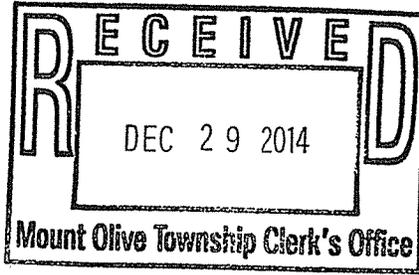


BRINKERHOFF

ENVIRONMENTAL SERVICES, INC.



1805 Atlantic Avenue
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3666
www.brinkenv.com



12/30/14
Sec: Health Dept
Admin

To: Mount Olive Township
P.O. Box 450
Budd Lake, NJ 07828
Attn: Lisa Lashway, Township Clerk

Date: December 24, 2014
Project Name: Petillo, Inc.
Project No.: 12BR022

QUANTITY	ID NUMBER	DESCRIPTION
1		Public Notification and Outreach (hardcopy)

We are sending you herewith		<input checked="" type="checkbox"/>	under separate cover			the above items.				
Sent via	<input type="checkbox"/> USPS	<input type="checkbox"/>	<input type="checkbox"/> FedEx	<input checked="" type="checkbox"/>	<input type="checkbox"/> UPS	<input type="checkbox"/>	<input type="checkbox"/> Drop off	<input type="checkbox"/>	<input type="checkbox"/> Fax	
FOR:	Approval	<input type="checkbox"/>	Review and Comment	<input type="checkbox"/>	Approved as Submitted	<input type="checkbox"/>				
	Your Use	<input type="checkbox"/>	Return w/Corrections	<input type="checkbox"/>	Returned for Revision	<input type="checkbox"/>				
	Your Records	<input checked="" type="checkbox"/>	Copies for Distribution	<input type="checkbox"/>	Deficiencies Flagged	<input type="checkbox"/>				

Enclosed you will find the Public Notification and Outreach for the following site:

Petillo, Inc.
167 Flanders-Netcong Road
Mount Olive, New Jersey
PI Number: 627380
NJDEP Case Number: 12-05-22-1332-24

Should you have questions regarding this transmission do not hesitate to contact the undersigned at 732-223-2225.

Respectfully submitted,

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.

Sergio H. Rojas
Senior Project Manager

cc: Ronald Kollar, Petillo, Inc.



New Jersey Department of Environmental Protection
Site Remediation Program

PUBLIC NOTIFICATION AND OUTREACH

Date Stamp
(For Department use only)

SECTION A. SITE LOCATION

Site Name: Petillo, Inc.

List all AKAs: Petillo Landscaping, Inc.

Street Address: 167 Flanders-Netcong Road

Municipality: Mount Olive Township (Township, Borough or City)

County: Morris Zip Code: 07836

Mailing Address if different than street address: _____

Program Interest (PI) Number(s): 627380 Case Tracking Number(s): 12-05-22-1332-24

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 05/22/2012

State Plane Coordinates for a central location at the site: Easting: 435,729 Northing: 741,023

Municipal Block(s) and Lot(s):

Block # <u>4500</u>	Lot # <u>10</u>	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

SECTION B. NOTIFICATION INFORMATION

1. Indicate the type of Public Notification:

Initial Update

2. Public notification was provided via: (Check all that apply)

Sign..... Yes No Fact sheet..... Yes No
Letter..... Yes No Alternate plan..... Yes No

3. Were materials produced in a language other than English? Yes No
If "Yes," in what other language was notification prepared? _____

4. Were copies provided to municipal clerk, local/county health dept., and local health agency? Yes No

5. Did you provide an electronic copy of all required submittals? Yes No

6. Was notification of excess fill material conducted pursuant to N.J.A.C. 7:26E-1.4(k)? Yes No

7. Was additional public outreach conducted due to the Department's determination of substantial public interest? Yes No

SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: Petillo, Inc.

Representative First Name: Ronald Representative Last Name: Kollar

Title: Chief Estimator

Phone Number: (973) 668-4511 Ext: _____ Fax: (973) 347-3337

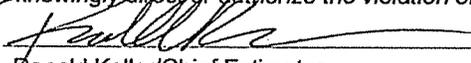
Mailing Address: 167 Flanders-Netcong Road

City/Town: Flanders State: New Jersey Zip Code: 07836

Email Address: RKollar@petillo.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, 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.

Signature:  Date: 12/15/14

Name/Title: Ronald Kollar/Chief Estimator No Changes Since Last Submittal

SECTION D. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 574863

First Name: Laura

Last Name: Brinkerhoff

Phone Number: (732) 223-2225

Ext: _____

Fax: (732) 223-3666

Mailing Address: 1805 Atlantic Avenue

City/Town: Manasquan

State: New Jersey

Zip Code: 08736

Email Address: LBrinkerhoff@brinkenv.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

directly oversaw and supervised all of the referenced remediation, and/or

personally reviewed and accepted all of the referenced remediation presented herein.

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: _____

Date: 12/10/14

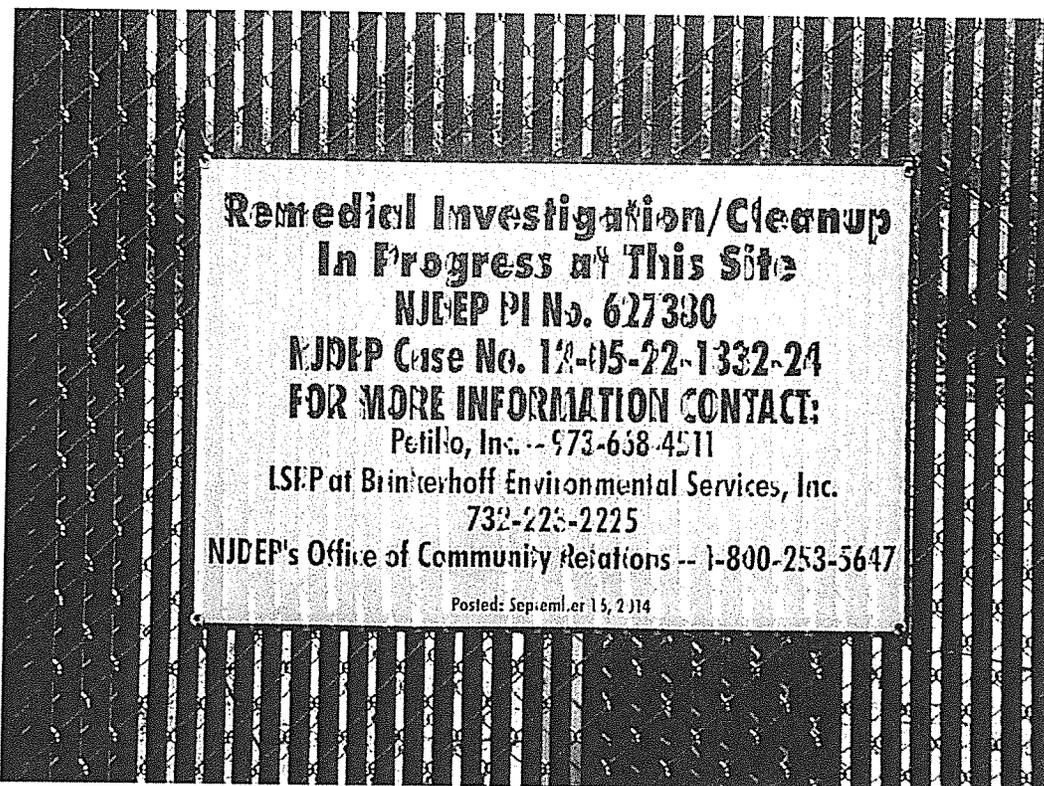
LSRP Name/Title: Laura Brinkerhoff/Principal

No Changes Since Last Submittal

Company Name: Brinkerhoff Environmental Services, Inc.

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420



Photograph 1: Close-up view of the 2-foot by 3-foot sign located on the fence adjacent to the gated entrance to the site.



Photograph 2: View of the 2-foot by 3-foot sign located on the fence adjacent to the gated entrance to the site.