.*
- *Attach a scaled site diagram of the subject facility which shows the information specified in Item IV B of this form.*
- *Explain any "No" or "N/A" response on a separate sheet.*

Date of Submission 12/21/92

00 31515 - 63
FACILITY REGISTRATION #

I. FACILITY NAME AND ADDRESS

U.S. Army Fort Monmouth
Charles Wood West
Fort Monmouth NJ 07703 County Monmouth
Telephone No. 908-532-6224

OWNER'S NAME AND ADDRESS, if different from above

U.S. Army Fort Monmouth
DEH Bldg 167
Fort Monmouth NJ 07703
Telephone No. 908-532-6224

II. DISCHARGE REPORTING REQUIREMENTS

A. Was contamination found? ___ Yes X No If Yes, Case No. N/A
(Note: All discharges must be reported to the Environmental Action Hotline (609) 292-7172)

B. The substance(s) discharged was(were) None

C. Have any vapor hazards been mitigated? ___ Yes ___ No X N/A

III. DECOMMISSIONING OF TANK SYSTEMS

Closure Approval No. TMS-92-3488

The site assessment requirements associated with tank decommissioning are explained in the Technical Guidance Document, **Interim Closure Requirements for UST's**, Section V. A-D. Attach complete documentation of the methods used and the results obtained for each of the steps of tank decommissioning used. Please include a site map which shows the locations of all samples and borings, the location of all tanks and piping runs at the facility at the beginning of the tank closure operation and annotated to differentiate the status of all tanks and piping (e.g., removed, abandoned, temporarily closed, etc.). The same site map can be used to document other parts of the site assessment requirements, if it is properly and legibly annotated.

IV. SITE ASSESSMENT REQUIREMENTS

A. Excavated Soil

Any evidence of contamination in excavated soil will require that the soil be classified as either Hazardous Waste or Non-Hazardous Waste. Please include all required **documentation** of compliance with the requirements for handling contaminated **excavated** soil (if any was present) as explained in the technical guidance documents for closure and corrective action. Describe amount of soil removed, its classification, and disposal location.

B. Scaled Site Diagrams

1. Scaled site diagrams must be attached which include the following information:

   a. North arrow and scale
   b. The locations of the ground water monitoring wells
   c. Location and depth of each soil sample and boring
   d. All major surface and sub-surface structures and utilities
   e. Approximate property boundaries
   f. All existing or closed underground storage tank systems, including appurtenant piping
   g. A cross-sectional view indicating depth of tank, stratigraphy and location of water table
   h. Locations of surface water bodies

C. Soil samples and borings (check appropriate answer)

1. Were soil samples taken from the excavation as prescribed? X Yes ___ No ___ N/A

2. Were soil borings taken at the tank system closure site as prescribed? X Yes ___ No ___ N/A

3. Attach the analytical results in tabular form and include the following information about each sample:
   a. Customer sample number (keyed to the site map)
   b. The depth of the soil sample
   c. Soil boring logs
   d. Method detection limit of the method used
   e. QA/QC information as required

D. Ground Water Monitoring N/A

1. Number of ground water monitoring wells installed 0

2. Attach the analytical results of the ground water samples in tabular form. Include the following information for each sample from each well:

   a. Site diagram number for each well installed
   b. Depth of ground water surface
   c. Depth of screened interval
   d. Method detection limit of the method used
   e. Well logs
   f. Well permit numbers
   g. QA/QC Information as required

V. SOIL CONTAMINATION

A. Was soil contamination found? ___ Yes X No
If "Yes", please answer Question B-E
If "No", please answer Question B

B. The highest soil contamination still remaining in the ground has been determined to be:
1. N/A ppb total BTEX, N/A ppb total non-targeted VOC
2. N/A ppb total B/N, N/A ppb total non-targeted B/N
3. 318.0 ppm TPHC
4. N/A ppb N/A (for non-petroleum substance)

C. Remediation of free product contaminated soils

1. All free product contaminated soil on the property boundaries and above the water table are believed to have been removed from the subsurface X Yes ___ No
2. Free product contaminated soils are suspected to exist below the water table ___ Yes X No
3. Free product contaminated soils are suspected to exist off the property boundaries. ___ Yes X No

D. Was the vertical and horizontal extent of contamination determined? ___ Yes ___ No X N/A

E. Does soil contamination intersect ground water? ___ Yes ___ No X N/A

VI. GROUND WATER CONTAMINATION

A. Was ground water contamination found? ___ Yes ___ No X N/A
If "Yes", please answer Questions B-G.
If "No", please answer only Question B.

B. The highest ground water contamination at any 1 sampling location and at any 1 sampling event to date has been determined to be: N/A

1. ___ ppb total BTEX, ___ ppb total non-targeted VOC
2. ___ ppb total B/N, ___ ppb total non-targeted B/N
3. ___ ppb total MTBE, ___ ppb total TBA
4. ___ ppb ___ (for non-petroleum substance)
5. greatest thickness of separate phase product found N/A
6. separate phase product has been delineated ___ Yes ___ No X N/A

C. Result(s) of well search

1. A well search (including a review of manual well records) indicates that private, municipal or commercial wells do exist within the distances specified in the Scope of Work. ___ Yes ___ No X N/A

2. The number of these wells identified is N/A.

D. Proximity of wells and contaminant plume N/A

1. The shallowest depth of any well noted in the well search which may be in the horizontal or vertical potential path(s) of the contaminant plume(s) is _____ feet below grade (consideration has been given for the effects of pumping, subsurface structures, etc. on the direction(s) of contaminant migration). This well is _____ feet from the source and its screening begins at a depth of _____ feet.

2. The shallowest depth to the top of the well screen for any well in the potential path of the plume(s) (as described in D1 above) is _____ feet below grade. This well is located _____ feet from the source.

3. The closest horizontal distance of a private, commercial or municipal well in the potential path of the plume (as determined in D1) is _____ feet from the source. This well is _____ feet deep and screening begins at a depth of _____ feet.

E. A plan for separate phase product recovery has been included. ___ Yes ___ No X N/A

F. A ground water contour map has been submitted which includes the ground water elevations for each well. ___ Yes ___ No X N/A

G. Delineation of contamination N/A

1. The ground water contaminants have been delineated to MCLs or lower values at the property boundaries. ___ Yes ___ No

2. The plume is suspected to continue off the property at concentrations greater than MCLs. ___ Yes ___ No

3. Off property access (circle one): is being sought has been approved has been denied

VII. SITE ASSESSMENT CERTIFICATION [preparer of site assessment plan - N.J.A.C. 7:14B-8.3(b) &9.5(a)3]

The person signing this certification as the "Qualified Ground Water Consultant" (as defined in N.J.A.C.7:14B-1.6) responsible for the design and implementation of the site assessment plan as specified in N.J.A.C. 7:14B-8.3(a) & 9.2(b)2, must supply the name of the certifying organization and certification number.

"I certify under penalty of law that the information provided in this document is true, accurate, and complete and was obtained by procedures in compliance with N.J.A.C. 7:14B-8 and 9. I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment."

NAME (Print or Type) Charles M. Appleby SIGNATURE [signature]

COMPANY NAME U.S. Army Fort Monmouth DATE 12/28/92
(Preparer of Site Assessment Plan)

CERTIFYING ORGANIZATION NJDEPE Closure/Subsurface CERTIFICATION NUMBER 2056

VIII. TANK DECOMMISSIONING CERTIFICATION [person performing tank decommissioning portion of closure plan - N.J.A.C. 7:14B-9.5(a)4]

"I certify under penalty of law that tank decommissioning activities were performed in compliance with N.J.A.C. 7:14B-9.2(b)3. I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment."

NAME (Print or Type) Charles M. Appleby SIGNATURE [signature]

COMPANY NAME U.S. Army Fort Monmouth DATE 12/21/92
(Performer of Tank Decommissioning)

IX. CERTIFICATIONS BY THE RESPONSIBLE PARTY(IES) OF THE FACILITY

A. The following certification shall be signed by the highest ranking individual with overall responsibility for that facility [N.J.A.C. 7:14B-2.3(c)1i].

"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 penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment."

NAME (Print or Type) M. James Ott SIGNATURE [signature]

COMPANY NAME U.S. Army Fort Monmouth DATE 4/22/93

B. The following certification shall be signed as follows [according to the requirements of N.J.A.C. 7:14B-2.3(C)2i]:

1. For a corporation, by a principal executive officer of at least the level of vice president.
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 the principal executive officer or ranking elected official.
4. In cases where the highest ranking corporate partnership, governmental officer or official at the facility as required in A above is the same person as the official required to certify in B, only the certification in A need to be made. In all other cases, the certifications of A and B shall be made.

"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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment."

NAME (Print or Type) N/A SIGNATURE _____

COMPANY NAME _____ DATE _____

U.S. Army
DEH Bldg. 167
SELFM-EH-EV
Fort Monmouth NJ 07703

Date: 22, April 1993
Site: Bldg. 2546
NJDEPE UST Reg. #: 0081515-63
NJDEPE TMS #: 92-3488

UNDERGROUND STORAGE TANK
SITE ASSESSMENT SUMMARY
"NO" OR "NA"
EXPLANATIONS

NJDEPE FACILITY ID#: 0081515
UST#: 63

US ARMY SUBSURFACE EVALUATOR: CHARLES APPLEBY
NJDEPE CERTIFICATION NUMBER: 2056

REMOVAL CONTRACTOR: E-SYSTEMS INC.

SITE CLOSURE SUPERVISOR: CHARLES APPLEBY/ US ARMY, FORT MONMOUTH
NJDEPE CERTIFICATION NUMBER: G0002056

III. DECOMMISSIONING OF TANK SYSTEMS:
The removal of this UST was directed as an emergency due to the proximity of the UST to underground utilities requiring installation/repair. All removal activities followed all applicable requirements.

IV: D. Was the vertical and horizontal extent of contamination determined? NO CONTAMINATION OUTSIDE THE AREA OF EXCAVATION EXISTS

C. Results of well search.
No well search was required or needed. The facilities at Fort Monmouth are supplied with potable water by New Jersey / American Water Company.

D. Proximity of wells and contaminant plume. N/A
No plume is suspected to exist.

E. A plan for separate phase product recovery has been included. N/A
No free product is suspected to exist.

F. A ground water contour map has been submitted which includes the ground water elevations for each well. N/A
No free product is suspected to exist.

G. Delineation of contamination. N/A
No contamination is suspected to exist.

Figure 3 - Site Diagram.