

BLOCK 825 LOT 20 QUALIFICATION CODE _____ ADDRESS (SITE) 1622 Forge Pond RD. PERMIT NO. 04-0587



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1622 Forge Pond RD.
2. Name of Owner in Fee: Glenn + Mary Cholmisky Te [REDACTED]
Address _____
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self Tel. () _____
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Glenn Cholmisky
Te [REDACTED] FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>53</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$ <u>2</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>55</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Construction Classification	
7. Total Land Area Disturbed	sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	
12. Max. Occupancy Load	

V. Siding / Tear off

II. PROPOSED WORK

	Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work		<u>[initials]</u>					<u>273-07</u>		
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	<u>[hatched]</u>								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>1700</u>								

OPTIONAL (for office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____
B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature

Mary Chalmers Ky

Date

3/2/04

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Constituent Contact Report

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/16/2007
Tracking Number
Permit Number 04-0587
Permit Issue Date 03/02/2004
Certificate Number 04-0587

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1622 FORGE POND ROAD V. SIDING/TEAR Block: 825 Lot: 20 Qual:
OFF, NJ
Owner in Fee: CHOLMINSKY, GLENN & MARY
Owner Address: 1622 FORGE POND ROAD BRICK NJ 08724-
Telephone: XXXXXXXXXX
Contractor
Address
Telephone: Fax:
License Number or Builders Registration Number: Federal Emp. Number:
Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work Use:

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: \$0.00
Check Number: 4844
Collected By:

Date Printed: 02/16/2007

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/02/2004
Control #
Permit # 04-0587

UCC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 825 Lot 20 Equal

Work Site Location 1622 FORGE POND ROAD
V. SIDING/TEAR OFF

Owner in Fee CHOLINSKY, SLENN & HARRY

Address 1622 FORGE POND ROAD
BRICK, NJ 08724-

Telephone [REDACTED]

Contractor HOMEOWNER
Address
Telephone ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HQ-

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
 (Subchapter 8 only)

DESCRIPTION OF WORK:
V. SIDING/TEAR OFF

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1,700

Construction Official *[Signature]* 03/02/2004

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

Date

PAYMENTS (Office Use Only)

Building	53
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA State Permit Fee	2
Cert. of Occupancy	0
Total	55
Check No.	4844
Cash	
Collected By	NJR

03/02/04 11:49AM 000000#7229
XX02 SERV.002
#0587
BUILDING
DCA
CHECK
\$53.00
\$2.00
\$55.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/02/2004
Date Issued 03/02/2004
Control #
Permit # 04-0587

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1000

Block 825 Lot 20 Qual
Work Site Location 1622 FORGE POND ROAD

V. SIDING/TEAR OFF

Owner in Fee CHOLMINSKY, GLENN & MARY
Address 1622 FORGE POND ROAD

BRICK NJ 08724-

Tele

Contractor

Address

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure Approval	Initial
☐ No Plans Req.			Type				
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			BarrierFree				
Joint Plan Review Required:			Insulation				
☐ Elect ☐ Plumb ☐ Fire			Finishes				
SUBCODE APPROVAL ☐ Elev			Energy				
☐ CD ☐ CCD ☐ CA			Mechanical				
Date: <u>2.13.07</u>			TCO				
Approved By: <u>[Signature]</u>			Other				
			Final				
			BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	U	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ <u>0</u>
No. of Stories	<u>0</u>			2. Alteration \$ <u>1,700</u>
Height of Structure	<u>0</u> Ft.			3. Total (1+2) \$ <u>1,700</u>
Area Largest Floor	<u>0</u> Sq. Ft.			
New Bldg. Area/All Floors	<u>0</u> Sq. Ft.			Industrialized Building:
Volume of New Structure	<u>0</u> Cu. Ft.			☐ State Approved
Total Land Area Disturbed	<u>0</u> Sq. Ft.			☐ HUD

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

V. SIDING/TEAR OFF

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ <u>0</u>
☐ Addition	\$ <u>0</u>
☒ Alteration	\$ <u>53</u>
☐ Roofing	\$ <u>0</u>
☐ Siding	\$ <u>0</u>
☐ Fence <u>0</u> Height (exceeds 6')	\$ <u>0</u>
☐ Sign <u>0</u> Sq. Ft.	\$ <u>0</u>
☐ Pool	\$ <u>0</u>
☐ Asbestos Abatement Subchapter 8	\$ <u>0</u>
☐ Lead Haz. Abatement NJAC 5:17	\$ <u>0</u>
☐ Other	\$ <u>0</u>
Other	\$ <u>0</u>
☐ Demolition	\$ <u>0</u>

PAID BY	AMOUNT
Paid ☐ Check # <u></u>	Administrative Surcharge \$ <u>0</u>
Collected by: <u></u>	Minimum Fee \$ <u>0</u>
	TOTAL FEE \$ <u>53</u>
	DCA State Permit Fee \$ <u>2</u>

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UJC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/02/2004
Date Issued 03/02/2004
Control #
Permit # 04-0587

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1000

Block 825 Lot 20 Sub 1
Work Site Location 1622 FORGE POND ROAD

V. SIDING/TEAR OFF

Owner in Fee CHOLINSKY, GLEN & MARY

Address 1622 FORGE POND ROAD

BRICK, NJ 08724-

Tele. [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Tele. () Fax ()

Lic. No. or Bldgs. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Date (Month/Day)	Failure	Failure Approval	Initial
☐ No Plans Req.			Type				
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Firms			Fram				
☐ Other			BarrierFree				
Joint Plan Review Required:			Insulation				
☐ Elect ☐ Plumb ☐ Fire			Finishes				
SUBCODE APPROVAL ☐ Elev			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date:			T&O				
Approved By:			Other				
			Final				
			BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	U	Est. Cost of Bldg. North
Const. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories	0	0		2. Alteration \$ 1,700
Height of Structure	0 Ft.	0 Ft.		3. Total (1+2) \$ 1,700
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.		Industrialized Building:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.		☐ HUD

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the Agent of owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

V. SIDING/TEAR OFF

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	\$ 0
☒ Alteration	\$ 53
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence	\$ 0
☐ Sign	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter 8	\$ 0
☐ Lead Haz. Abatement NJAC 5:17	\$ 0
☐ Other	\$ 0
Other	\$ 0
☐ Demolition	\$ 0

Est. Cost of Bldg. North:	
1. New Bldg. \$	0
2. Alteration \$	1,700
3. Total (1+2) \$	1,700
Paid ☐ Check \$	
Collected by:	

Administrative Surcharge	\$ 0
Minimum Fee	\$ 0
TOTAL FEE	\$ 53
UCA State Permit Fee	\$ 2

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1622 Forge Pond RD.
Block: 825 Lot: 20
Owner's Name: Glenn + Mary Chalmersky
Owner's Mailing Address: Same

Phone: [REDACTED]

BUILDING

Contractor: Self
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

*V. Siding
Tear Off*

Type of Work

☐ New Building	☐ Siding
☐ Addition	☐ Fence
☐ Alteration	☐ Pool
☐ Roofing	☐ Demolition
☐ Asbestos Abatement	☐ Sign _____ sq ft
☐ Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Cost of Site Work \$ _____

Total Cost of New Building Work: \$ 1700⁰⁰ 87

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Mary Chalmersky
Please Print Name Mary Chalmersky

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____
Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks	_____ capacity _____	_____ fuel
Combustible Storage Tanks	_____ capacity _____	_____ fuel
LPG Storage Tanks	_____ capacity _____	_____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

X
Work Site Address: 1622 Forge Pond RD

Block: 825 Lot: 20

Contractor: Self

Contractor's Address: _____

Type of Construction (minor, new home): Vinyl SIDING

Type of Debris (shingles, siding, wood, etc.): shingles

Party responsible for removal: Self

Dumpster size: _____

Destination of debris: dump

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Mary Cholminsky
Signature

Mary Cholminsky
Print Name

3/2/04
Date