



New Jersey Department of Environmental Protection
Site Remediation Program

REMEDIAL ACTION WORKPLAN FORM

Date Stamp
 (For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: Bayley Ellard Field

List all AKAs: _____

Street Address: Madison Avenue & Danforth Road

Municipality: Borough of Madison (Township, Borough or City)

County: Morris Zip Code: 07940

Program Interest (PI) Number(s): 537604 Case Tracking Number(s): 122764

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: 01/08/2010

State Plane Coordinates for a central location at the site: Easting: 510936 Northing: 706011

Municipal Block(s) and Lot(s):

Block #	<u>201</u>	Lot #	<u>1.02</u>	Block #	_____	Lot #	_____
Block #	_____	Lot #	_____	Block #	_____	Lot #	_____
Block #	_____	Lot #	_____	Block #	_____	Lot #	_____
Block #	_____	Lot #	_____	Block #	_____	Lot #	_____

SECTION B. SUBMITTAL STATUS

- Is this submittal a proposal to obtain NJDEP preapproval for using alternative fill in excess of the volume required for a remedial action? Yes No
 If "Yes," has notification been provided to:
 - Each owner of real property and the tenants of those properties, located within 200 feet of the site boundary;
 - The mayor of each municipality where the site located;
 - The county designated solid waste coordinator;
 - The municipal clerk of each municipality in which the site is located; and
 - The county health department and local health agency.
- Indicate how the Electronic Data Deliverable (EDD) for this submittal is being provided to the NJDEP:
 - Via Email at srpedd@dep.state.nj.us (attach NJDEP confirmation email)
 - CD (attach to this submittal)
- Is a Classification Exception Area (CEA) Proposal included with this submission? Yes No

4. Complete the following Submittal and Permit Status Table:

	Not Applicable	Included in This Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Document Withdrawal
Public Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	07/18/2013		
Immediate Environmental Concern Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IEC Engineered System Response Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Vapor Concern Mitigation Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LNAPL Interim Remedial Measure Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Preliminary Assessment Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Receptor Evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/29/2010		
Site Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/29/2010		
Remedial Investigation/Remedial Action Work Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Remedial Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Response Action Outcome	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alternative Soil Remediation Standard and/or Screening level Application Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Case Inventory Document	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Technical Impracticability Determination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Permit Application – list:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radionuclide Remedial Investigation Workplan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radionuclide Remedial Investigation Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radionuclide Remedial Action Workplan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radionuclide Remedial Action Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION C. SITE USE

Current Site Use (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Other _____
- Agricultural
- Park or recreational use
- Vacant
- Government

Intended Future Site Use (check all that apply)

- Industrial
- Residential
- Commercial
- School or child care
- Park or recreational use
- Vacant
- Government
- Future site use unknown

SECTION D. CASE TYPE: (check all that apply)

- Administrative Consent Order (ACO)
- Brownfield Development Area (BDA)
- Child Care Facility
- Chrome Site (Chromate chemical production waste)
- Coal Gas
- Due Diligence with RAO
- Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan
- ISRA
- Landfill (SRP subject only)
- Regulated Underground Storage Tank (UST)
- Remediation Agreement (RA)
- School Development Authority (SDA)
- School facility
- Spill Act Defense – Government Entity
- Spill Act Discharge
- UST Grant/Loan

Federal Case (check all that apply)

- RCRA GPRA 2020
- CERCLA/NPL
- USDOD
- USDOE
- TSCA
- Other (explain): _____

SECTION E. PUBLIC FUNDS

Did the remediation utilize public funds? **HDSRF Grant Application 6/25/2013** Yes No

- If "Yes," check applicable:
- UST Grant
 - HDSRF Grant
 - Spill Fund
 - UST Loan
 - HDSRF Loan
 - Schools Development Authority
 - Brownfield Reimbursement Program
 - Landfill Reimbursement Program

SECTION F. SCOPE OF REMEDIAL ACTION WORKPLAN

- Does the RAW address:
 - Area(s) of Concern (AOCs) Only
 - Entire Site (Based on a completed and submitted Preliminary Assessment/Site Investigation)
- Total number of contaminated AOCs associated with the case: 1
- Total number of contaminated AOCs addressed in this submittal: 1

SECTION G. GENERAL

1. Does the proposed remedial action require a permit that requires an approval from the NJDEP Site Remediation Program?..... Yes No
 If "Yes," list Permit Type(s) _____
 And if: Permit Application is attached to this submittal
 Permit Application submitted to SRP on this date: _____
2. Was a remediation initiated after May 6, 2010, for new construction or a change in the use of the site proposed for the purposes of residential use, use as a licensed child care center or use as a school? Yes No
 If "Yes," is an unrestricted use or a presumptive remedy being proposed? Yes No
3. Is the proposed remedial action an alternative remedy pursuant to N.J.A.C. 7:26E-5.3? Yes No
 If "Yes," specify the section/page(s) of the RAW where the alternative remedy is proposed:

4. Is any radiological contamination currently present at the AOC/Site? Yes No NA
5. Did any of the site contain Ordnance and Explosives/unexploded ordnance (OE/UXO)? Yes No NA
6. Does the proposed remedial action involve containment of free product? Yes No NA
7. At any time, have any of the following contaminants ever been detected in sediment above the ecological screening levels? NA
 Arsenic Dioxin Mercury PCBs Pesticides None
8. Have past deficiencies been addressed in this submittal? Yes No N/A
9. Will the proposed remedial action render the property unusable for future redevelopment or for recreational use (N.J.A.C. 7:26C-6.4(b))? Yes No
10. Are ground water contaminants from the site discharging to surface water? Yes No NA
11. Are ground water contaminants from the site discharging to an Environmentally Sensitive Natural Resource (ESNR)? Yes No NA
12. If you answered "Yes," to either question 10 or 11, identify the contaminant(s) and concentration(s) in the monitoring well(s) nearest to the surface water body or ESNR in the table below:

Well	Contaminant	Concentration	Well	Contaminant	Concentration

SECTION H. SITE CONDITIONS

1. Has dioxin been detected in any site media?..... Yes No NA
2. Check each media-type and highest concentration of contamination present above any applicable standards/criteria at the time of remedial investigation:

	Soil in ppm				GW = Ground Water in ppb				SW = Surface Water in ppb				Sed = Sediment in ppm			
	Soil ppm	GW ppb	SW ppb	Sed ppm	Soil ppm	GW ppb	SW ppb	Sed ppm	Soil ppm	GW ppb	SW ppb	Sed ppm	Soil ppm	GW ppb	SW ppb	Sed ppm
*VOCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100–1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
*SVOCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100–1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
*PAHs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10–100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	
*Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100–1,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000	
PCBs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10–100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100	

*Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>10
Chromium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100-1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>1,000
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>100
EPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1,700	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,700-5,100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	>5,100

3. For any contaminant group (*) checked above, identify the contaminant with the highest concentration over its applicable remediation standard and/or screening level:

BenzoAanthracene 35.1ppm Lead 8470 ppm Chlordane 0.83 ppm

4. Were the laboratory reporting minimum detection limits below applicable remediation standards/ screening levels criteria required for the site? Yes No

5. Are any of the following conditions currently present (check all that apply):

Ground water:

- Contaminated ground water in the overburden aquifer
- Contaminated ground water in a confined aquifer
- Contaminated ground water in the bedrock aquifer
- Contaminated ground water in multiple aquifer units
- Multiple distinct ground water plumes
- Contaminated ground water migrating off-site
- Background ground water contamination
- Contaminated ground water discharging to surface water or ESNR
- Residual or free product
- Radionuclides

Soil:

- On-site discharge(s) impacting soil off-site
- Chromate Chemical Production Waste/COPR
- Munitions and explosives of concern
- Contaminated soil in the saturated zone
- Historic pesticide impacts to soil
- Residual or free product
- Radionuclides
- Historic Fill
- Soil contamination due to naturally occurring background conditions
- Soil contamination in an ESNR

6. Check each of the following that applies to the primary objective of the remedial action:

- Treatment of: Ground Water Soil Sediments LNAPL DNAPL Soil Gas
- Removal of: Ground Water Soil Sediments LNAPL DNAPL Soil Gas
- Containment/Control of: .. Ground Water Soil Sediments LNAPL DNAPL Soil Gas

With migration pathway(s) to:

- Indoor Air Ground Water
- Surface Water Sediments or
- Other Other ESNRs

With exposure to:

- Human receptors Ecological receptor(s) / ESNR
- Offsite impacts

7. Is the remedial action an Interim Remedial Measure that was being implemented at the site? Yes No

SECTION I. ALTERNATIVE STANDARD / VARIANCES

Alternative remediation standard

If proposing an alternative remediation standard pursuant to N.J.A.C. 7:26D-7.4, alternate vapor intrusion screening level, or ecological site specific goal check here and attach the Alternative Soil Remediation Standard and/or Screening Level Application Form as an addendum.

A site-specific screening level was developed for the evaluation of the VI pathway Yes No

Variance from regulations

If the Licensed Site Remediation Professional has varied from the Technical Rules, provide the citation(s) from which the remediation varied and the page(s) in the attached document where the rationale for the variance is provided.

N.J.A.C. 7:26E- _____ Page _____
N.J.A.C. 7:26E- _____ Page _____
N.J.A.C. 7:26E- _____ Page _____

SECTION J. APPLICABLE REMEDIATION STANDARDS

1. Were Default Remediation Standards used for all contaminants? Yes No
 (If "Yes," check all that apply)

- Direct Contact
- Impact to Ground Water Soil Screening Levels
- Ecological Screening Levels

2. Has compliance averaging been utilized to determine compliance with the Inhalation Pathway?..... Yes No
 If "Yes," check all that apply:

Compliance Averaging Method Utilized

<u>Pathway</u>	<u>Arithmetic Mean</u>	<u>95 Percent UCL</u>	<u>Spatially Weighted Average</u>	<u>75 Percent/ 10X Procedure</u>
<input type="checkbox"/> Ingestion-Dermal Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inhalation Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Impact to Ground Water Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has a compliance option been utilized to determine compliance with the Impact to Ground Water Pathway? (If "Yes," check all that apply) Yes No

- Immobile Compounds
- Data evaluation for metals and semi-volatiles
- Data evaluation for volatile organics derived from discharges of petroleum mixtures

4. Were Alternate Remediation Standards used for the Ingestion/Dermal Pathway? Yes No

5. Were Alternate Remediation Standards used for the Inhalation Pathway?..... Yes No

6. Were Site Specific Standards used for the Impact to Ground Water Pathway? Yes No
 (If "Yes," check all that apply)

- Soil-Water Partitioning Equation SPLP Sesoil Sesoil/AT123D
- DAF Modification Immobile Chemicals List
- Soil and Ground Water Analytical Data Evaluation

7. Were Site Specific Ecological Remediation Goals used? NA Yes No

8. What is the ground water classification for this site as per N.J.A.C. 7:9C? (check all that apply)

- Class I-A Class II-A
- Class I-PL Pinelands Protection Area Class III-A
- Class I-PL Pinelands Preservation Area Class III-B

SECTION K. ALTERNATIVE AND CLEAN FILL USE

1. Will alternative fill be used? Yes No

2. Will clean fill be used?..... Yes No

3. Will material be sent off-site for use as alternative and/or clean fill? Yes No

If "Yes," specify the section/page in the RAW where it states the SRP site receiving this alternative and/or clean fill: _____

4. Will soil that has been blended due to historically applied pesticides for agricultural purposes be used for alternative and/or clean fill? NA Yes No

5. Specify the section/pages where the Fill Use Plan pursuant to N.J.A.C. 7:26E-5.2(g) can be found:

SECTION L. REMEDIAL ACTION WORKPLAN INFORMATION

General

1. Are NJDEP-approved permits, other than any permits needing SRP approval, required prior to the implementation of the remedial action? Yes No

If "Yes," please list the type. _____

2. Are land use permits required prior to the implementation of the remedial action?..... Yes No

If "Yes," please list the type. _____

Soils

3. Check each type of remediation being proposed:

- | | |
|---|--|
| <input type="checkbox"/> No remedial action required | <input type="checkbox"/> Excavation |
| <input checked="" type="checkbox"/> Capping/other Engineering Control | <input type="checkbox"/> Bioremediation |
| <input checked="" type="checkbox"/> Institutional Control | <input type="checkbox"/> Soil Vapor Extraction |
| <input type="checkbox"/> Chemical Oxidation | <input type="checkbox"/> Chemical Reduction |
| <input type="checkbox"/> Thermal desorption | <input type="checkbox"/> Soil Washing |
| <input type="checkbox"/> Other (specify): _____ | |

4. Does the proposed remedial action address all saturated zone source material?..... Yes No N/A

5. If an engineering control is proposed, indicate the receptor(s) each engineering control is intended to protect (check all that apply):

- Human Ecological Offsite Impacts No Engineering Control

6. If a restricted use is being proposed, has consent from all involved property owners been obtained?..... Yes No

7. Is the proposed remedial action a presumptive remedy? ^{NA} Yes No

Ground Water NA

8. Check each type of remediation being proposed:

- | | |
|---|--|
| <input type="checkbox"/> No remedial action required | <input type="checkbox"/> Containment |
| <input type="checkbox"/> Multiple Phase Extraction System | <input type="checkbox"/> Hydraulic Control |
| <input type="checkbox"/> SVE/Air Sparging | <input type="checkbox"/> Monitored Natural Attenuation |
| <input type="checkbox"/> Ozone Sparging | <input type="checkbox"/> Chemical Oxidation |
| <input type="checkbox"/> Pump & Treat | <input type="checkbox"/> Other (specify): _____ |

Ecological NA

9. Check each type of remediation being proposed:

- | | |
|--|---|
| <input type="checkbox"/> No remedial action required | <input type="checkbox"/> Capping |
| <input type="checkbox"/> Excavation/Dredging | <input type="checkbox"/> Other (specify): _____ |

Indoor Air NA

10. Are soil gas concentrations currently >10x SGSLs?..... Yes No

11. Check each type of mitigation being proposed:

- | | |
|---|--|
| <input checked="" type="checkbox"/> No remedial action required | <input type="checkbox"/> Subsurface Depressurization System |
| <input type="checkbox"/> HVAC Positive Pressure | <input type="checkbox"/> Subsurface ventilation Systems |
| <input type="checkbox"/> Soil Vapor Extraction System | <input type="checkbox"/> Monitoring and Maintenance Schedule |
| <input type="checkbox"/> Other (specify): _____ | |

Natural Resource Restoration

12. Will any injured natural resources be restored concurrent with the remedial action?..... ^{NA} Yes No

If "Yes," is the Office of Natural Resources Restoration involved?..... Yes No

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

Full Legal Name of the Person Responsible for Conducting the Remediation: Borough of Madison
Representative First Name: Raymond Representative Last Name: Codey
Title: Borough Administrator
Phone Number: (973) 593-3038 Ext: _____ Fax: (973) 593-3071
Mailing Address: Hartley Dodge Memorial, 50 Kings Road
City/Town: Madison State: NJ Zip Code: 07940
Email Address: codeyr@rosenet.org

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: 8/16/13
Name/Title: Raymond Codey/Borough Administrator

No changes to contact information since last submittal

SECTION N. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 573637
First Name: Roy Last Name: Redmond
Phone Number: (973) 379-8745 Ext: _____ Fax: (973) 912-2400
Mailing Address: 111 Wood Avenue South
City/Town: Iselin State: NJ Zip Code: 08830-1005
Email Address: roy.redmond@hatchmott.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]:

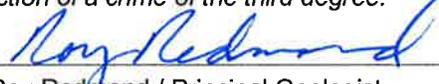
- directly oversaw and supervised all of the referenced remediation, and/or*
- personally reviewed and accepted all of the referenced remediation presented herein.*

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: 8/23/2013
LSRP Name/Title: Roy Redmond / Principal Geologist
Company Name: Hatch Mott MacDonald

No changes to contact information since last submittal

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