STANDARD REPORTING FORM
for reporting activities at an UST facility:

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

   Borough of Madison
   Kings Road; Hartley Dodge Memorial
   Madison, NJ

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

3. Contact person for this activity:

   *Mr. James Allison; Borough Administrator
   Telephone Number: (201) 593-3038

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

5. Registration Number (if known):
   UST - 0085115

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:
   d. Block: Lot:
   e. Contact person (facility operator):
   f. Contact telephone number:
   g. Other (Specify):
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).
   b. □ 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 |
      |----------|-----|-----|
      |          |     |     |
      |          |     |     |
      |          |     |     |
      (Attach additional sheets if more space is needed)

9. For TRANSFER OF OWNERSHIP:
   a. New Owner (operator)
   b. New Facility Name
      ________________________________
      ________________________________
      ________________________________
      NJ
      ________________________________
      County
      ________________________________
      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: [Signature]

Name (print or type): Mark Hartman

Title: Principal Hydrogeologist

Date: December 14, 1993
NOTICE

An SR 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 #: C93-1081; C-93-1080

Date of Closure: December 9, 1993

Abandonment or Removal (circle one)

#, Size and Content of Tank(s): (2) 4,000G #2 Heating Oil

SRF#-3/91