

Tonnage report for:
 North River Mews Associates, LLC
 660 River Road
 Edgewater, NJ

| Cont No: | Generator: | Destination: | Ticket: | Net (T): | 24.5 Ton Minimum (T): |
|---|------------------|--------------|-----------|------------------------|--------------------------|
| Date Loaded: 9/7/ 2016 | | | | | |
| 224061 | NORTH RIVER MEWS | WM Emelle AL | 003194486 | 23.79 | (0.71) |
| 224109 | NORTH RIVER MEWS | WM Emelle AL | 003194487 | 25.18 | |
| 224248 | NORTH RIVER MEWS | WM Emelle AL | 003194488 | 23.69 | (0.81) |
| 224124 | NORTH RIVER MEWS | WM Emelle AL | 003194489 | 23.07 | (1.43) |
| 224145 | NORTH RIVER MEWS | WM Emelle AL | 003194490 | 23.50 | (1.00) |
| 224221 | NORTH RIVER MEWS | WM Emelle AL | 003194491 | 24.12 | (0.38) |
| 224053 | NORTH RIVER MEWS | WM Emelle AL | 003194492 | 20.54 | (3.96) |
| 223017 | NORTH RIVER MEWS | WM Emelle AL | 003194493 | 22.59 | (1.91) |
| 223378 | NORTH RIVER MEWS | WM Emelle AL | 003194494 | 24.26 | (0.24) |
| 224030 | NORTH RIVER MEWS | WM Emelle AL | 003194495 | 22.97 | (1.53) |
| 9/7/2016 10 Loads | | | | 233.71 | |
| Date Loaded: 9/8/2016 | | | | | |
| 223224 | NORTH RIVER MEWS | WM Emelle AL | 003194496 | 23.89 | (0.61) |
| 224113 | NORTH RIVER MEWS | WM Emelle AL | 003194497 | 22.58 | (1.92) |
| 224011 | NORTH RIVER MEWS | WM Emelle AL | 003194498 | 16.80 | (7.70) |
| 224097 | NORTH RIVER MEWS | WM Emelle AL | 003194499 | 23.84 | (0.66) |
| 224140 | NORTH RIVER MEWS | WM Emelle AL | 003194500 | 22.49 | (2.01) |
| 224164 | NORTH RIVER MEWS | WM Emelle AL | 003194501 | 23.24 | (1.26) |
| 224129 | NORTH RIVER MEWS | WM Emelle AL | 003194502 | 20.92 | (3.58) |
| 223437 | NORTH RIVER MEWS | WM Emelle AL | 003194503 | 23.62 | (0.88) |
| 224128 | NORTH RIVER MEWS | WM Emelle AL | 003194504 | 19.31 | (5.19) |
| 224033 | NORTH RIVER MEWS | WM Emelle AL | 003194505 | 24.01 | (0.49) |
| 9/8/2016 10 Loads | | | | 220.71 | |
| Date Loaded: 9/9/2016 | | | | | |
| 223471 | NORTH RIVER MEWS | WM Emelle AL | 003194506 | 22.12 | (2.38) |
| 224187 | NORTH RIVER MEWS | WM Emelle AL | 003194507 | 23.23 | (1.27) |
| 224090 | NORTH RIVER MEWS | WM Emelle AL | 003194508 | 24.32 | (0.18) |
| 224158 | NORTH RIVER MEWS | WM Emelle AL | 003194509 | 19.78 | (4.72) |
| 224111 | NORTH RIVER MEWS | WM Emelle AL | 003194510 | 20.19 | (4.31) |
| 224222 | NORTH RIVER MEWS | WM Emelle AL | 003194511 | 26.06 | |
| 224066 | NORTH RIVER MEWS | WM Emelle AL | 003194512 | 23.84 | (0.66) |
| 224193 | NORTH RIVER MEWS | WM Emelle AL | 003194513 | 24.25 | (0.25) |
| 224035 | NORTH RIVER MEWS | WM Emelle AL | 003194514 | 22.54 | (1.96) |
| 223372 | NORTH RIVER MEWS | WM Emelle AL | 003194515 | 27.34 | |
| 9/9/2016 10 Loads | | | | 233.67 | (52.00)T |
| <u>Total Project (9/7/2016-9/9/2016)</u> | | | | <u>30 Loads</u> | <u>688.08</u> |
| Total Tons Generated | | | | 688.08 | |
| Total Underweight Tons | | | | 52.00 | |

Product Load Report 9/7/2016 to 9/7/2016

| Cont No: Generator: | Vendor: | Ticket: | Dest: | Product: | Net: |
|--|---------------------|--------------|-----------|--------------------------|---------------|
| Project: 0542 - PURE SOIL EDGEWATER | | | | | |
| Date Loaded: 9/7/2016 | | | | | |
| 224061 | EDGEWATER PURE SOIL | WM Emelle AL | 003194486 | ALSU001 HAZS | 23.79 |
| 224109 | EDGEWATER PURE SOIL | WM Emelle AL | 003194487 | ALSU001 HAZS | 25.18 |
| 224248 | EDGEWATER PURE SOIL | WM Emelle AL | 003194488 | ALSU001 HAZS | 23.69 |
| 224124 | EDGEWATER PURE SOIL | WM Emelle AL | 003194489 | ALSU001 HAZS | 23.07 |
| 224145 | EDGEWATER PURE SOIL | WM Emelle AL | 003194490 | ALSU001 HAZS | 23.50 |
| 224221 | EDGEWATER PURE SOIL | WM Emelle AL | 003194491 | ALSU001 HAZS | 24.12 |
| 224053 | EDGEWATER PURE SOIL | WM Emelle AL | 003194492 | ALSU001 HAZS | 20.54 |
| 223017 | EDGEWATER PURE SOIL | WM Emelle AL | 003194493 | ALSU001 HAZS | 22.59 |
| 223378 | EDGEWATER PURE SOIL | WM Emelle AL | 003194494 | ALSU001 HAZS | 24.26 |
| 224030 | EDGEWATER PURE SOIL | WM Emelle AL | 003194495 | ALSU001 HAZS | 22.97 |
| | | | | 9/7/2016 10 Loads | 233.71 |
| | | | | HAZS 10 Loads | 233.71 |
| | | | | 0542 10 Loads | 233.71 |
| | | | | 10 Loads | 233.71 |

JK

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | |
|---|--|--|---|--|-------------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194486 GBF | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJD986647501 | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD006921340 | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | U.S. EPA ID Number ALD000622461 | | |
| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | | No. Type | | | |
| X | 1. RQ UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 9, III AL403697 | | | K | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403697 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) Box 274061 | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | | Signature | | Month Day Year 9 7 16 |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | |
| Transporter 1 Printed/Typed Name CSCS A... | | | Signature | | Month Day Year 9 07 16 |
| Transporter 2 Printed/Typed Name N. ROGERS FOR CSX | | | Signature | | Month Day Year 9 8 16 |
| 18. Discrepancy | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | |
| 18b. Alternate Facility (or Generator) | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | | |
| Facility's Phone: _____ | | | | | Month Day Year |
| 18c. Signature of Alternate Facility (or Generator) | | | | | Month Day Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | |
| 1. | 2. | 3. | 4. | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | |
| Printed/Typed Name | | | Signature | | Month Day Year |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD981559149 | 22. Page 2 of 2 | 23. Manifest Tracking Number 003194486 GBF | | |
|---|---|---|--------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

2 CWM

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | | |
|---|--------|--|-------------------|--|---|----------|--------------------|----------------------------|-----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194487 GBF | | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | | U.S. EPA ID Number NJD986647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | | U.S. EPA ID Number FLD006921340 | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | | U.S. EPA ID Number ALD000622464 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403997 | | | No. | Type | | K | | |
| | | 2. | | | | | | | | |
| | | 3. | | | | | | | | |
| | | 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ER15-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224109 | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | |
| Generator's/Offe's Printed/Typed Name Paul | | | | Signature Paul Darbes | | | | Month Day Year 19 17 16 | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ Transporter signature (for exports only): _____ | | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | | |
| Transporter 1 Printed/Typed Name Gloria Verman | | | | Signature Gloria Verman | | | | Month Day Year 9 17 16 | | |
| Transporter 2 Printed/Typed Name N. ROGERS FOR CSX | | | | Signature N. Rogers | | | | Month Day Year 9 18 16 | | |
| 18. Discrepancy | | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | | |
| 18b. Alternate Facility (or Generator) | | | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | |
| Facility's Phone: _____ | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____ | | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | |
| 1. _____ | | | 2. _____ | | | 3. _____ | | | 4. _____ | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | |
| Printed/Typed Name _____ | | | | Signature _____ | | | | Month Day Year _____ | | |

2
CWM

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | |
|--|---|---------------------------|---|
| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | 21. Generator ID Number NJD981559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194487 GBF |
|--|---|---------------------------|---|

| | |
|--|------------------------------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | U.S. EPA ID Number ALR000046706 |
|--|------------------------------------|

| | |
|---|------------------------------------|
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | U.S. EPA ID Number ALR000007237 |
| 26. Transporter Company Name ACTION RESOURCES, INC. | U.S. EPA ID Number ALR000007237 |

| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
|---------|---|----------------|------|--------------------|-------------------|-----------------|--|--|
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |

| |
|--|
| 32. Special Handling Instructions and Additional Information |
|--|

| | |
|-----------------------|---|
| ↑ GENERATOR ↓ | 33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____ |
| ↑ TRANSPORTER ↓ | 34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____ |

| | |
|-------------------------------|-----------------|
| ↑ DESIGNATED FACILITY ↓ | 35. Discrepancy |
|-------------------------------|-----------------|

| | |
|-------------------------------|---|
| ↑ DESIGNATED FACILITY ↓ | 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) |
|-------------------------------|---|

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|---|--|-------------------|--|--|-------------------------------|-------------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981550149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194488 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJD986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLDD06921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622464 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 9, III AL403997 | No. Type | | K | | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) Box 224248 | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offeor's Printed/Typed Name Paul Daibes | | | | Signature | | Month Day Year 19 7 16 | |
| INTL | 16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name J. BUSTON | | | | Signature | | Month Day Year 19 7 16 |
| | Transporter 2 Printed/Typed Name N. ROGERS For CSX | | | | Signature | | Month Day Year 19 8 16 |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | |
| | 18b. Alternate Facility (or Generator) U.S. EPA ID Number | | | | | | |
| | Facility's Phone: _____ | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ09B1559149 | 22. Page 2 of 2 | 23. Manifest Tracking Number 003194488 GBF | | | |
|--|---|---|--------------------|---|-------------------|-----------------|-----|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALRD00046706 | | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALRD00007237 | | | |
| 27a. HM | 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (If any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | |
| | | No. | Type | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | | |
| TRANSPORTER | 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| | Printed/Typed Name | | | Signature | | Month | Day |
| TRANSPORTER | 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| | Printed/Typed Name | | | Signature | | Month | Day |
| DESIGNATED FACILITY | 35. Discrepancy | | | | | | |
| | 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|---|---|-------------------|--|---|-------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194489 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE, NJ 07727 Generator's Phone: (873)601-9212 | | 5. Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD006921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622464 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403997 | No. | Type | | K | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CON24117) 224124 | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offereor's Printed/Typed Name Paul Daibes | | Signature | | Month Day Year 9 7 16 | | | |
| INTL | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name Carlos Vargas | | Signature | | Month Day Year 9 7 16 | | |
| | Transporter 2 Printed/Typed Name N. LOBERG FOR CSXT | | Signature | | Month Day Year 9 8 16 | | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | |
| | 18b. Alternate Facility (or Generator) | | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | | |
| | Facility's Phone: _____ | | | | 18c. Signature of Alternate generator (or Generator) _____ Month Day Year _____ | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD981559149 | 22. Page of 2 | 23. Manifest Tracking Number 003194489 GBF | | | | |
|---|---|---|------------------|---|-------------------|-----------------|-----|------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | Day | Year |
| | | | | | | | | |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | Day | Year |
| | | | | | | | | |
| 35. Discrepancy | | | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

4 CVMH

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|---|--|-------------------|--|--|-------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194490 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJD986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLDC06921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622464 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 6, III AL403987 | No. | Type | | K | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224145 | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offetor's Printed/Typed Name Paul Daibes | | Signature | | Month Day Year 19 7 16 | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | |
| TRANSPORTER | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| | Transporter 1 Printed/Typed Name CARLOS KARGAS | Signature | | Month Day Year 19 7 16 | | | |
| | Transporter 2 Printed/Typed Name N. ROGERS FOR CSX | Signature | | Month Day Year 19 8 16 | | | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | |
| | 18b. Alternate Facility (or Generator) | | | | U.S. EPA ID Number | | |
| | Facility's Phone: | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | | |

4 CVM1

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ D981550149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194490 GBF | | | | | |
|---|---|--|---------------------------|---|-------------------|-----------------|--|-----|------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | | | |
| 25. Transporter _____ Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | | | | |
| 26. Transporter _____ Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | | | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | | |
| | | No. | Type | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| 14. | | | | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | | | | |
| 33. Transporter _____ Acknowledgment of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | | Day | Year |
| | | | | | | | | | |
| 34. Transporter _____ Acknowledgment of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | | Day | Year |
| | | | | | | | | | |
| 35. Discrepancy | | | | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

| | | | | | | | |
|---|---|--|--|--|---|-------------------|----------------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194491 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-5212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD006921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622464 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, S, III AL403997 | No. | Type | | K | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information I. AL403997 ERG-III OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224221 | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offor's Printed/Typed Name Paul Daibes | | | | Signature | Month 9 | Day 7 | Year 16 |
| INTL | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name MATTIA | | | Signature | Month 9 | Day 7 | Year 16 |
| | Transporter 2 Printed/Typed Name N. ROSES FOR CSX | | | Signature | Month 9 | Day 8 | Year 16 |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | |
| | 18b. Alternate Facility (or Generator) | | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | | |
| | Facility's Phone: _____ | | | | | | Month _____ Day _____ Year _____ |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name _____ | | | | Signature _____ | Month _____ | Day _____ | Year _____ |

| | | | |
|---|---|--------------------|---|
| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | 21. Generator ID Number NJ0981559149 | 22. Page 2 of 2 | 23. Manifest Tracking Number 003194491 GBF |
|---|---|--------------------|---|

24. Generator's Name
NORTH RIVER MEWS ASSOC LLC
660 RIVER ROAD
EDGEWATER NJ 07020

25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD
U.S. EPA ID Number ALR000046708

26. Transporter Company Name ACTION RESOURCES, INC.
U.S. EPA ID Number ALR000007237

| 27a. HM | 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
|---------|---|----------------|------|--------------------|-------------------|-----------------|--|--|
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |

32. Special Handling Instructions and Additional Information

33. Transporter Acknowledgment of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

34. Transporter Acknowledgment of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|---|--|-------------------|--|--|--------------------|-------------------|-------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194492 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | | U.S. EPA ID Number NJ0986647501 | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | | U.S. EPA ID Number FLD006921340 | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | | U.S. EPA ID Number ALD00622464 | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 9, III AL403997 | | No. | Type | | K | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information T. AL403997 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) Box 224053 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offoror's Printed/Typed Name Paul Daiber | | | | | Signature <i>[Signature]</i> | | | Month Day Year 19 7 16 | |
| INT'L | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name Deul A | | | | Signature <i>[Signature]</i> | | | Month Day Year 19 7 16 | |
| | Transporter 2 Printed/Typed Name N. ROGERS FOR CSX | | | | Signature <i>[Signature]</i> | | | Month Day Year 19 8 16 | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| | 18b. Alternate Facility (or Generator) | | | | | U.S. EPA ID Number | | | |
| | Facility's Phone: | | | | | | | Month Day Year | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | | Month Day Year | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0951559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194492 GBF | | |
|--|---|---|---------------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER NEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| TRANSPORTER | 33. Transporter Acknowledgment of Receipt of Materials | | | | | |
| | Printed/Typed Name | Signature | | | Month | Day |
| TRANSPORTER | 34. Transporter Acknowledgment of Receipt of Materials | | | | | |
| | Printed/Typed Name | Signature | | | Month | Day |
| DESIGNATED FACILITY | 35. Discrepancy | | | | | |
| | 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | | |
|---|---|--|-------------------|--|--|--------------------|-------------------|-----------------|------------|------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJDE981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194493 GBF | | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)501-8212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJDE986647501 | | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD006921340 | | | | | | |
| 8. Designated Facility Name and Site Address Facility's Phone: (205)852-9721 | | | | U.S. EPA ID Number ALD000622464 | | | | | | |
| | | CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 | | | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403997 | | No. | Type | | K | | | |
| | | 2. | | | | | | | | |
| | | 3. | | | | | | | | |
| | | 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information T. AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 223017 | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | |
| Generator's/Offoror's Printed/Typed Name Paul Dribes | | | | Signature | | Month 9 | Day 7 | Year 16 | | |
| TRANSPORTER INTL | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name Teresa Forman | | | | Signature | | Month 9 | Day 7 | Year 16 | |
| | Transporter 2 Printed/Typed Name P. ROGERS FOR CSX | | | | Signature | | Month 9 | Day 8 | Year 16 | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | |
| | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | | | |
| | Facility's Phone: _____ | | | | | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) | | | | | | | Month | Day | Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | Day | Year | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | |
|---|---|---|---|
| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | 21. Generator ID Number NJD981559149 | 22. Page <input checked="" type="checkbox"/> of 2 | 23. Manifest Tracking Number 003194493 GBF |
|---|---|---|---|

| | |
|--|------------------------------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | U.S. EPA ID Number ALR000046706 |
|--|------------------------------------|

| | |
|---|------------------------------------|
| 25. Transporter _____ Company Name ALABAMA AND GULF COAST RAILROAD | U.S. EPA ID Number ALR000007237 |
| 26. Transporter _____ Company Name ACTION RESOURCES, INC. | U.S. EPA ID Number ALR000007237 |

| 27a. HM | 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
|------------|---|----------------|------|--------------------|-------------------|-----------------|--|--|
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |

32. Special Handling Instructions and Additional Information

| | | | | | |
|--|--------------------|-----------|-------|-----|------|
| 33. Transporter _____ Acknowledgment of Receipt of Materials | Printed/Typed Name | Signature | Month | Day | Year |
|--|--------------------|-----------|-------|-----|------|

| | | | | | |
|--|--------------------|-----------|-------|-----|------|
| 34. Transporter _____ Acknowledgment of Receipt of Materials | Printed/Typed Name | Signature | Month | Day | Year |
|--|--------------------|-----------|-------|-----|------|

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|---|--|---|--|---|--|-------------------------------|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194494 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | | U.S. EPA ID Number NJD986647501 | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | | U.S. EPA ID Number FLD006921340 | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | | U.S. EPA ID Number ALD000622464 | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 9, III AL403997 | | | | | K | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCM24117) Box 223378 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offor's Printed/Typed Name Paul Daibes | | | | | Signature <i>Paul Daibes</i> | | Month Day Year 19 7 16 | | |
| INT'L | 16. International Shipments | | <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. | | Port of entry/exit: _____ Date leaving U.S.: _____ | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name J BUSTOS | | Signature <i>J BUSTOS</i> | | Month Day Year 19 7 16 | | | | |
| | Transporter 2 Printed/Typed Name N. RIGGS FOR CSXT | | Signature <i>N. Riggs</i> | | Month Day Year 19 8 16 | | | | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| | 18b. Alternate Facility (or Generator) | | | | | Manifest Reference Number: _____ U.S. EPA ID Number | | | |
| | Facility's Phone: _____ | | | | | | | 18c. Signature of Alternate Facility (or Generator) | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | Month Day Year | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0981559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194494 GBF | | | |
|---|---|---|---------------------------|---|-------------------|-----------------|------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | |
| | | No. | Type | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | Signature | | | Month | Day | Year |
| | | | | | | | |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | Signature | | | Month | Day | Year |
| | | | | | | | |
| 35. Discrepancy | | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| | | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | |
|---|---|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ D981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194495 GBF |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJD986647501 | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD0008921340 | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)852-9721 | | | | U.S. EPA ID Number ALD000622464 | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity |
| | | | No. | Type | 12. Unit Wt./Vol. |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 0, III AL403997 | | | K |
| | | 2. | | | |
| | | 3. | | | |
| | | 4. | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-III OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224030 | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | | | Signature | Month Day Year 19 7 16 |
| TRANSPORTER | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit _____ Date leaving U.S.: _____ | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | |
| | Transporter 1 Printed/Typed Name MATTY | | Signature | | Month Day Year 7 7 16 |
| Transporter 2 Printed/Typed Name N. ROGERS FOR CSX | | Signature | | Month Day Year 9 8 16 | |
| 18. Discrepancy | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | |
| 18b. Alternate Facility (or Generator) | | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | |
| Facility's Phone: _____ | | | | | Month Day Year |
| 18c. Signature of Alternate Facility (or Generator) | | | | | Month Day Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | |
| 1. _____ | | 2. _____ | | 3. _____ | |
| 4. _____ | | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | |
| Printed/Typed Name _____ | | | | Signature _____ | Month Day Year |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD981559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194495 GBF | | |
|---|---|---|---------------------------|---|------------------------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter _____ Company Name ALABAMA AND GULF COAST RAILROAD | | | | | U.S. EPA ID Number ALR000046706 | |
| 26. Transporter _____ Company Name ACTION RESOURCES, INC. | | | | | U.S. EPA ID Number ALR000007237 | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter _____ Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter _____ Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Product Load Report 9/8/2016 to 9/8/2016

| Conf No: | Generator: | Vendor: | Ticket: | Dest: | Product: | Net: |
|--|---------------------|----------------|----------------|--------------|-----------------|---------------|
| Project: 0542 - PURE SOIL EDGEWATER | | | | | | |
| Date Loaded: 9/8/2016 | | | | | | |
| 223224 | EDGEWATER PURE SOIL | WM Emelle AL | 003194496 | ALSU001 | HAZS | 23.89 |
| 224113 | EDGEWATER PURE SOIL | WM Emelle AL | 003194497 | ALSU001 | HAZS | 22.58 |
| 224011 | EDGEWATER PURE SOIL | WM Emelle AL | 003194498 | ALSU001 | HAZS | 16.80 |
| 224097 | EDGEWATER PURE SOIL | WM Emelle AL | 003194499 | ALSU001 | HAZS | 23.84 |
| 224140 | EDGEWATER PURE SOIL | WM Emelle AL | 003194500 | ALSU001 | HAZS | 22.49 |
| 224164 | EDGEWATER PURE SOIL | WM Emelle AL | 003194501 | ALSU001 | HAZS | 23.24 |
| 224129 | EDGEWATER PURE SOIL | WM Emelle AL | 003194502 | ALSU001 | HAZS | 20.92 |
| 223437 | EDGEWATER PURE SOIL | WM Emelle AL | 003194503 | ALSU001 | HAZS | 23.62 |
| 224128 | EDGEWATER PURE SOIL | WM Emelle AL | 003194504 | ALSU001 | HAZS | 19.31 |
| 224033 | EDGEWATER PURE SOIL | WM Emelle AL | 003194505 | ALSU001 | HAZS | 24.01 |
| 9/8/2016 10 Loads | | | | | | 220.70 |
| HAZS 10 Loads | | | | | | 220.70 |
| 0542 10 Loads | | | | | | 220.70 |
| 10 Loads | | | | | | 220.70 |

JA

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194496 GBF | | | |
|---|--|--|-------------------|--|--|-----------------|-----------|------------|
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07722 Generator's Phone: (973)601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJD986647501 | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION INC. | | | | U.S. EPA ID Number FLD006921340 | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622464 | | | | |
| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | | No. | Type | | | | | |
| X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 0, III AL403997 | | | | K | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information I. AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) B x 223224 | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | |
| Generator's/Officer's Printed/Typed Name Paul Daines | | | | Signature | | Month 9 | Day 8 | Year 16 |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| Transporter 1 Printed/Typed Name Neil Rogers | | | | Signature | | Month 9 | Day 18 | Year 16 |
| Transporter 2 Printed/Typed Name Neil Rogers for CSX | | | | Signature Neil Rogers | | Month 9 | Day 19 | Year 16 |
| 18. Discrepancy | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | | |
| Facility's Phone: _____ | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month | Day | Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | Day | Year |

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD001959140 | 22. Page of 2 | 23. Manifest Tracking Number 003194496 GBF | | |
|---|---|---|------------------|---|----------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | Signature | | Month | Day | Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | Signature | | Month | Day | Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | | | |
|---|---|--|-------------------|--|--|---|-------------------|---|------------------------------|--|----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194497 GBF | | | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | | U.S. EPA ID Number NJD9886647501 | | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | | U.S. EPA ID Number FLD006921340 | | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | | U.S. EPA ID Number ALD006622464 | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | | |
| | X | 1. FQ UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403997 | | | | | K | | | | |
| | | 2. | | | | | | | | | |
| | | 3. | | | | | | | | | |
| | | 4. | | | | | | | | | |
| 14. Special Handling Instructions and Additional Information T. AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224113 | | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Dabos | | | | | Signature | | | Month Day Year 9 8 16 | | | |
| INT'L | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name Carlos Vazquez | | | | | Signature | | | Month Day Year 9 8 16 | | |
| | Transporter 2 Printed/Typed Name Neil Rogers for CSX | | | | | Signature | | | Month Day Year 9 9 16 | | |
| DESIGNATED FACILITY | 18. Discrepancy <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | | |
| | 18a. Discrepancy Indication Space | | | | | | | | | | |
| | 18b. Alternate Facility (or Generator) | | | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | |
| | Facility's Phone: _____ | | | | | | | 18c. Signature of Alternate Facility (or Generator) | | | Month Day Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | | |
| 1. | | | 2. | | | 3. | | | 4. | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD981559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194497 GBF | | |
|---|---|---|---------------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000D46706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000C07237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day |
| 34. Transporter Acknowledgment of Receipt of Materials | | | Signature | | Month | Day |
| Printed/Typed Name | | | Signature | | Month | Day |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|---|--|--|--|--------------------|------------------------------|-----------------|--|------------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194498 GBF | | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJD986647501 | | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD0006921340 | | | | | | |
| 8. Designated Facility Name and Site Address Facility's Phone: (205)652-9721 | | | U.S. EPA ID Number ALD000622464 | | | | | | |
| CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 | | | | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers No. Type | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | X | 1. RQ UN3432 POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403997 | | | | K | | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224011 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | | Signature | | | Month Day Year 9 8 16 | | | |
| INT'L | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. | | Port of entry/exit: Date leaving U.S.: | | | | | | |
| | Transporter signature (for exports only): | | | | | | | | |
| TRANSPORTER | 17. Transporter Acknowledgment of Receipt of Materials | | Transporter 1 Printed/Typed Name Jose Figueroa | | | Signature | | | Month Day Year 9 8 16 |
| | Transporter 2 Printed/Typed Name Neil Rogers for CSX | | Signature | | | Month Day Year 9 9 16 | | | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| | 18b. Alternate Facility (or Generator) Facility's Phone: Manifest Reference Number: U.S. EPA ID Number | | | | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | Signature | | | Month Day Year | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0981559149 | 22. Page 2 of 2 | 23. Manifest Tracking Number 003194498 GBF | | |
|---|---|---|--------------------|---|---------------------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | | U.S. EPA ID Number ALRD00046706 | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | | U.S. EPA ID Number ALRD00007237 | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|--------|--|--|--|--|-------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194499 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)801-3212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 860 RIVER ROAD EDGEWATER NJ 07020 | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJD986647501 | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD008921340 | | | | |
| 8. Designated Facility Name and Site Address Facility's Phone: (205)652-8721 | | | U.S. EPA ID Number ALD000622464 CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers No. Type | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | X | 1. RO, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 0, III AL403997 | | | | K | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information 1. ALR03997 ERG-77 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224097 | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offorer's Printed/Typed Name Paul Daibes | | Signature | | | Month Day Year 9 8 16 | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.: | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Transporter 1 Printed/Typed Name MATTIA | | Signature | | | Month Day Year 9 8 16 | | |
| Transporter 2 Printed/Typed Name Neil Rogers for CSX | | Signature Neil Rogers | | | Month Day Year 9 9 16 | | |
| 18. Discrepancy | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number | | | | | | | |
| Facility's Phone: | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | Month Day Year | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name | | Signature | | | Month Day Year | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0981559149 | 22. Page <u>2</u> of <u>2</u> | 23. Manifest Tracking Number 003194499 GBF | | |
|---|---|---|----------------------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|--------|--|-------------------|--|--|--------------------|---------------------------|-----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194500 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJDS86647601 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD008921340 | | | | | |
| 8. Designated Facility Name and Site Address FACILITY'S PHONE: (205)652-9721 CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35439 | | | | U.S. EPA ID Number ALD000622464 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers No. Type | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, III AL403997 | | | | | K | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) B x 2 4/40 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offoror's Printed/Typed Name Paul Daibes | | | | Signature | | | Month Day Year 9 18 16 | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: Date leaving U.S.: | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | |
| Transporter 1 Printed/Typed Name Oscar | | | | Signature | | | Month Day Year 9 18 16 | | |
| Transporter 2 Printed/Typed Name Neil Rogers for CSX | | | | Signature Neil Rogers | | | Month Day Year 9 19 16 | | |
| 18. Discrepancy | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number: | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) Month Day Year | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | Month Day Year | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD981559149 | 22. Page 2 of 2 | 23. Manifest Tracking Number 003194500 GRP | | |
|---|---|---|--------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|--------|--|-------------------|--|--|-------------------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981659149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194501 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJD986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD006921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622484 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, B, III AL403997 | No. | Type | | K | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information T. AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224/64 | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | | | Signature <i>Paul D</i> | | Month Day Year 19 8 16 | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Transporter 1 Printed/Typed Name Carlos Kargar | | | | Signature <i>C K</i> | | Month Day Year 19 8 16 | |
| Transporter 2 Printed/Typed Name Neil Rogers for CSXT | | | | Signature <i>Neil Rogers</i> | | Month Day Year 19 9 16 | |
| 18. Discrepancy | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | |
| Manifest Reference Number: _____ | | | | | | | |
| 18b. Alternate Facility (or Generator) U.S. EPA ID Number _____ | | | | | | | |
| Facility's Phone: _____ | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____ | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. _____ | | 2. _____ | | 3. _____ | | 4. _____ | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name _____ | | | | Signature _____ | | Month Day Year _____ | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0981559149 | 22. Page <u>4</u> of 2 | 23. Manifest Tracking Number 003194501 GBF | | |
|---|---|---|---------------------------|---|------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit WL/Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |
| | | | | | | |
| | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194502 GBF | |
|---|--|--|--|--|--|-----------------|
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 680 RIVER ROAD EDGEWATER NJ 07020 | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJD986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD006921340 | | | |
| 8. Designated Facility Name and Site Address Facility's Phone: (205)652-9721 | | | U.S. EPA ID Number CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 ALD000622464 | | | |
| 9a. HM | 9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | | No. | Type | | | |
| X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 9, III AL403997 | | | | K | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information T. AL403997 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224129 | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daiber | | | Signature | | Month Day Year 9 8 16 | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ Transporter signature (for exports only): _____ | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Transporter 1 Printed/Typed Name Sanquin | | | Signature | | Month Day Year 9 8 16 | |
| Transporter 2 Printed/Typed Name Neil Rogers For CSX | | | Signature Neil Rogers | | Month Day Year 9 9 16 | |
| 18. Discrepancy | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ | | | | | | |
| 18b. Alternate Facility (or Generator) Facility's Phone: _____ U.S. EPA ID Number _____ | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | Month Day Year | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |
| 1. | | 2. | | 3. | | 4. |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | |
| Printed/Typed Name | | | Signature | | Month Day Year | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD981559149 | 22. Page <u>4</u> of <u>2</u> | 23. Manifest Tracking Number 003194502 GBF | | | |
|--|---|---|----------------------------------|---|-------------------|-----------------|-----|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | |
| | | No. | Type | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | | |
| TRANSPORTER | 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| | Printed/Typed Name | | | Signature | | Month | Day |
| TRANSPORTER | 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| | Printed/Typed Name | | | Signature | | Month | Day |
| DESIGNATED FACILITY | 35. Discrepancy | | | | | | |
| | 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

8

CVMW

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|--------|--|-------------------|---|--|-------------------|-----------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-8300 | 4. Manifest Tracking Number 003194503 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (873)501-8212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJD986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLDC06921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALDC00622464 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | X | 1. RQ UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403697 | No. | Type | | K | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403697 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 223437 | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | Signature <i>[Signature]</i> | | Month 19 | Day 18 | Year 16 | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Transporter 1 Printed/Typed Name MATTIA | | Signature <i>[Signature]</i> | | Month 9 | Day 18 | Year 16 | |
| Transporter 2 Printed/Typed Name Neil Rogers For CSX | | Signature <i>[Signature]</i> | | Month 19 | Day 19 | Year 16 | |
| 18. Discrepancy | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | |
| 18b. Alternate Facility (or Generator) | | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | |
| 18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____ | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. _____ | | 2. _____ | | 3. _____ | | 4. _____ | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name _____ | | Signature _____ | | Month _____ | Day _____ | Year _____ | |

8

CVMI

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD081559149 | 22. Page of 2 012 | 23. Manifest Tracking Number 003194503 GBF | | |
|---|---|---|-------------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046705 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| | | | | | | |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| | | | | | | |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |
| | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | | |
|---|--|--|-------------------|--|--|--------------------|-------------------|-------------------------------|-------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194504 GBF | | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | | U.S. EPA ID Number NJ0985647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | | U.S. EPA ID Number FLDD06921340 | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 36459 Facility's Phone: (205)652-9721 | | | | | U.S. EPA ID Number ALD000622464 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403997 | | No. | Type | | K | | | |
| | | 2. | | | | | | | | |
| | | 3. | | | | | | | | |
| | | 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-1/1 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) Box 224128 | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | | | | Signature | | | Month Day Year 19 8 16 | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.: | | | | | | | | | | |
| TRANSPORTER | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | |
| | Transporter 1 Printed/Typed Name | | | | | Signature | | | Month Day Year 19 8 16 | |
| Transporter 2 Printed/Typed Name Neil Rogers for CSX | | | | | Signature Neil Rogers | | | Month Day Year 19 8 16 | | |
| 18. Discrepancy | | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | | |
| 18b. Alternate Facility (or Generator) U.S. EPA ID Number | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) Month Day Year | | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | | |

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJD981559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194504 GBF | | |
|---|---|---|---------------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | |
|---|--|--|--|--|--------------------|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194505 GBF | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJD986647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD006921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | U.S. EPA ID Number ALD000622464 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | |
| | | | No. | Type | | 12. Unit Wt./Vol. |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 0, III AL403997 | | | | K |
| | | 2. | | | | |
| | | 3. | | | | |
| | | 4. | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224033 | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | Signature | | Month | Day Year | |
| | | | | 9 | 8 16 | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.: | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Transporter 1 Printed/Typed Name Carlos Vargas | | Signature | | Month | Day Year | |
| | | | | 9 | 8 16 | |
| Transporter 2 Printed/Typed Name Neil Rogers for CSX | | Signature | | Month | Day Year | |
| | | | | 9 | 12 16 | |
| 18. Discrepancy | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number | | | | | | |
| Facility's Phone: | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | Month | Day Year | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |
| 1. | 2. | 3. | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | |
| Printed/Typed Name | | Signature | | Month | Day Year | |
| | | | | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0981559149 | 22. Page <i>4</i> of 2 | 23. Manifest Tracking Number 003194595 GBF | | | | |
|---|---|---|---------------------------|---|-------------------|-----------------|------|--|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | | | |
| 27a. HM | 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day | Year | |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day | Year | |
| 35. Discrepancy | | | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Product Load Report 9/9/2016 to 9/9/2016

| Cont No. | Generator: | Vendor: | Ticket: | Dest: | Product: | Net: |
|--|---------------------|--------------|-----------|---------|----------|---------------|
| Project: 0542 - PURE SOIL EDGEWATER | | | | | | |
| Date Loaded: 9/9/2016 | | | | | | |
| 223471 | EDGEWATER PURE SOIL | WM Emelle AL | 003194506 | ALSU001 | HAZS | 22.12 |
| 224187 | EDGEWATER PURE SOIL | WM Emelle AL | 003194507 | ALSU001 | HAZS | 23.23 |
| 224090 | EDGEWATER PURE SOIL | WM Emelle AL | 003194508 | ALSU001 | HAZS | 24.32 |
| 224158 | EDGEWATER PURE SOIL | WM Emelle AL | 003194509 | ALSU001 | HAZS | 19.78 |
| 224111 | EDGEWATER PURE SOIL | WM Emelle AL | 003194510 | ALSU001 | HAZS | 20.19 |
| 224222 | EDGEWATER PURE SOIL | WM Emelle AL | 003194511 | ALSU001 | HAZS | 26.06 |
| 224066 | EDGEWATER PURE SOIL | WM Emelle AL | 003194512 | ALSU001 | HAZS | 23.84 |
| 224193 | EDGEWATER PURE SOIL | WM Emelle AL | 003194513 | ALSU001 | HAZS | 24.25 |
| 224035 | EDGEWATER PURE SOIL | WM Emelle AL | 003194514 | ALSU001 | HAZS | 22.54 |
| 223372 | EDGEWATER PURE SOIL | WM Emelle AL | 003194515 | ALSU001 | HAZS | 27.34 |
| 9/9/2016 10 Loads | | | | | | 233.67 |
| HAZS 10 Loads | | | | | | 233.67 |
| 0542 10 Loads | | | | | | 233.67 |
| 10 Loads | | | | | | 233.67 |

JH

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | |
|---|--|--|--|---|--------------------------------|-------------------|-----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194506 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: 973601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJD986647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD006921340 | | | | | |
| 8. Designated Facility Name and Site Address Facility's Phone: (205)652-9721 CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 103 EMELLE AL 35459 | | | U.S. EPA ID Number ALD000622464 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, (9, III) AL403987 | No. | Type | | K | | |
| | | 2. | | | | | | |
| | | 3. | | | | | | |
| | | 4. | | | | | | |
| 14. Special Handling Instructions and Additional Information AL403987 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 223471 | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul D. Bates | | Signature <i>Paul D. Bates</i> | | Month Day Year 09 09 16 | | | | |
| TRANSPORTER | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| | Transporter 1 Printed/Typed Name Susan Figueroa | | Signature <i>Susan Figueroa</i> | | Month Day Year 09 09 16 | | | |
| Transporter 2 Printed/Typed Name Neil Rogers for CSXT | | Signature <i>Neil Rogers</i> | | Month Day Year 09 12 16 | | | | |
| 18. Discrepancy | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| 18b. Alternate Facility (or Generator) | | | | Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | |
| 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____ | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | |
| 1. _____ | | 2. _____ | | 3. _____ | | 4. _____ | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0901650149 | 22. Page 2 of 2 | 23. Manifest Tracking Number 003194506 GBF | | |
|---|---|---|--------------------|---|---------------------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | | U.S. EPA ID Number ALR000046708 | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | | U.S. EPA ID Number ALR000007237 | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|--------|--|-------------------|--|--|--------------------|-------------------|-----------------|------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194507 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0886647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FL0006921340 | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35456 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number AL000622464 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403907 | | No. | Type | | K | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information AL403907 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) <i>Box 224187</i> | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offeror's Printed/Typed Name <i>Paul Dubois</i> | | Signature <i>Paul Dubois</i> | | | Month 09 | | Day 09 | | Year 16 |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | |
| Transporter 1 Printed/Typed Name <i>JBUSTOS</i> | | Signature <i>JBUSTOS</i> | | | Month 09 | | Day 16 | | Year 16 |
| Transporter 2 Printed/Typed Name <i>Neil Rogers for CSXT</i> | | Signature <i>Neil Rogers</i> | | | Month 09 | | Day 12 | | Year 16 |
| 18. Discrepancy | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____ | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | Signature | | | Month | | Day | | Year |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

| | | | |
|--|---|---|---|
| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | 21. Generator ID Number NJ0981559149 | 22. Page <input checked="" type="checkbox"/> of 2 | 23. Manifest Tracking Number 003194507 GBF |
|--|---|---|---|

| |
|--|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 |
|--|

| | |
|---|------------------------------------|
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | U.S. EPA ID Number ALR000046706 |
|---|------------------------------------|

| | |
|--|------------------------------------|
| 26. Transporter Company Name ACTION RESOURCES, INC. | U.S. EPA ID Number ALR000007237 |
|--|------------------------------------|

| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
|---------|---|----------------|------|--------------------|-------------------|-----------------|--|--|
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |

| |
|--|
| 32. Special Handling Instructions and Additional Information |
|--|

| |
|---|
| 33. Transporter Acknowledgment of Receipt of Materials |
| Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____ |

| |
|---|
| 34. Transporter Acknowledgment of Receipt of Materials |
| Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____ |

| |
|-----------------|
| 35. Discrepancy |
|-----------------|

| |
|---|
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) |
| |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|---|--|--|--|--|-------------------|-----------------|------------|------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194508 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0986647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FL0006921340 | | | | | |
| 8. Designated Facility Name and Site Address Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number AL000622464 CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | X | 1. RQ UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 9, III AL403997 | No. | Type | | K | | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information AL403997 ERG-177 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) 224090 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Officer's Printed/Typed Name Paul Darbes | | | | Signature <i>Paul Darbes</i> | | Month 09 | Day 09 | Year 16 | |
| INT'L | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name Joe Falo Burman | | | | Signature <i>Joe Falo</i> | | Month 9 | Day 9 | Year 16 |
| | Transporter 2 Printed/Typed Name Neil Rogers for CSX | | | | Signature <i>Neil Rogers</i> | | Month 9 | Day 12 | Year 16 |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| | 18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____ | | | | | | | | |
| Facility's Phone: _____ | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____ | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | Day | Year | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJID081559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194508 GBF | | |
|---|---|--|---------------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | | |
|---|---|---|-------------------|--|--|----------------------------|----------------------------|-----------------|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0901550149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194509 GBF | | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | 5. Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 680 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0986647501 | | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FL0006921340 | | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number AL000622464 | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 0, III AL403697 | | No. | Type | | K | | | |
| | | 2. | | | | | | | | |
| | | 3. | | | | | | | | |
| | | 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. ALA03697 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CON24117) 224158 | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | |
| Generator's/Officer's Printed/Typed Name Paul Daibes | | | | Signature <i>Paul Daibes</i> | | Month Day Year 09/05/16 | | | | |
| TRANSPORTER INTL | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | |
| | Transporter 1 Printed/Typed Name Carlos Vargas | | | | Signature <i>Carlos Vargas</i> | | Month Day Year 09/19/16 | | | |
| Transporter 2 Printed/Typed Name Neil Rogers for CSX | | | | Signature <i>Neil Rogers</i> | | Month Day Year 09/12/16 | | | | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | |
| | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | | | |
| | Facility's Phone: _____ | | | | | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | |
|--|---|---------------------------|---|
| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | 21. Generator ID Number NJ0981559149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194509 GBF |
|--|---|---------------------------|---|

24. Generator's Name
NORTH RIVER MEWS ASSOC LLC
660 RIVER ROAD
EDGEWATER NJ 07020

25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD
U.S. EPA ID Number ALR000046706

26. Transporter Company Name ACTION RESOURCES, INC.
U.S. EPA ID Number ALR000007237

| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
|---------|---|----------------|------|--------------------|-------------------|-----------------|--|--|
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |

32. Special Handling Instructions and Additional Information

33. Transporter Acknowledgment of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

34. Transporter Acknowledgment of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | | |
|---|--|--|---------------------------------|--|--|----------------------------|-------------------|-----------------|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194510 GBF | | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJD986647501 | | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD006921340 | | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622464 | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | X | 1. RO UM3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 9, III AL403997 | | No. | Type | | K | | | |
| | | 2. | | | | | | | | |
| | | 3. | | | | | | | | |
| | | 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information T. AL403997 ERG-III OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) Box 224/11 | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | |
| Generator's/Offorer's Printed/Typed Name Paul Dabec | | Signature <i>Paul Dabec</i> | | | Month Day Year 09 09 16 | | | | | |
| INT'L | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | |
| | Transporter 1 Printed/Typed Name <i>Oscar A</i> | | Signature <i>Oscar A</i> | | | Month Day Year 10 09 16 | | | | |
| TRANSPORTER | Transporter 2 Printed/Typed Name <i>Neil Rogers for CSXT</i> | | Signature <i>Neil Rogers</i> | | | Month Day Year 9 12 16 | | | | |
| | 18. Discrepancy | | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | |
| DESIGNATED FACILITY | 18b. Alternate Facility (or Generator) | | | | U.S. EPA ID Number | | | | | |
| | Facility's Phone: _____ | | | | | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) | | | | | | | Month Day Year | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | Month Day Year | | | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ09B15591A9 | 22. Page <input checked="" type="checkbox"/> of 2 | 23. Manifest Tracking Number 003194510 GBF | | |
|---|---|---|--|---|------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 680 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter _____ Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter _____ Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit WL/Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter _____ Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 34. Transporter _____ Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|---|--|--|--|--|-------------------|-----------------|--------------------|------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194511 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0986647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD00692134D | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35458 Facility's Phone: (205)652-0721 | | | | U.S. EPA ID Number ALD000622484 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403897 | No. | Type | | K | | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information T. AL403897 ERG-III OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT C0N24117) Box 22 4222 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offoror's Printed/Typed Name Paul Dubes | | | | Signature <i>Paul Dubes</i> | | Month 09 | Day 09 | Year 16 | |
| INTL | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name <i>Franklin</i> | | | Signature <i>Franklin</i> | | Month 9 | Day 9 | Year 16 | |
| | Transporter 2 Printed/Typed Name <i>Neil Rogers for CSXT</i> | | | Signature <i>Neil Rogers</i> | | Month 9 | Day 12 | Year 16 | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | |
| | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| | 18b. Alternate Facility (or Generator) | | | | Manifest Reference Number: | | | U.S. EPA ID Number | |
| | Facility's Phone: | | | | | | Month | Day | Year |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | | Month | Day | Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month | Day | Year | |

6

CWM!

| | | | |
|---|---|---------------------------|---|
| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | 21. Generator ID Number NJD981659149 | 22. Page <u>2</u> of 2 | 23. Manifest Tracking Number 003194511 GBE |
|---|---|---------------------------|---|

| | |
|--|------------------------------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 860 RIVER ROAD EDGEWATER NJ 07020 | U.S. EPA ID Number ALR000046706 |
|--|------------------------------------|

| | |
|---|------------------------------------|
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | U.S. EPA ID Number ALR000007237 |
|---|------------------------------------|

| | |
|--|------------------------------------|
| 26. Transporter Company Name ACTION RESOURCES, INC. | U.S. EPA ID Number ALR000007237 |
|--|------------------------------------|

| 27a. HM | 27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes | | |
|---------|---|----------------|------|--------------------|-------------------|-----------------|--|--|
| | | No. | Type | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |

| |
|--|
| 32. Special Handling Instructions and Additional Information |
|--|

| | | | | |
|--|-----------|-------|-----|------|
| 33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name | Signature | Month | Day | Year |
|--|-----------|-------|-----|------|

| | | | | |
|--|-----------|-------|-----|------|
| 34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name | Signature | Month | Day | Year |
|--|-----------|-------|-----|------|

| |
|-----------------|
| 35. Discrepancy |
|-----------------|

| |
|---|
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) |
|---|

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194512 GBF | | |
|---|--|--|----------------|--|--|----------------------------|--|
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0985647501 | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FLD006921340 | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 153 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number ALD000622464 | | | |
| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | | No. | Type | | | | |
| X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 0, III AL403907 | | | | K | | |
| | 2. | | | | | | |
| | 3. | | | | | | |
| | 4. | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403907 ERG-171 OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CON24117) <i>224066</i> | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offeror's Printed/Typed Name <i>Paul Daibes</i> | | | | Signature <i>Paul Daibes</i> | | Month Day Year 09 09 16 | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| Transporter 1 Printed/Typed Name <i>Steve Equino</i> | | | | Signature <i>Steve Equino</i> | | Month Day Year 09 12 16 | |
| Transporter 2 Printed/Typed Name <i>Neil Rogers for CSX</i> | | | | Signature <i>Neil Rogers</i> | | Month Day Year 09 12 16 | |
| 18. Discrepancy | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) Month Day Year _____ | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0981559149 | 22. Page <input checked="" type="checkbox"/> of 2 | 23. Manifest Tracking Number 003194512 GBF | | |
|---|---|---|---|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 600 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | |
|---|--|--|--|--|----------------------------|----------------------------|-----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number NJ09B1539149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194513 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-3212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJDBB6647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD006921340 | | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 183 EMELLE AL 35459 Facility's Phone: (205)632-9721 | | | U.S. EPA ID Number ALD000622464 | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers No. Type | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ UN3432 POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 9, III AL403997 | | | | K | | |
| | | 2. | | | | | | |
| | | 3. | | | | | | |
| | | 4. | | | | | | |
| 14. Special Handling Instructions and Additional Information OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT C0N24117) 224193 | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Dambes | | | Signature Paul Dambes | | Month Day Year 09 09 16 | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.: | | | | | | | | |
| TRANSPORTER | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| | Transporter 1 Printed/Typed Name TEODORO DURMAN | | | Signature Teodoro Durman | | Month Day Year 09 12 16 | | |
| Transporter 2 Printed/Typed Name Neil Rogers Per CSX | | | Signature Neil Rogers | | Month Day Year 09 12 16 | | | |
| 18. Discrepancy | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) Month Day Year | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | |
| Printed/Typed Name | | | Signature | | Month Day Year | | | |

8

CWM

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0001559140 | 22. Page of 2 | 23. Manifest Tracking Number 003194513 GBF | | |
|---|---|---|------------------|---|------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 680 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | U.S. EPA ID Number ALR000046706 | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | U.S. EPA ID Number ALR000007237 | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit WL/Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | | | |
|---|--------|--|-------------------|--|--|--------------------|-------------------|-----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number NJ0881559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194514 GBF | | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-9212 | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | | U.S. EPA ID Number NJ0886647501 | | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | | U.S. EPA ID Number FL0006921340 | | | | | |
| 8. Designated Facility Name and Site Address Facility's Phone: (205)652-9721 | | | | U.S. EPA ID Number AL000622464 | | | | | |
| CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 | | | | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | X | 1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, / SOLID MIXTURE, 0, III AL403997 | | No. | Type | | X | | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. AL403997 ERG-III OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT C0N24117) 224035 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offerer's Printed/Typed Name Paul Daibes | | Signature Paul Daibes | | | Month Day Year 09 09 16 | | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | |
| Transporter 1 Printed/Typed Name Carlos Vargas | | Signature C. V | | | Month Day Year 09 09 16 | | | | |
| Transporter 2 Printed/Typed Name New Rogers for CSX | | Signature New Rogers | | | Month Day Year 09 12 16 | | | | |
| 18. Discrepancy | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) Month Day Year _____ | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | Month Day Year | | |

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0981559149 | 22. Page <input checked="" type="checkbox"/> of 2 | 23. Manifest Tracking Number 003194514 GBF | | |
|---|---|---|--|---|------------------------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | | | U.S. EPA ID Number ALR000046706 | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | | | U.S. EPA ID Number ALR000007237 | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | | | | | |
|---|--|--|--|--|--------------------|----------------------------|--------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number NJD981559149 | 2. Page 1 of 1 | 3. Emergency Response Phone (800)424-9300 | 4. Manifest Tracking Number 003194515 GBF | | | |
| 5. Generator's Name and Mailing Address PURE SOIL (ATTN BEN SISTI) P.O. DRAWER 43 FARMINGDALE NJ 07727 Generator's Phone: (973)601-8212 | | | Generator's Site Address (if different than mailing address) NORTH RIVER MEWS ASSOC LLC 660 RIVER ROAD EDGEWATER NJ 07030 | | | | |
| 6. Transporter 1 Company Name ENVIRONMENTAL PROTECTION AND IMPROVEMENT COMPANY, LLC | | | U.S. EPA ID Number NJD988647501 | | | | |
| 7. Transporter 2 Company Name CSX TRANSPORTATION, INC | | | U.S. EPA ID Number FLD006921340 | | | | |
| 8. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. HIGHWAY 17 NORTH, MILE MARKER 163 EMELLE AL 35459 Facility's Phone: (205)652-9721 | | | U.S. EPA ID Number ALD000522464 | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers No. Type | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
| | X | 1. RQ UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTURE, 0, III AL403967 | | | | K | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| 14. Special Handling Instructions and Additional Information I. AL403967 ERG-III OUT OF SERVICE DATE: 09/02/2016 ERI PROVIDER: CHEMTREC (CONTRACT CCN24117) | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Paul Daibes | | | Signature Paul Daibes | | | Month Day Year 09 09 16 | |
| TRANSPORTER INT'L | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| | Transporter 1 Printed/Typed Name L. Scies | | | Signature L. Scies | | | Month Day Year 9 9 16 |
| Transporter 2 Printed/Typed Name Neil Rogers for CSX | | | Signature Neil Rogers | | | Month Day Year 9 12 16 | |
| 18. Discrepancy | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | |
| | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 1. | | 2. | | 3. | | 4. | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | |
| Printed/Typed Name | | | Signature | | | Month Day Year | |
| | | | | | | | |

10

CWMI

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet) | | 21. Generator ID Number NJ0901550149 | 22. Page of 2 | 23. Manifest Tracking Number 003194515 GBF | | |
|---|---|---|------------------------------------|---|-------------------|-----------------|
| 24. Generator's Name NORTH RIVER MEWS ASSOC LLC 860 RIVER ROAD EDGEWATER NJ 07020 | | | | | | |
| 25. Transporter Company Name ALABAMA AND GULF COAST RAILROAD | | | U.S. EPA ID Number ALR000046706 | | | |
| 26. Transporter Company Name ACTION RESOURCES, INC. | | | U.S. EPA ID Number ALR000007237 | | | |
| 27a. HM | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers | | 29. Total Quantity | 30. Unit Wt./Vol. | 31. Waste Codes |
| | | No. | Type | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 32. Special Handling Instructions and Additional Information | | | | | | |
| 33. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 34. Transporter Acknowledgment of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | Signature | | Month | Day Year |
| 35. Discrepancy | | | | | | |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | |

GENERATOR

TRANSPORTER

DESIGNATED FACILITY