

EXHIBIT 85

1015 Belleville Turnpike
Kearny, New Jersey 07032

File - Newark
Agency/Cost Recovery 11/99 **CLH**
CHEMICAL LAND HOLDINGS, INC.

April 8, 1999

New Jersey Department of Environmental Protection
Bureau of Revenue
PO BOX 417
Trenton, New Jersey 08625-0417

FILE COPY

Subject: Site Remediation Program Oversight Cost Invoice # 99016610

Dear Sir or Madam:

Please find enclosed a copy of check No. 0000102925 dated February 9, 1999 in the amount of \$2,480.77 for payment of oversight costs associated with the Diamond Alkali Superfund Site, Newark, New Jersey. This payment was submitted to NJDEP within the time frame identified on NJDEP's original invoice (invoice No. 99004880) for these charges. Therefore, the payment requested, as delinquent, under invoice No. 99016610 has already been paid.

Please feel free to contact me at 201/955-2541 if you have any addition questions or need further assistance relating to this matter.

Sincerely,



Alex Pittignano
Project Engineer
On Behalf of Occidental Chemical Corporation
(As successor to Diamond Shamrock Chemicals Company)

cc: Paul Herring

mallo
4/8/99

LIFE COPY



717 North Harwood Street
Dallas, Texas 75201

TREASURER, STATE OF NEW JERSEY
BUREAU OF REVENUE, CN 417
TRENTON, NJ 08625-0417

Check	02/09/1999
Telephone / Fax	
Your Account With Us 1006567	

Document	Your document	Date	Deductions	Gross amount
100000644	020399 N.MCAFEE	02/03/1999	0.00	2,480.77
Sum total			0.00	2,480.77

Payment Document	Check Number	Date	Currency	Payment Amount
2000000184	0000102925	02/09/1999	USD	*****2,480.77*



CHEMICAL LAND HOLDINGS, INC.
CHEMICAL LAND HOLDINGS INC.
717 N. HARWOOD STREET
DALLAS, TX 75201

No. **0000102925**

MELLON BANK N.A.
PITTSBURGH, PENNSYLVANIA
02/09/1999

60-160
433

*** TWO THOUSAND FOUR HUNDRED EIGHTY *****
***** USD and 77/100 *****

PAY \$ *****2,480.77*

PAY TO THE ORDER OF

TREASURER, STATE OF NEW JERSEY
BUREAU OF REVENUE, CN 417
TRENTON, NJ 08625-0417

Mel Skaggs

AUTHORIZED SIGNATURES



SITE REMEDIATION PROGRAM OVERSIGHT COST INVOICE

990166610

RECEIVED

MAR 11 1999

CHEMICAL ENGINEERING

Due Date	03/29/99	Amount Due	\$ 2,480.77
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Billing ID #	EEC
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Type of Notice	DELINQUENT
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Billing Date	01/26/99
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KEEP THIS PORTION FOR YOUR RECORDS

SF= 189.00 DF= 2,288.77

CASE INFORMATION ID AND LOCATION NJD980528996 DIAMOND ALKALI COMPANY 80 LISTER AVE NEWARK CITY ESSEX	BILLING PERIOD / CASE MANAGER AND LEAD PROGRAM 03/13/98 TO 10/23/98 JONATHAN BERG DRPSR-RPSR-BFCM	SUMMARY OF CHARGES CURRENT PERIOD PREV. UNPAID	
		\$ 2,477.77	\$ 3.00
		PAYMENT PLAN SCHEDULE Min. Amount Due \$ 0.00	

MESSAGES.

You were recently billed for costs incurred by the NJDEP relative to oversight activities at the above referenced site. Payment of these oversight costs is now Past Due. This will be your FINAL NOTICE to submit payment for these costs. If payment is not received within 30 days after receipt of this notice, the bill will be referred to the NJDEP's Cost Recovery Unit and actions will be undertaken to collect the outstanding monies with further costs incurred.

To avoid action by NJDEP's Cost Recovery Unit, submit a check to the address cited below.

If you have already submitted payment, please disregard this notice.

REMINDER:

- If this Invoice indicates a "Min.Amount Due" in the PAYMENT PLAN SCHEDULE Section, please pay the amount shown.
- See the back of this form for an explanation of the enclosed documents.
- Please return the BOTTOM PORTION of this INVOICE with your PAYMENT via the enclosed envelope.

Send Billing Inquiries to:

NJDEP
 Division of Responsible Party Site Remediation
 Direct Billing Unit
 PO BOX 028
 Trenton, NJ 08625-0028

or contact directly at:

(609)-633-0701 (PHONE)
 (609)-633-1454 (FAX)

INVOICE NO. 990166610

D8506F 3/97



SITE REMEDIATION PROGRAM OVERSIGHT COST INVOICE

Billing ID #	EEC
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Type of Notice	DELINQUENT
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Billing Date	01/26/99
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Due Date	03/29/99
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Amount Due	\$ 2,480.77
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If there are changes to your Mailing Name or Address, check this box and print the change on the back of this invoice.

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment \$

SF= 189.00 DF= 2,288.77

RETURN THIS PORTION with

your check made payable to:
 TREASURER - STATE OF NEW JERSEY
 and mail to:

NJDEP
 BUREAU OF REVENUE
 PO BOX 417
 TRENTON, NJ 08625-0417

85

|||||
 MAXUS ENERGY CORPORATION
 ATTN: ALEX PITTIGNANO
 1015 BELLEVILLE TPKE
 KEARNY NJ 07032-4410

101010101010101010101010101010101015151111110002480770000959901666106850

Your OVERSIGHT COST INVOICE Forms

Enclosed you will find documents which detail oversight costs incurred by the New Jersey Department of Environmental Protection (Department) at the referenced case. This package contains the following:

COST OVERSIGHT INVOICE

Contains information relative to the case location and billable amount. When making payment, return the bottom portion of this page with your remittance. This document also includes a Change of Mailing Address form.

EXPENDITURE SUMMARY

Contains a summary of the charges incurred by the Department for a case, including a breakdown of direct and indirect salary costs by fiscal year, and total non-salary costs. The calculation of the factors used to determine total salary cost is also provided. These factors are usually defined as follows:

Salary Additive Rate - A percentage of costs applicable to sick time, vacation time and other similar time which cannot be billed to an individual site, and is necessary to insure full compensation of an employee's direct salary.

Fringe Benefit Rate - The Department's contribution for the employee's pension, health benefits, worker's compensation, temporary disability and F.I.C.A. (Federal Insurance Contribution Act).

Indirect Cost Rate - The Department's general operating expenses which cannot be assigned to a specific case, including such costs as building rent, utilities and Department upper management salaries. (Director, Commissioner)

COST ANALYSIS (SALARY)

Contains information on the Department's salary charges incurred on the case during the period indicated. This breakdown includes, in part, the individual who charged time to the case, the two week pay period during which the time was charged, a description of the activity performed and the direct salary cost incurred by the Department. This could be multiple pages.

COST ANALYSIS (NON-SALARY)

Contains information on the Department's non-salary charges incurred on the case for the period indicated, such as Department sampling and analytical costs, and contractor expenses. As above, this includes the vendor who worked on the case, the date the invoice was paid, a description of the activity performed and non-salary cost incurred by the Department. This could be multiple pages.

D85068 3/97

CHANGE OF MAILING ADDRESS INFORMATION PLEASE PRINT

Business or Company Name : _____

Care/Attention of : _____

Delivery Address : A) PO Box _____ No. B) Rural Route _____ No. Box _____ No.
(Indicate One)

C) Street Address _____ No. _____ Street Name _____

D) Mail Stop _____

Other : Bldg Name/Number _____ Floor Number _____
(Optional)

Room Name/Number _____ Suite Name/Number _____

Postal City: _____ State: _____ Zip Code: _____