37116

ABD 002 0470

MDE 0004222

FREEHOLD CARTAGE, INC.
P.O. BOX 4629, FREEHOLD, NJ 07728
(201) 462-1001
175 BARTOW MUNICIPAL AIRPORT, BARTOW, FL 33830
(813) 533-4599

FCI

WASTE MANIFEST

☐ HAZARDOUS
☒ NON-HAZARDOUS
☐ LIQUID
☒ SOLID

U.S. E.P.A.

US EPA (II) ERRA. VERNON RD. MENLO VILLE N.J. NEW VERNON RD.

US EPA (II) ERRA 910 Washington Ave Fl. Wm NJ 07657

EPA ID NJD054126164

E 73529211

GENERATOR NAME — ADDRESS	PHONE (INCLUDE AREA CODE)	EPA ID NO.
MENLO VILLE Michael P. O'Neill EPA OSC	201-321-6695	N/A

	PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM	NET QUANTITY
1.	ASBESTOS	NA Material Hazard	1	S	30 YDS
2.	Asbestos				
3.					

MANIFEST NO. 83150

LBS.
GALS.

N.J.D.E.P. #
NJSWAS
2265 XP-SdxA

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION SHIPMENT OF A NON-HAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Remove on 30 YD. 8654

24 HOUR CLOCK ONLY
TIME @ GENERATOR
IN 10:00
OUT 10:30

TRACTOR	TRAILER
83	8654

FCI REP LOADING	PROCEDURE	TIME	EQUIPMENT USED
AC Johnson	R/O		N/A

GENERATOR'S CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labelled an are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The wastes described above were consigned to the transported named. The Treatment, Storage or Disposal Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. I certify that the foregoing is true and correct to the best of my knowledge

GENERATOR'S SIGNATURE — ALSO PRINT SIGNATURE	TITLE	DATE SHIPPED
Michael P. O'Neill EPA OSC Michael P. O'Neill	EPA OSC	MO. 11 DAY 15 YR. 90

TSD FACILITY — ALSO SIGN & PRINT REP.	TSD FACILITY EPA ID NO	DATE RECEIVED
G.C.S, PGH ARGVI P.A.		MO. DAY YR.

G.C.S., INC. WASTE MANIFEST

CUSTOMER HAULER

№ 83150

PLEASE TYPE OR PRINT CLEARLY USING A BALLPOINT PEN — PRESS HARD

DOCUMENT NO. G.C.S.

GENERATOR NAME
1. N.S. E.P.A.

GENERATOR ADDRESS — FOR THE SERVICE LOCATION
1. 257 NEW BRUNSWICK RD.
2. MEYERSVILLE N.J.
3.

MAILING ADDRESS
US EPA(II) ERRD-RAB
2890 Woodbridge Ave. Bldg #25/MS-211
Edison, NJ 08837

GENERATOR CONTACT SUPERVISOR — SERVICE LOCATION
1. NAME Michael Neill - EPA OSC TITLE OSC
2. PHONE NUMBER — Area Code (201) - 321-6694
3. DATE SHIPPED FROM SERVICE LOCATION 11/15/90
4. TIME SHIPPED FROM SERVICE LOCATION 10:30 A.M. ✓ P.M.
5. GENERATOR SIGNATURE [signature]

GENERATOR IDENTIFICATION OF WASTE TYPE OR TYPES.
1. ITEM TYPE Asbestos
2. ITEM TYPE
3. ITEM TYPE
4. ITEM TYPE
5. QUANTITY — CUBIC YARDS ✓ TONS OTHER
CHECK ONE (✓)
SHIPPED IN CONTAINER TYPE R/O ID NO. #8654

TRANSPORTER NAME AND ADDRESS
1. F. C. I. TRANSPORT
2. Rt. 33, Freehold N.J.
3.
4.

TRANSPORTER CONTACT SUPERVISOR
1. NAME TIM BIANCHI ET TITLE
2. PHONE NUMBER — Area code (201) - 462-1001
3. DATE OF THE LOAD PICKUP 11/15/90
4. TIME OF THE LOAD PICKUP 10:30 A.M. ✓ P.M.
5. GENERATOR SERVICE LOCATION SAME AS ABOVE
6. DRIVER'S NAME AL JOHNSON
7. DRIVER'S SIGNATURE [signature]

TRANSPORTER DELIVERY SCHEDULE
1. DATE OF THE DELIVERY 11/15/90
2. TIME OF THE DELIVERY A.M. P.M.
3. DRIVER'S NAME AL JOHNSON
4. DRIVER'S SIGNATURE [signature]
5. DELIVERY IN CONTAINER TYPE R/O ID NO. 8654
6. IDENTIFICATION OF WASTE MUST BE THE SAME AS GENERATOR IDENTIFICATION YES ✓ NO

DISPOSAL FACILITY — G.C.S. LANDFILL
1. DELIVERY RECEIVED DATE
2. TIME OF DELIVERY A.M. P.M.
3. G.C.S. SUPERVISOR INSPECTOR NAME
4. INSPECTOR SIGNATURE
5. THE LOAD WAS RECEIVED AS STATED BY THE GENERATOR YES NO
6. REJECTED LOAD — YES NO
IF YES PLEASE REMARK

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. E.P.A. and the Pennsylvania D.E.R. THE WASTE DESCRIBED ABOVE WAS APPROVED FOR DISPOSAL AT G.C.S. LANDFILL. BASED ON THE AGREEMENT BETWEEN BOTH THE GENERATOR AND THE DISPOSAL FACILITY. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the RETURN of the COMPLETE LOAD to the generator's service location, at the generator's expense.

INSTRUCTIONS

GENERATOR'S COPY — Mailed from G.C.S., Inc. after disposal process and with the monthly billing
TRANSPORTER'S COPY — Given to the transporter driver when shipment is inspected and unloaded
DISPOSAL FACILITY — Filed in customer - generator master file.

(1) Disposal Facility Copy *(2) Generator's Copy* *(3) Transporter's Copy*

ABD 002 0471

MDE 0004283

RECND ____

RCRA PROVISIONAL IDENTIFICATION NUMBER LOG SHEET

EPA ID #
NUMBER ISSUED NJ P000793802 DATE ISSUED 11/14/90

NAME OF FACILITY New Vernon Road Site

SITE OF INCIDENT: Street 257 New Vernon Road
City Mayersville State NJ Zip 07933

FACILITY CONTACT (This individual should be the generator not the contractor)
Name Michael P Neill Title RAR-OSC
Telephone (201) 321-6694

MAILING ADDRESS: Facility Name US EPA, Region I - Bldg #209 - MS-211
Street 2890 Woodbridge Ave
City Edison State NJ Zip 08837

DESCRIPTION (Include time & date of incident)
- CERCLA ~~[illegible]~~ Emergency Response activities initiated 9/23/90

Hazardous Wastes & Quantity 30 yd³ of Asbestos & Asbestos contaminated waste.
Clean-up Contractor OH Materials
Transporter & EPA # Freehold Cartage
TSD & EPA # Grand Central
Expected Date of clean-up completion 11/15/90

BEFORE ISSUING PROVISIONAL NUMBER:

(1) Check notifiers lists to see if site already has a number.

(2) Inform generator that the number is good only for thirty (30) days from date issued.

(3) Instruct the generator to return the follow-up questionnaire package to this office within ten (10) days of receipt.

ABD 002 0472

MDE 0004285

Recorded by: _____ _____
Print Name Organization

501

RECND _____

RCRA PROVISIONAL IDENTIFICATION NUMBER LOG SHEET

NUMBER ISSUED NJ P000793802 DATE ISSUED 11/14/90

NAME OF FACILITY New Vernon Road Site

SITE OF INCIDENT: Street 257 New Vernon Road

City Meyersville State NJ Zip 07933

FACILITY CONTACT (This individual should be the generator not the contractor)

Name Michael P. Neill Title RdB-05C

Telephone (201) 321-6694

MAILING ADDRESS: Facility Name US EPA, Region II - Bldg #209 - MS-211

Street 2890 Woodbridge Ave

City Edison State NJ Zip 08837

DESCRIPTION (Include time & date of incident)

- CERCLA ~~[illegible]~~ Emergency Response activities initiated 9/23/90

Hazardous Wastes & Quantity 30 yd³ of Asbestos & Asbestos contaminated waste.

Clean-up Contractor OH Materials.

Transporter & EPA # Freehold Cartage.

TSD & EPA # Grand Central.

Expected Date of clean-up completion 11/15/90

BEFORE ISSUING PROVISIONAL NUMBER:

(1) Check notifiers lists to see if site already has a number.

(2) Inform generator that the number is good only for thirty (30) days from date issued.

(3) Instruct the generator to return the follow-up questionnaire package to this office within ten (10) days of receipt.

ABD 002 0473

MDE 0004287

Recorded by: _____ _____
Print Name Organization