TOWNSHIP OF WEST ORANGE
ENGINEERING DEPARTMENT
25 LAKESIDE AVENUE
WEST ORANGE, NEW JERSEY 07052
TEL/FAX: (973) 325-4160
E-MAIL: ENGINEERING@WESTORANGE.ORG

ROAD OPENING PERMIT

PERMIT #: ENG2026-182

DATE ISSUED: 04/13/2026

APPLICANT/OWNER: LLC VALLEY PLAZA

ADDRESS: PO BOX 120 SHORT HILLS, NJ 07078 PHONE NUMBER:

APPLICANT/CONTRACTOR: Matrix New World Engineering

ADDRESS: 26 Columbia Turnpike, 2nd Fl Florham Park, NJ 07932 PHONE NUMBER: (973)585-5261

LOCATION OF WORK: 24 SOUTH VALLEY ROAD STREET BEING WORKED ON: Nassau Street

PURPOSE: ROAD OPENING SQUARE FEET: 4

REMARKS: RESTORATION – CURB TO CURB. EXTEND 1 FT ON EACH SIDE. IF ROAD HAS CONCRETE BASE YOU MUST REPAIR WITH CONCRETE.
PLEASE DO NOT PARK IN ANY MUNICIPAL LOTS UNLESS YOU HAVE APPROVAL FROM WOPD. *PER TOWNSHIP STANDARDS.
SOIL AND/OR GROUNDWATER SAMPLES.

DEPOSIT INTO ESCROW TO RESTORE PAVEMENT: $3,000.00

PERMIT FEE: $150.00 Pay Type: Check [redacted]

ROAD OPENING/RESTORATION ORDINANCE PROVIDED

APPLICANT AGREES TO COMPLY WITH ALL ORDINANCES AND REGULATIONS APPLICABLE TO THIS PERMIT

*PERMISSION IS HEREBY GRANTED TO APPLICANT FOR PURPOSES INDICATED AT THE ABOVE LOCATION FOR **30** DAYS FROM ABOVE DATE.*

Zayibeth Carballo *PER* AG
MUNICIPAL ENGINEER

**During construction, permit must be posted in a conspicuous location visable from the street.*

Help & Training Anisa Gopaulchan

DPW - Engineering (Change)

Transaction Detail

Help with this page

Township of West Orange
Trans. ID: [redacted]
Created: 04/13/2026 - 12:01 PM by Anisa Gopaulchan
Transaction Report Date: 04/13/2026 Save

Billing Name: Matrix New World Engineering

Transaction Item List

Item	Qty	Price	Total
WALK, CURB, ROAD OPENING PERMIT - 2026-182	1	$150.00	$150.00
Total			**$150.00**

Payment Information

Total Charges	**$150.00**
[redacted] **Check Payment**	**$150.00**

Back to Trans List Back to POS Home Print

powered by capturepoint

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER. HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED.

2811

Matrix New World
26 Columbia Turnpike, 2nd Floor
Florham Park, NJ 07932
973-240-1800

LiveOakBank.
66-1291/531

CHECK DATE
March 24, 2026

PAY One Hundred Fifty and 00/100 Dollars

TO Township of West Orange
25 Lakeside Avenue
West Orange, NJ 07052

AMOUNT
150.00

AUTHORIZED SIGNATURE

Security features. Details on back.

[redacted]

Sales Receipt

Organization

Township of West Orange
04/13/2026 12:05 PM
66 Main St
West Orange NJ, 07052
Organization Tax ID: 136007300

Customer Information

Name:Matrix New World Engineering
Address:Nassau Street
Guest Family XX, 00000
Phone: (000) 000-0000
support@communitypass.net

Transaction Item List

STREET INSPECTION ESCROW/XXXX-12-6720-00-8000-033	*1@$3,000.00* $3,000.00

Total.....$3,000.00

Payment Information

Total Charges.....$3,000.00
Check Payment.....$3,000.00

CS45456268

Powered by Capturepoint

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER. HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED.

2810

Matrix New World
26 Columbia Turnpike, 2nd Floor
Florham Park, NJ 07932
973-240-1800

LiveOakBank.

66-1291/531

CHECK DATE
March 24, 2026

PAY Three Thousand and 00/100 Dollars

AMOUNT
3,000.00

TO Township of West Orange
25 Lakeside Avenue
West Orange, NJ 07052

AUTHORIZED SIGNATURE

[redacted]

Security features. Details on back.

Township of West Orange
Department of Engineering

25 Lakeside Avenue
West Orange, NJ 07052
Tel/Fax: (973) 325-4160

APPLICATION FOR ROAD OPENING PERMIT

Date: 3/2/2026

New Service _____ Service Replacement _____ Shut Off _____ Other X

For Administrative Purposes:

Permit #: _____

Name of Applicant/Contractor: Matrix New World Engineering Phone #: 973-585-5261

Address of Applicant/Contractor: 26 Columbia Turnpike, 2nd Floor, Florham Park, NJ 07932

24 Hour Emergency Phone: 732-759-1651 Email: cchilders@mnwe.com

Name of Property Owner: Valley Plaza, LLC

Address: 24 South Valley Road, West Orange, NJ 07052 Phone #: _____

Address/Location of Work: Nassau Street

Between: South Valley Road and Valley Road

Block 5 Lot 1

Length: 24" Width: 24" Area SF: 4 Approx. Depth: 60

Work will Begin: 4/20/2026 Work will End: 5/1/2026

Type of Pavement to be Disturbed: Asphalt

Remarks/type of work being performed: The work will occur over two days during the above time frame. Removal of asphalt to facilitate environmental investigations being conducted via portable drill rig which will allow for the collection of subsurface soil and/or groundwater samples.

REQUIRED: Public Works Contractor Registration Certificate issued by the NJ Department of Labor and Workforce Development (provide a copy of certificate).

Called WODPW for storm & sanitary sewer mark outs: (Required) YES [X]

**Sanitary and Storm Sewer mark outs are NOT included in the New Jersey One Call*

WO DPW # (973) 325-4067

Notified Jersey One Call (Required) YES [X] Confirmation # 735938

NJ One Call# 1-800-272-1000 or 811

Called WOPD Traffic Bureau for Traffic Directors YES [X] NO [ ]

WOPD Traffic Bureau # (973) 325-4045

The applicant agrees to comply with the rules, regulations, laws, ordinances, and resolutions, relating to said work, and the acceptance of this permit shall be deemed to be an agreement to abide by all its terms and conditions. **Signed Certificate of Insurance required shall name the Township of West Orange as one of the insured as well as the applicant.**

The applicant acknowledges that he/she has received copies of Chapter 20 Streets and Sidewalks of the Revised General Ordinances of West Orange and will comply with the provisions thereof.

Signed: Colin Childers
(Applicant)

Permit approved by:

Signature: _____

Date: _____

FEE SCHEDULE ROAD OPENING PERMIT	
Area of Opening	**Fee**
50 Square Feet or Less	$150
Greater than 50 Square Feet	$5 per square foot
Minimum Fee	$150
Maximum Fee	$25,000

Fee Collected: $150

Surety Bond

The Applicant hereby provides the Township of West Orange with a Surety Bond to guarantee faithful performance and proper maintenance of the work for a period of not less than 180 days after the completion of the project. This amount is to be determined by the Township Engineer based on the size of the excavation and twice the prevailing cost of replacement, for such excavation. The minimum amount of said bond shall be $3,000 cash or in lieu of the deposit, the applicant, may at the Township's option, give a bond to the Township in the sum of $50,000. A written request for return of bond shall be made no less than 180 days after the completion of work. **W-9 is also required.**

Name of Surety: _____

Address: _____

Bond Amount: _____

Or

Cash Bond: Check #: _____

CHECK(S) SHOULD BE MADE PAYABLE TO: **TOWNSHIP OF WEST ORANGE**

***SEPARATE CHECKS ARE REQUIRED FOR EACH PERMIT FEE AND/OR ESCROW**

Tina Benevento

From: Colin Childers <cchilders@mnwe.com>
Sent: Wednesday, March 4, 2026 8:39 AM
To: West Orange Township - Engineering
Subject: Road Opening Permit Application - Draft
Attachments: Valley Plaza - Application for Road Opening_03.2026.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

You don't often get email from cchilders@mnwe.com. Learn why this is important

To Whom It May Concern,

We are planning to submit a Road Opening Permit Application in support of an environmental investigation being performed in a West Orange right of way. As such, I have prepared the attached draft application and wanted to request clarification on the following items:

- Will a check in the amount of $3,000 be sufficient for the Bond based on the attached specifications?
- What is the typical turnaround time for permit approvals since the One Call will not be requested more than 10 days prior to mobilization?

Please feel free to contact me should you have any questions or need additional information.

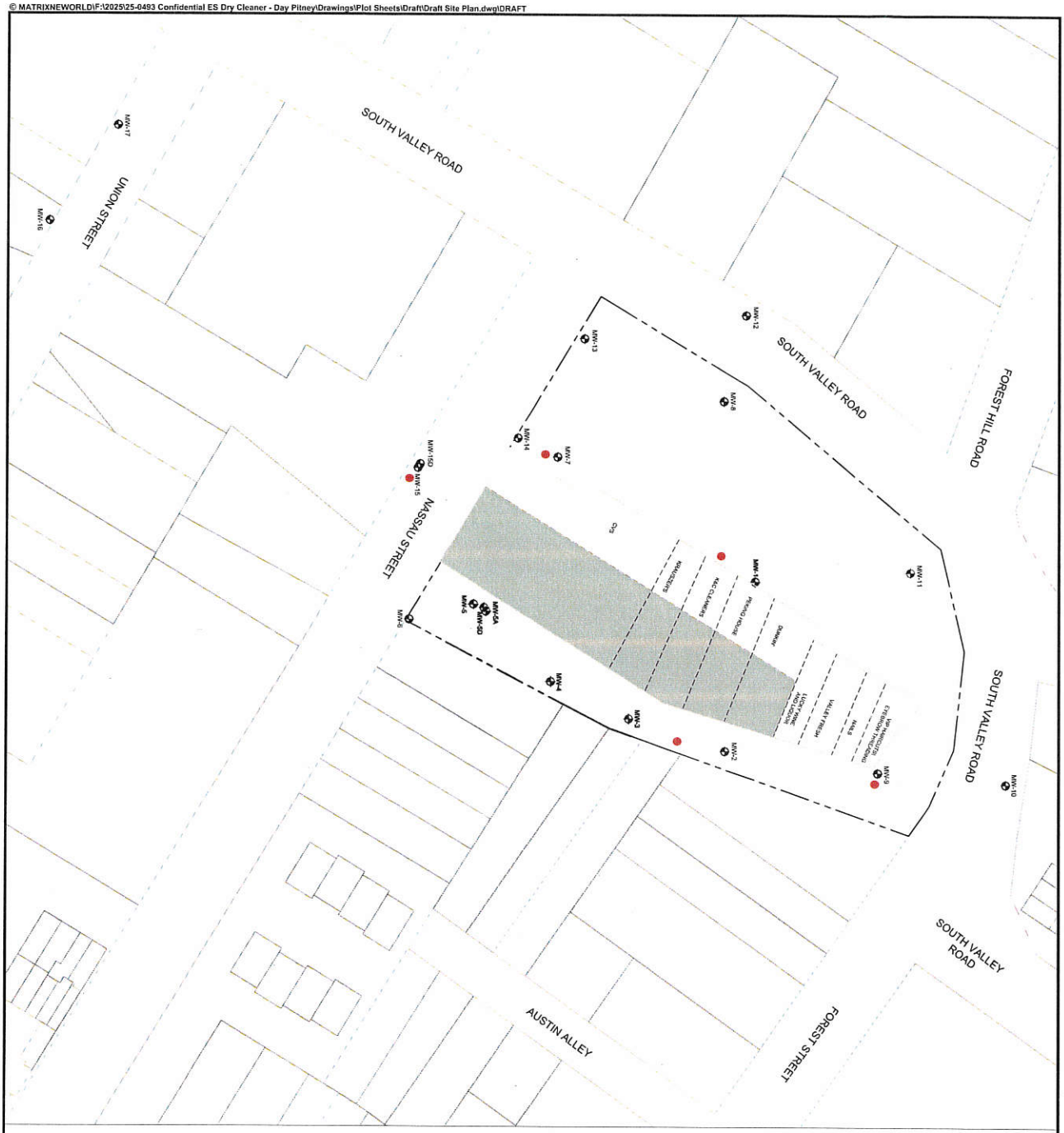
Thank You,
Colin

Colin Childers, LSRP
Project Manager

Matrix New World Engineering
3600 Route 66
4th Floor
Neptune, NJ 07753
P: 973.240.1800
[redacted]

MATRIXNEWORLD
A TRUE ENVIRONMENTAL COMPANY
www.mnwe.com

© MATRIXNEWORLD\F:\2025\25-0493 Confidential ES Dry Cleaner - Day Pitney\Drawings\Plot Sheets\Draft\Draft Site Plan.dwg\DRAFT



DRAFT SITE PLAN

CONFIDENTIAL ES DRY CLEANER
DAY - PITNEY
4-20 SOUTH VALLEY ROAD
WEST ORANGE
ESSEX COUNTY, NEW JERSEY

PROJECT NUMBER: 25-0493
DATE: 10/6/2025
SCALE: AS SHOWN

MATRIXNEWORLD
A TRUE ENVIRONMENTAL COMPANY
Matrix New World Engineering, Land Surveying and Landscape Architecture, P.C.
26 Columbia Turnpike
Florham Park, New Jersey 07932
Tel: 973-240-1800
Fax: 973-240-1818
www.mnwc.com
NEW JERSEY CERTIFICATE OF AUTHORIZATION No. 24GA27962300

DESIGNED BY: MED
REVIEWED BY: CC
RELEASED BY: CC/EH

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Matrix New World Engineering, Land Surveying and Landscape Architecture, PC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

26 Columbia Turnpike

6 City, state, and ZIP code

Florham Park, NJ 07932

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

2	2	–	3	0	5	7	5	1	1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, **you are not required to sign** the certification, but you must provide your correct TIN. **See the instructions** for Part II, later.

Sign Here | **Signature of U.S. person** | **Date** 01/27/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CERTIFICATE OF LIABILITY INSURANCE

5/31/2026 | DATE (MM/DD/YYYY) 03/31/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1547653 MATRIX NEW WORLD ENGINEERING, LAND SURVEYING AND LANDSCAPE ARCHITECTURE, PC 26 COLUMBIA TURNPIKE FLORHAM PARK NJ 07932	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Great Divide Insurance Company 25224 INSURER B : Key Risk Insurance Company 10885 INSURER C : Houston Casualty Company 42374 INSURER D : National Fire Insurance Co of Hartford 20478 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 23102798 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Pollution Liab X Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC X OTHER: Poll Per OCC: $2M	Y	N	ECP2017341	04/01/2026	04/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 5,000 $ 2,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY	N	N	BAP204658511	04/01/2026	04/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
A	UMBRELLA LIAB [X] OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $	N	N	FFX2017342	04/01/2026	04/01/2027	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $ XXXXXXX
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	8018987721	04/01/2026	04/01/2027	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	PROFESSIONAL LIABILITY	N	N	ECP2017341	04/01/2026	04/01/2027	LIMIT CLAIM/AGG: $2M /$2M	
C	CYBER			H25NGP223097	05/31/2025	05/31/2026	LIMIT CLAIM/AGG: $1M/$1M	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PROJECT NUMBER: 25-0493, PROJECT NAME: CONFIDENTIAL ES DRY CLEANER - DAY PITNEY. TOWNSHIP OF WEST ORANGE IS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY, IF REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

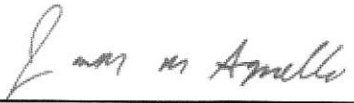
CERTIFICATE HOLDER

23102798
TOWNSHIP OF WEST ORANGE
25 LAKESIDE AVENUE
WEST ORANGE, NJ 07052

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/4/2026

4/1/2026

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B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	BAP204658510	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
A	[ ] UMBRELLA LIAB [X] OCCUR X EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	N	N	FFX2017342	4/1/2025	4/1/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $ XXXXXXX
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	8018987721	4/1/2025	4/1/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	PROFESSIONAL LIABILITY	N	N	ECP2017341	4/1/2025	4/1/2026	LIMIT CLAIM/AGG: $2M /$2M	
C	CYBER			H25NGP223097	5/31/2025	5/31/2026	LIMIT CLAIM/AGG: $1M/$1M	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PROJECT NUMBER: 25-0493, PROJECT NAME: CONFIDENTIAL ES DRY CLEANER - DAY PITNEY. TOWNSHIP OF WEST ORANGE IS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY, IF REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

CERTIFICATE HOLDER

23102798
TOWNSHIP OF WEST ORANGE
25 LAKESIDE AVENUE
WEST ORANGE, NJ 07052

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph M Agnello

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From: nj@occinc.com
To: William Lovenberg
Subject: Ticket: 261002909
Date: Friday, April 10, 2026 3:09:40 PM

New Jersey One Call System

Transmit: Date: 04/10/26 At: 15:09

*** R O U T I N E *** Request No.: 261002909

Underground Facility Operators Notified:
BAN = VERIZON C11 = COMCAST CABLEVISION OF NE
OTC = CITY OF ORANGE TOWNSHIP PSET = PSE&G ELECTRIC TRANSMISSI
PSOG = PSE&G ELECTRIC & GAS SCNJ6 = NJ AMERICAN WATER
U10 = W&C WATER ORANGE

Start Date/Time: 04/16/26 At 00:01
Start By Date : 04/24/26 Expiration Date: 06/15/26

Location Information:
County: ESSEX Municipality: WEST ORANGE
Subdivision/Community:
Street: NASSAU ST
Nearest Intersection: S VALLEY RD
Other Intersection:
Lat/Lon:
Type of Work: SOIL BORINGS
Block: Lot: Posted: NO Depth: 80FT
Area Marked: NO

Extent of Work: M/O BEGINS AT C/L OF INTERSECTION AND EXTENDS 260FT E. CURB
TO 365FT BEHIND N CURB. CURB TO CURB.

Remarks:
This Excavation Notification is required by N.J.S.A. 48:2-73 et seq. In the event of any ambiguity, discrepancy or confusion between the written description of the specific site location and any other reference materials, the written description of the specific site location shall be the legal description as required by N.J.S.A 48:2-82. Maps, diagrams, illustrations, or other reference materials shall not be considered the legal description of the excavation site regardless of their source.

Working For: MATRIX NEW WORLD
Contact: COLIN CHILDERS
Address: 3600 ROUTE 66
City: NEPTUNE, NJ 07753
Phone: 973-585-5261 Ext:

Excavator Information:
Caller: WILLIAM LOVENBERG
Phone: 609-294-1110 Ext: 106

Excavator: MB DRILLING LLC
Address: 328 STAFFORD FORGE RD
City: WEST CREEK, NJ 08092
Phone: 609-294-1110 Ext: Cellular: [redacted]
Email: wlovenberg@mbdrillingllc.com
Link to Map: https://nj.itic.occinc.com/HU3H-HG7-FNV-NCV

End Request