

Monitoring Well Certification Form B - Location Certification

SECTION A. SITE NAME AND LOCATION	ı			
Site Name: Salem Generating Satation				
List all AKAs: PSEG Nuclear				
Street Address: Hope Creek Road				
Municipality: Lower Alloways Creek Township (Township, Borough or City)				
County: Salem Zip Code: 08079				
Program Interest (PI) Number(s): Case Tracking Number(s):			
SECTION B. WELL OWNER AND LOCATION				
Name of Well Owner PSEG Nuclear LLC				
Well Location (Street Address)				
3. Well Location (Municipal Block and Lot) Block# 26 Lot # 4				
SECTION C. WELL LOCATION SPECIFICS				
1. Well Permit Number (This number must be permanently affixed to the well casing): _34000069	95			
2. Site Well Number (As shown on application or plans): W				
3. Geographic Coordinate NAD 83 to nearest 1/100 of a second:				
Latitude: North 39 27' 44.55" Longitude: West 75 32' 12.02	on -			
4. New Jersey State Plane Coordinates NAD 83 datum, US survey feet units, to nearest foot:				
North 230,777 East 199,449				
5. Elevation of Top of Inner Casing (cap off) at reference mark (nearest 0.01'): 8.57				
Elevation Top of Outer casing: 8.90 Elevation of ground: 8.90				
Check one: ☐ NAVD 88 ☐ NVGD29 ☐ On Site Datum ☐ Other				
 Source of elevation datum (benchmark, number/description and elevation/datum). If an on-site here, assume datum of 100', and give approximated actual elevation (referencing NAVD 88). 	datum is used, identify			
GPS observation from Leica RTK Network				
7. Significant observations and notes:				
To arrive at site datum add 90.0 feet to NAVD 88				
SECTION D. LAND SURVEYOR'S CERTIFICATION SEAL				
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. Tany aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.				
Professional Land Surveyor's Signature:	Date <u>8/9//3</u>			
Surveyor's Name: Richard C. Mathews License Numb	er: 29353			
Firm Name: Stires Associates, P.A. Certificate of Authorization	#:			
Mailing Address 43 West High Street				
City/Town: Somerville State NJ Zip	o Code: 08876			
Phone Number 908 725 0230 Ext.: Fax: 908	3 707 0831			



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SECTION A. SITE NAME AND LOCATION	
Site Name: Salem Generating Satation	
List all AKAs: PSEG Nuclear	
Street Address: Hope Creek Road	
Municipality: Lower Alloways Creek Township (Township, Borough or City)	
County: Salem Zip Code: 08079	
Program Interest (PI) Number(s): Case Tracking Number(s):	
SECTION B. WELL OWNER AND LOCATION	
Name of Well Owner PSEG Nuclear LLC	
Well Location (Street Address)	
3. Well Location (Municipal Block and Lot) Block# 26 Lot # 4	
SECTION C. WELL LOCATION SPECIFICS	
1. Well Permit Number (This number must be permanently affixed to the well casing): 3400007831	
2. Site Well Number (As shown on application or plans): BG	
3. Geographic Coordinate NAD 83 to nearest 1/100 of a second:	
Latitude: North 39 27' 54.91" Longitude: West 75 32' 15.20"	
4. New Jersey State Plane Coordinates NAD 83 datum, US survey feet units, to nearest foot:	
North 231,829 East 199,212	
5. Elevation of Top of Inner Casing (cap off) at reference mark (nearest 0.01'): 13.42	
Elevation Top of Outer casing: 14.10 Elevation of ground: 10.82	
Check one: ☐ NAVD 88 ☐ NVGD29 ☐ On Site Datum ☐ Other	
6. Source of elevation datum (benchmark, number/description and elevation/datum). If an on-site datumere, assume datum of 100', and give approximated actual elevation (referencing NAVD 88).	ım is used, identify
GPS observation from Leica RTK Network	
7. Significant observations and notes:	
To arrive at site datum add 90.0 feet to NAVD 88	
SECTION D. LAND SURVEYOR'S CERTIFICATION SEAL	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of	
those individuals immediately responsible for obtaining the information, I believe the	
submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the pessibility of fine and imprisonment.	
Professional Land Surveyor's Signature:	Date 7/24/13
	29353
	2000
Firm Name: Stires Associates, P.A. Certificate of Authorization #: Mailing Address 43 West High Street	
Inding Address 15 Treat ingli Cases	
City/Town: Somerville State NJ Zip Co	de: 08876



Monitoring Well Certification Form B - Location Certification

		(For Department use only)
SECTION A. SITE NAME AND LOCATION		
Site Name: Salem Generating Satation		
List all AKAs: PSEG Nuclear		
Street Address: Hope Creek Road		
Municipality: Lower Alloways Creek Township		(Township, Borough or City)
County: Salem		Zip Code: 08079
Program Interest (PI) Number(s):		Case Tracking Number(s):
SECTION B. WELL OWNER AND LOCATION		
Name of Well Owner PSEG Nuclear LLC		
2. Well Location (Street Address) Hope Creek Road		
	k# 26	Lot # 4
SECTION C. WELL LOCATION SPECIFICS		
1. Well Permit Number (This number must be permaner	ntly affixed	to the well casing): 3400007832
2. Site Well Number (As shown on application or plans):		
3. Geographic Coordinate NAD 83 to nearest 1/100 of a		
Latitude: North 39 27' 49.92"		Longitude: West 75 32' 07.77"
4. New Jersey State Plane Coordinates NAD 83 datum,	— US surve	
North 231,317		East 199,789
Elevation of Top of Inner Casing (cap off) at reference	— e mark (ne	
Elevation Top of Outer casing: 12.67	•	on of ground: 9.21
•	Site Datu	
		I elevation/datum). If an on-site datum is used, identify
here, assume datum of 100', and give approximated a		
GPS observation from Leica RTK Network		
7. Significant observations and notes:		
To arrive at site datum add 90.0 feet to NAV	'D 88	
SECTION D. LAND SURVEYOR'S CERTIFICATION		SEAL
I certify under penalty of law that I have personally examined		
information submitted in this document and all attachments a those individuals immediately responsible for obtaining the in		
submitted information is true, accurate and complete. I am a	ware that t	there are significant
penalties for submitting false information including the possit	oility of fine	
Professional Land Surveyor's Signature:	VIF for	lu Date 7/24/13
Surveyor's Name: Richard C. Mathews		License Number: 29353
Firm Name: Stires Associates, P.A.		Certificate of Authorization #:
Mailing Address 43 West High Street		
City/Town: Somerville	State	NJ Zip Code: 08876
Phone Number 908 725 0230	Ext.:	Fax: 908 707 0831



Monitoring Well Certification Form B - Location Certification

		[(For Department use only)
SECTION A. SITE NAME AND LOCATION		
Site Name: Salem Generating Satation		
List all AKAs: PSEG Nuclear		
Street Address: Hope Creek Road		
Municipality: Lower Alloways Creek Township	(Township, Borou	igh or City)
County: Salem	Zip Code: 08079	9
Program Interest (PI) Number(s):	Case Tracking	Number(s):
SECTION B. WELL OWNER AND LOCATION		
Name of Well Owner PSEG Nuclear LLC		
2. Well Location (Street Address) Hope Creek Ro	ad	
Well Location (Municipal Block and Lot) B	lock# 26	Lot # 4
SECTION C. WELL LOCATION SPECIFICS		
1. Well Permit Number (This number must be perman	nently affixed to the well casing):	E201006610
2. Site Well Number (As shown on application or plan	ns): DA	
3. Geographic Coordinate NAD 83 to nearest 1/100 of	of a second:	
Latitude: North 39 27' 47.67"	Longitude: West 7	5 32' 10.63"
4. New Jersey State Plane Coordinates NAD 83 datu	im, US survey feet units, to neares	st foot:
North 231,092	East 199,562	
5. Elevation of Top of Inner Casing (cap off) at refere	nce mark (nearest 0.01'): 9.12	
Elevation Top of Outer casing: 9.47	Elevation of ground: 9.4	
Check one: ☐ NAVD 88 ☐ NVGD29 ☐	On Site Datum	
6. Source of elevation datum (benchmark, number/de here, assume datum of 100', and give approximate		
GPS observation from Leica RTK Network	k	
7. Significant observations and notes:		
To arrive at site datum add 90.0 feet to No	AVD 88	
SECTION D. LAND SURVEYOR'S CERTIFICATION		SEAL
I certify under penalty of law that I have personally examined		
information submitted in this document and all attachment those individuals immediately responsible for obtaining the		
submitted information is true, accurate and complete. I ai	m aware that there are significant	·
penalties for submitting false information including the po	ssibility of fine and imprisonment.	
Professional Land Surveyor's Signature:	(11 pallo	Date <u>7/z4/i3</u>
Surveyor's Name: Richard C. Mathews		ense Number: 29353
Firm Name: Stires Associates, P.A.	Certificate of Au	uthorization #:
Mailing Address 43 West High Street		
City/Town: Somerville	State NJ	Zip Code: 08876
Phone Number 908 725 0230	Ext.:	Fax: 908 707 0831



Monitoring Well Certification Form B - Location Certification

SECTION A. SITE NAME AND LOCATION	
Site Name: Salem Generating Satation	
List all AKAs: PSEG Nuclear	
Street Address: Hope Creek Road	
Municipality: Lower Alloways Creek Township	(Township, Borough or City)
County: Salem	Zip Code: 08079
Program Interest (PI) Number(s):	Case Tracking Number(s):
SECTION B. WELL OWNER AND LOCATION	
Name of Well Owner PSEG Nuclear LLC	
2. Well Location (Street Address) Hope Creek Road	d
Well Location (Municipal Block and Lot) Block	ock# 26 Lot # 4
SECTION C. WELL LOCATION SPECIFICS	
Well Permit Number (This number must be permaner	ently affixed to the well casing): 3400007817
2. Site Well Number (As shown on application or plans):	s): BW
3. Geographic Coordinate NAD 83 to nearest 1/100 of a	a second:
Latitude: North 39 27' 52.35"	Longitude: West 75 32' 06.49"
4. New Jersey State Plane Coordinates NAD 83 datum,	n, US survey feet units, to nearest foot:
North 231,562	East 199,892
5. Elevation of Top of Inner Casing (cap off) at reference	ce mark (nearest 0.01'): 11.70
Elevation Top of Outer casing: 12.28	Elevation of ground: 9.2
Check one: ☐ NAVD 88 ☐ NVGD29 ☐ Or	On Site Datum
Source of elevation datum (benchmark, number/desc here, assume datum of 100', and give approximated a	scription and elevation/datum). If an on-site datum is used, identify actual elevation (referencing NAVD 88).
GPS observation from Leica RTK Network	
7. Significant observations and notes:	
To arrive at site datum add 90.0 feet to NAV	VD 88
SECTION D. LAND SURVEYOR'S CERTIFICATION	SEAL
I certify under penalty of law that I have personally examined information submitted in this document and all attachments at those individuals immediately responsible for obtaining the ir submitted information is true, accurate and complete. I am a penalties for submitting false information including the possit	ed and am familiar with the sand that, based on my inquiry of information, I believe the aware that there are significant
Professional Land Surveyor's Signature:	1 Moelin Date 7/24/13
Surveyor's Name: Richard C. Mathews	License Number: 29353
Firm Name: Stires Associates, P.A.	Certificate of Authorization #:
Mailing Address 43 West High Street	
City/Town: Somerville	State NJ Zip Code: 08876
Phone Number 908 725 0230	Ext.: Fax: 908 707 0831



Monitoring Well Certification Form B - Location Certification

		(10.00)
SECTION A. SITE NAME AND LOCATION		
Site Name: Hope Creek Generating Satation	<u> </u>	
List all AKAs: PSE&G Salem Generating Facility		
Street Address: Alloyways Creek Neck Road		
Municipality: Alloways Creek Township	(Township, Boro	ugh or City)
County: Salem	Zip Code: 0807	79
Program Interest (PI) Number(s):	Case Trackin	g Number(s):
SECTION B. WELL OWNER AND LOCATION		
1. Name of Well Owner The Francis Corporation	•	
2. Well Location (Street Address) Alloyways Creek N	leck Road	
Well Location (Municipal Block and Lot) Block	k# 26	Lot # 4
SECTION C. WELL LOCATION SPECIFICS		
Well Permit Number (This number must be permaner	ntly affixed to the well casing):	
2. Site Well Number (As shown on application or plans):		
3. Geographic Coordinate NAD 83 to nearest 1/100 of a		
Latitude: North 39 27' 50.33"	Longitude: West	75 32' 09.54"
4. New Jersey State Plane Coordinates NAD 83 datum,	US survey feet units, to neare	est foot:
North 231,360	East 199,650	
5. Elevation of Top of Inner Casing (cap off) at reference	e mark (nearest 0.01'); 11.80	
Elevation Top of Outer casing: 12.54	Elevation of ground: 9.07	
Check one: ☐ NAVD 88 ☐ NVGD29 ☐ Or	n Site Datum	
Source of elevation datum (benchmark, number/desc here, assume datum of 100', and give approximated a		
GPS observation from Leica RTK Network		
7. Significant observations and notes:		
To arrive at site datum add 90.0 feet to NAV	'D 88	
SECTION D. LAND SURVEYOR'S CERTIFICATION		SEAL
I certify under penalty of law that I have personally examined information submitted in this document and all attachments at those individuals immediately responsible for obtaining the insubmitted information is true, accurate and complete. I am a penalties for submitting false information including the possil	and that, based on my inquiry of oformation, I believe the aware that there are significant	· ·
Professional Land Surveyor's Signature:	Mach	Date <u>?/ ሪዓ /, 3</u>
Surveyor's Name: Richard C. Mathews	Lic	ense Number: 29353
Firm Name: Stires Associates, P.A.	Certificate of A	authorization #:
Mailing Address 43 West High Street		
City/Town: Somerville	State NJ	Zip Code: 08876
Phone Number 908 725 0230	Ext.:	Fax: 908 707 0831



Monitoring Well Certification Form B - Location Certification

L			(For Department use only)
SECTION A. SITE NAME AND LOCATION			
Site Name: Salem Generating Satation			
List all AKAs: PSEG Nuclear			
Street Address: Hope Creek Road			
Municipality: Lower Alloways Creek Township		(Township, Borough o	r City)
County: Salem		Zip Code: 08079	
Program Interest (PI) Number(s):		Case Tracking Nun	nber(s):
SECTION B. WELL OWNER AND LOCATION 1. Name of Well Owner PSEG Nuclear LLC		·	
2. Well Location (Street Address) Hope Creek Road	j		
	ck# 26	Lo	ot # 4
SECTION C. WELL LOCATION SPECIFICS			
Well Permit Number (This number must be permane	ntly affiyer	to the well casing): 3400	006994
Site Well Number (As shown on application or plans)		to the well casing).	
Geographic Coordinate NAD 83 to nearest 1/100 of a			
Latitude: North 39 27' 50.42"	2 5000 na.	Longitude: West 75 32'	09.95"
New Jersey State Plane Coordinates NAD 83 datum			
North 231,369	, 00 30/46	East 199,618	••
Elevation of Top of Inner Casing (cap off) at reference	— e mark (n		
Elevation Top of Outer casing: 12.55	-	tion of ground: 9.31	
•	n Site Date	•	
6. Source of elevation datum (benchmark, number/desc			n-site datum is used identify
here, assume datum of 100', and give approximated			
GPS observation from Leica RTK Network			
7. Significant observations and notes:			
To arrive at site datum add 90.0 feet to NA\	/D 88		
To arrive at site datum add 50.0 leet to NAN	V D 00		
SECTION D. LAND SURVEYOR'S CERTIFICATION		SF	AL
l certify under penalty of law that I have personally examine	d and am f		
information submitted in this document and all attachments			
those individuals immediately responsible for obtaining the insubmitted information is true, accurate and complete. I am			
penalties for submitting false information including the possi	ibility of fine	e and imprisonment.	, , , , , , , , , , , , , , , , , , ,
Professional Land Surveyor's Signature:	<u> </u>	dli	Date <u>7/24//3</u>
Surveyor's Name: Richard C. Mathews		License	Number: <u>29353</u>
Firm Name: Stires Associates, P.A.		_ Certificate of Authori	zation #:
Mailing Address 43 West High Street			
City/Town: Somerville	State	NJ	Zip Code: 08876
Phone Number 908 725 0230	Ext.:	Fax:	908 707 0831



Monitoring Well Certification Form B - Location Certification

	(For Department use only)
SECTION A. SITE NAME AND LOCATION	
Site Name: Salem Generating Satation	
List all AKAs: PSEG Nuclear	
Street Address: Hope Creek Road	
Municipality: Lower Alloways Creek Township	(Township, Borough or City)
County: Salem	Zip Code: 08079
Program Interest (PI) Number(s):	Case Tracking Number(s):
SECTION B. WELL OWNER AND LOCATION 1. Name of Well Owner PSEG Nuclear LLC	
Well Location (Street Address) Hope Creek Road	
	ck# 26 Lot # 4
SECTION C. WELL LOCATION SPECIFICS	
	7400007915
1. Well Permit Number (This number must be permaner	
2. Site Well Number (As shown on application or plans):	
 Geographic Coordinate NAD 83 to nearest 1/100 of a Latitude: North 39 27' 52.54" 	
	Longitude: West 75 32' 06.72"
4. New Jersey State Plane Coordinates NAD 83 datum,	East 199,874
North 231,581	
5. Elevation of Top of Inner Casing (cap off) at reference	
Elevation Top of Outer casing: 12.39	Elevation of ground: 9.47
	n Site Datum Other
Source of elevation datum (benchmark, number/desc here, assume datum of 100', and give approximated a	cription and elevation/datum). If an on-site datum is used, identify actual elevation (referencing NAVD 88).
GPS observation from Leica RTK Network	·
7. Significant observations and notes:	(D. 00
To arrive at site datum add 90.0 feet to NAV	7D 88
SECTION D. LAND SURVEYOR'S CERTIFICATION	SEAL
I certify under penalty of law that I have personally examined	
information submitted in this document and all attachments a	and that, based on my inquiry of
those individuals immediately responsible for obtaining the in submitted information is true, accurate and complete. I am a	
penalties for submitting false information including the possib	bility of fine and imprisonment.
	Moth Date 1/28/13
Surveyor's Name: Richard C. Mathews	License Number: 29353
Firm Name: Stires Associates, P.A.	Certificate of Authorization #:
Mailing Address 43 West High Street	
City/Town: Somerville	State NJ Zip Code: 08876
Phone Number 908 725 0230	Ext.: Fax: 908 707 0831



Monitoring Well Certification Form B - Location Certification

	(tot Department use only)
SECTION A. SITE NAME AND LOCATION	
Site Name: Salem Generating Sation	
List all AKAs: PSEG Nuclear	
Street Address: Hope Creek Road	
Municipality: Lower Alloways Creek Township	(Township, Borough or City)
County: Salem	Zip Code: 08079
Program Interest (PI) Number(s):	Case Tracking Number(s):
SECTION B. WELL OWNER AND LOCATION	
Name of Well Owner PSEG Nuclear LLC	
2. Well Location (Street Address) Hope Creek Road	
3. Well Location (Municipal Block and Lot) Block# 26	Lot # 4
SECTION C. WELL LOCATION SPECIFICS	
Well Permit Number (This number must be permanently affixed)	d to the well casing): E201305775
2. Site Well Number (As shown on application or plans): AA-V	
Geographic Coordinate NAD 83 to nearest 1/100 of a second:	
Latitude: North 39 27' 42.80"	Longitude: West 75 32' 10.68"
New Jersey State Plane Coordinates NAD 83 datum, US surve	
North 230,599	East 199,552
5. Elevation of Top of Inner Casing (cap off) at reference mark (r	
	tion of ground: 9.29
Check one: NAVD 88 NVGD29 On Site Dat	
 Source of elevation datum (benchmark, number/description an here, assume datum of 100', and give approximated actual ele 	
GPS observation from Leica RTK Network	,
7. Significant observations and notes:	
To arrive at site datum add 90.0 feet to NAVD 88	•
SECTION D. LAND SURVEYOR'S CERTIFICATION	SEAL
I certify under penalty of law that I have personally examined and am information submitted in this document and all attachments and that, be those individuals immediately responsible for obtaining the information submitted information is true, accurate and complete. I am aware that penalties for submitting false information including the possibility of fin	familiar with the based on my inquiry of n, I believe the there are significant
Professional Land Surveyor's Signature: Ald (Mock	<i></i>
Surveyor's Name: Richard C. Mathews	License Number: 29353
Firm Name: Stires Associates, P.A.	Certificate of Authorization #:
Mailing Address 43 West High Street	
City/Town: Somerville State	NJ Zip Code: 08876
Phone Number 908 725 0230 Ext.:	Fax: 908 707 0831



Monitoring Well Certification Form B - Location Certification

Date Stamp

			Iror	Departin	ent use only)
SECTION A. SITE NAME AND LOCATION					
Site Name: Salem Generating Satation					
List all AKAs: PSEG Nuclear					
Street Address: Hope Creek Road					
Municipality: Lower Alloways Creek Township		(Township, Boroug	gh or City)		
County: Salem		Zip Code: 08079)		
Program Interest (PI) Number(s):		Case Tracking	Number(s):		
SECTION B. WELL OWNER AND LOCATION					
Name of Well Owner PSEG Nuclear LLC					
2. Well Location (Street Address) Hope Creek Road					
Well Location (Municipal Block and Lot) Block	ck# 26		Lot # 4		
SECTION C. WELL LOCATION SPECIFICS					
1. Well Permit Number (This number must be permane	ntly affixed to	the well casing): 3	400007825		
2. Site Well Number (As shown on application or plans)	: BB				
3. Geographic Coordinate NAD 83 to nearest 1/100 of a	a second:				
Latitude: North 39 27' 39.91"	L	ongitude: West 75	32' 09.95"		
4. New Jersey State Plane Coordinates NAD 83 datum	, US survey f	eet units, to nearest	foot:	•	
North 230,306	E	ast 199,606			
5. Elevation of Top of Inner Casing (cap off) at reference	e mark (nea	rest 0.01'): 12.26			
Elevation Top of Outer casing: 13.44	Elevation	of ground: 9.88			
Check one: ☐ NAVD 88 ☐ NVGD29 ☐ O	n Site Datum	☐ Other			
6. Source of elevation datum (benchmark, number/deschere, assume datum of 100', and give approximated				ı is used	i, identify
GPS observation from Leica RTK Network					
7. Significant observations and notes:					
To arrive at site datum add 90.0 feet to NAV	/D 88				
			r		·····
SECTION D. LAND SURVEYOR'S CERTIFICATION			SEAL		
I certify under penalty of law that I have personally examined information submitted in this document and all attachments					
those individuals immediately responsible for obtaining the in	nformation, I t	pelieve the			
submitted information is true, accurate and complete. I am a penalties for submitting false information including the possi					
Professional Land Surveyor's Signature:	Mark	<i>;</i>	L	ate	7/29/13
Surveyor's Name: Richard C. Mathews	pr-10-00		7. - 7.1	9353	., , , , , ,
Firm Name: Stires Associates, P.A.		Certificate of Aut			
Mailing Address 43 West High Street	AULUL	Samuel of Fide			
City/Town: Somerville	State N	IJ	Zip Code	9: 088	376
Phone Number 908 725 0230	Ext.:		Eax: 908 707 (



Monitoring Well Certification Form B - Location Certification

				(FOI DI	epartment use omy)
SECTION A. SITE N	IAME AND LOCATION				
Site Name: Salem	Generating Satation				
List all AKAs: PSE	G Nuclear				
Street Address: Ho	ope Creek Road				
Municipality: Lowe	r Alloways Creek Township)	(Township, Boroug	gh or City)	
County: Salem		· · · · · · · · · · · · · · · · · · ·	Zip Code: 08 <u>079</u>		
Program Interest (PI)	Number(s):		Case Tracking	Number(s):	
SECTION B. WELL	OWNER AND LOCATION				
1. Name of Well Ow	ner PSEG Nuclear LLC				
2. Well Location (St	reet Address) Hope Cre	ek Road			
3. Well Location (Me	unicipal Block and Lot)	Block# 26		Lot# 4	
SECTION C. WELL	LOCATION SPECIFICS				
Well Permit Num	ber (This number must be p	permanently affixed	to the well casing): 3	400007829	
	r (As shown on application	·	g/		
	dinate NAD 83 to nearest 1	•		· · · · · · · · · · · · · · · · · · ·	
Latitude: North			Longitude: West 75	32' 13.72"	
-	Plane Coordinates NAD 8				
North 231,301		•	East 199,322		
5. Elevation of Top	of Inner Casing (cap off) at	reference mark (ne	arest 0.01'): 11.53		
•	Outer casing: 11.84	•	on of ground; 9.18		
Check one: 🔽 N		On Site Datu			
	on datum (benchmark, num tum of 100', and give appro				s used, identify
GPS observat	tion from Leica RTK Ne	etwork		•	
7. Significant observ	vations and notes:				
To arrive at si	te datum add 90.0 feet	to NAVD 88			
SECTION D. LAND	SURVEYOR'S CERTIFICA	ATION		SEAL	
	of law that I have personally				
	in this document and all atta ediately responsible for obtain				
submitted information i	is true, accurate and comple	te. I am aware that t	here are significant		
	g false information including	the possibility of tine	and imprisonment.		- 2/20/12
Professional Land Su		nd virjaci	1	Da	
Surveyor's Name: Rirm Name: Stires A				nse Number: 293	
	43 West High Street		Certificate of Aut	monzation #:	
_		Chaha	NJ	7:- 0-4-	08876
	908 725 0230	State		Zip Code: Fax: 908 707 08	
Phone Number	700 120 0200	Ext.:		Fax: 908 707 08	<u> </u>