DISCHARGE OF HAZARDOUS SUBSTANCE REPORT

7:1E-5.8(b)

1. The name, address and telephone number of the individual that reported the discharge or discharge detection malfunction pursuant to N.J.A.C. 7:1E-5.3 or 5.5:

   Name: Skip Kelleher

   Address: 71 Wickliffe Street
   Newark, NJ 07101

   Telephone #: 201/242-0386

2. The name, address and telephone number of the individual submitting the confirmation report if different from the individual identified above:

   Name: Andrew L. Confortini (J M Sorge, Inc.)

   Address: 50 County Line Road
   Somerville, NJ 08876

   Telephone #: 908/218-0066

3. If the person identified in (b)2 above is either not subject to the provisions of this subchapter, or is submitting the confirmation report on behalf of another person, the name, address and telephone number of the person subject to the provisions of this subchapter for whom the confirmation report is being submitted:

   Name: K. Hovnanian Companies - University Heights III/C&E

   Address: 65 Jackson Drive
   Cranford, NJ 07016-1191

   Telephone #: 908/272-0088

4. The name, address and telephone number of each individual in any way responsible for the discharge:

   Name: City of Newark - Ms. Sarah Windbush (Chief of Planning)

   Address: 920 Broad Street
   Newark, NJ 07105

   Telephone #: 201/733-7943

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Name: (Current Operator) _____

Address: _____

_____

Telephone #: _____

5. The name, address and telephone number of each owner and operator of the facility at which the discharge occurred, or the vessel or vehicle from which the discharge occurred:

Property Owner - Name: City of Newark

Address: 920 Broad Street
Newark, NJ 07105

Telephone #: 201/733-7943

Current Operator - Name: _____

Address: _____

_____

Telephone #: _____

Former Owner - Name: _____

Address: _____

_____

Telephone #: _____

6. Source of the discharge, if known: Abandoned 1,000-gallon residential heating oil underground storage tank (UST).

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7. The location of the discharge, as follows:

i. Sites on land

1. Name of site: _____;

2. Street address: Corner Matthews St. (formerly Academy St.) & Churchman St. (formerly Newark St.);

3. Tax lot 30; Tax block 408;

4. Municipality/county Newark / Essex;

5. Any Department or EPA ID # of facilities involved:

No

_____;

6. Site map identifying the area in which the discharge occurred and the surrounding area: See Attachment A

ii. For discharge on, under or into water: N/A

1. Name of the water body: _____;

2. Latitude: _____; Longitude: _____ of the place the discharge originated.

3. Site map identifying the areas affected by the discharge:

8. A list of the common name(s) and Chemical Abstracts Service number(s) of each of the hazardous substances discharged:

Common Name: Petroleum (#2 heating oil);

CAS #: _____

9. A list of the quantities of each hazardous substance discharged, including best estimates if the quantities are unknown:

15 to 20 gallons (estimate).

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10. **The date and time at which the discharge began:**

unknown / _____;

The date and time at which the discharge was discovered:

12-01-94 / 1125 hrs. ;

The date and time at which the discharge ended:

12-01-94 / 1250 hrs. ;

The date and time at which the at which the Department was notified pursuant to N.J.A.C. 7:1E-5.3 or 5.5:

12-01-94 / 1135 hrs. .

11. **A detailed description of the measures taken to contain, cleanup and remove the discharge, summary of costs incurred, and proof of proper disposal of all hazardous substances discharged:**

Following discovery of the discharge, the oil in the UST was evacuated and the tank was removed. All affected soil was excavated and stock-piled on, and covered with plastic sheeting, pending proper disposal/ recycling. All remedial activities (including soil sampling) were conducted in accordance with N.J.A.C. 7:26E. A MOA will be established for this spill case and a RAR will be submitted for NJDEP review.

12. **The corrective actions or countermeasures taken, including a description of equipment repairs or replacements:**

Please refer to response to Item 11.

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13. **Additional preventive measures taken or proposed to minimize the possibility of recurrence:**

Please refer to response to Item 11.

14. **The name(s), address(es) and telephone number(s) of all entities involved in containment, cleanup or removal of the discharge:**

Name: J M Sorge, Inc.

Address: 50 County Line Road
Somerville, NJ 08876

Telephone #: 908/218-0066

Name: Spectrum Constructors, Inc.

Address: 160 Route 46
Fairfield, NJ 07004

Telephone #: 201/882-4500

Name: K. Hovnanian Companies - University Heights III/C&E

Address: 65 Jackson Drive
Cranford, NJ 07016

Telephone #: 908/272-0088

Name:

Address:

Telephone #:

Name:

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15. **A description of the type, quantity, location and date of all samples taken at or around the site of the discharge, whether before, during or after any containment, cleanup or removal:**

The description and location of all samples collected will be provided in the forthcoming RAR (to be submitted under the MOA).

16. **A table attached showing the results of all analyses of samples described in (b)15:** A summary table will be provided in the RAR submission under the MOA.

i. **The name address and telephone number of any person conducting sample analyses:**

Name: Envirotech Research, Inc.

Address: 777 New Durham Road
Edison, NJ 08817

Telephone #: 908/549-3900

ii. **Quality assurance/quality control procedures utilized for sample collection and analyses:**

iii. **Rationale for the location, number and frequency of samples collected:** N.J.A.C. 7:26E

iv. **A detailed description of the sample methodology for all samples, as follows:**

1. **Types of sample containers and closures, cleaning procedures of sample containers/closures and sampling equipment:** To be provided in MOA submittal

2. **Use of quality assurance samples:**

3. **Groundwater monitoring well permit numbers, design and installation techniques:** N/A

4. **Chain of custody procedures and sample documentation:** To be provided in MOA submittal

v. **A description of the analytical methodologies performed by parameter and rationale for selection of monitoring parameters and analytical methodologies:**
N.J.A.C. 7:26E
To be provided in MOA submittal

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vi. A list by parameter of the concentrations of each hazardous substance analyzed for:

To be provided in MOA submittal

17. For major facilities, a certification stating that financial responsibility demonstrated pursuant to N.J.A.C. 7:1E-4.5 and submitted to the Department pursuant to N.J.A.C. 7:1E4.4(a)9 is in full force and effect: N/A

18. Information supplementing any information previously provided to the Department if additional relevant information is discovered, or if it is determined that the information previously provided was false, inaccurate or misleading:

N/A

19. Any other information concerning the discharge which the Department may request:

20. A fully executed certification pursuant to N.J.A.C. 7:1E-4.11:

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, including fines or imprisonment or both, for knowingly submitting false, inaccurate or imcomplete information.

Name: STEVE SAY Title: ASST. PROJ. DIR.

Signature: Date: JAN. 9 1995

Sworn to and subscribed before me on this 9 date of January, 1994.

Notary: Deborah A. Sweeney

My Commission Expires: DEBORAH A. SWEENEY
A Notary Public of New Jersey
My Commission Expires Dec. 6, 1999

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