

Project: Spectrum Finishing - Remedial Action
 Contractor: EnviroTrac Environmental Services
 CDM Job No: D-006956 Site No. 1-52-029
 CDM Project Manager: John Blaum

CDM
 100 Crossways Park West
 Woodbury, NY 11797
 Telephone: 516.496.8400
 Fax: 516.496.8864

DAILY REPORT

Day:

S	M	T	W	TH	F	S
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 Date: 20-Mar-09
 REPORT No. 104
 PAGE No. 1

WEATHER	Clear	Partly Cloudy	Overcast	Rain	Snow Flurries
TEMP L/H		34/41			
HUMIDITY	Dry	Moderate	High		
WIND	Calm	Light	Moderate	High	
WIND DIR	N	E	S	W	
	NE	SE	SW	NW	

PREPARED BY: F.Robinson TITLE: Inspector

AVERAGE FIELD FORCE

Name of Contractor	Title	Hours Worked	Remarks
EnviroTrac	Construction Manager	2x8 hrs	J. Szymanski', M.Rose
AARCO	Operator	2x8 hrs	C.Blumberg, B.Wyble
Preferred Environmental Services	Technician	1x8 hrs	D.Kahn
EnviroTrac	Operator	2x8 hrs	B.Byrnes, B.Gimbel
EnviroTrac	Technician	2x8 hrs	R.Maletta, K.Davies

EQUIPMENT AT THE SITE

I = Idle W = Working

20" Storage Container - W	
Case CX130 Excavator - W	
Case 621D Front End Loader - W	
Daewoo 450 skidder - W	
2 Conveyor belt units - W	
Case 590 backhoe - W	

HEALTH AND SAFETY

Name	Time (From - To)	Task/Level of PPE
All workers onsite were in level D-PPE		

CONSTRUCTION ACTIVITIES

Site Representative: Frank Robinson - CDM
Health and Safety Site Officer: N/A
DESCRIPTION OF WORK PERFORMED AND OBSERVED
1-Tailgate H&S meeting performed before the start of the work day. 2-Air monitoring for dust and VOC's (2 stations) were set for the loading of the hazardous waste soil. Monitoring stopped due to snow flurries.
3-EnviroTrac finished backfilling and compacting the south alleyway.
4-AARCO continues to backfill and compact the west alleyway using the conveyor belts to move the material. They almost finished the area from the utility pole west to the west edge of 51 Cabot St.
5-8 truck loads of hazardous waste soil were transported to the disposal facility, Clean Earth by ETGI Trucking.
6-The drums of soil cuttings from the sentinel well installation were co-mingled with the backfill material. The drums of sentinel well development and purge water were dumped into a storm drain at 50 Dale St. 7-Tim Besemer, Town of Babylon chief building inspector was on site for the final demolition inspection. There were no problems with the inspection.



x - Designates report is continued on additional pages

CDM Site Representative: F. Robinson

Project Manager: John Blaum

PHOTOGRAPHIC LOG

Date: 03/20/09

CDM Job No. D-006956

Spectrum Finishing Remedial Action

SITE No. 1-52-029

PHOTO	DATE	TIME	DESCRIPTION
100_00138.jpg	3/20/2009	AM	1st day of spring in Babylon, NY!
100_00139.jpg	3/20/2009	AM	Backfilling and compacting south alleyway
100_00140.jpg	3/20/2009	AM	Backfilling and compacting west alleyway west of utility pole
100_00141.jpg	3/20/2009	AM	Finished backfilling and compacting the south alleyway
100_00142.jpg	3/20/2009	PM	End of day for backfilling and compaction of west alleyway west of utility

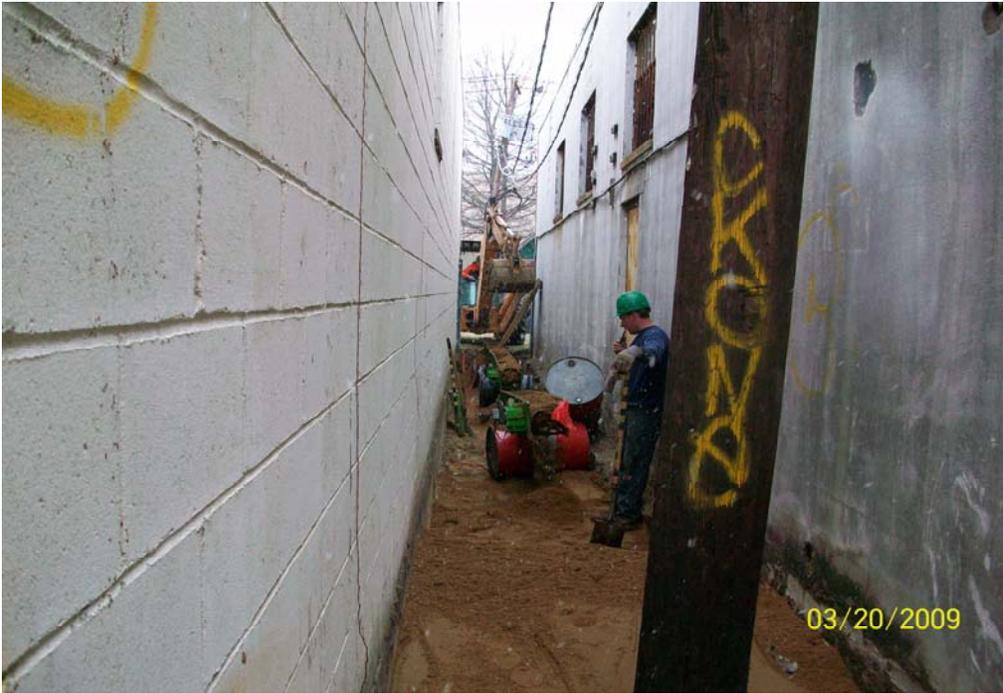
PHOTOS 3/20/09



100_00138.jpg - 1st day of spring in Babylon, NY!



100_00139.jpg - Backfilling and compacting south alleyway.



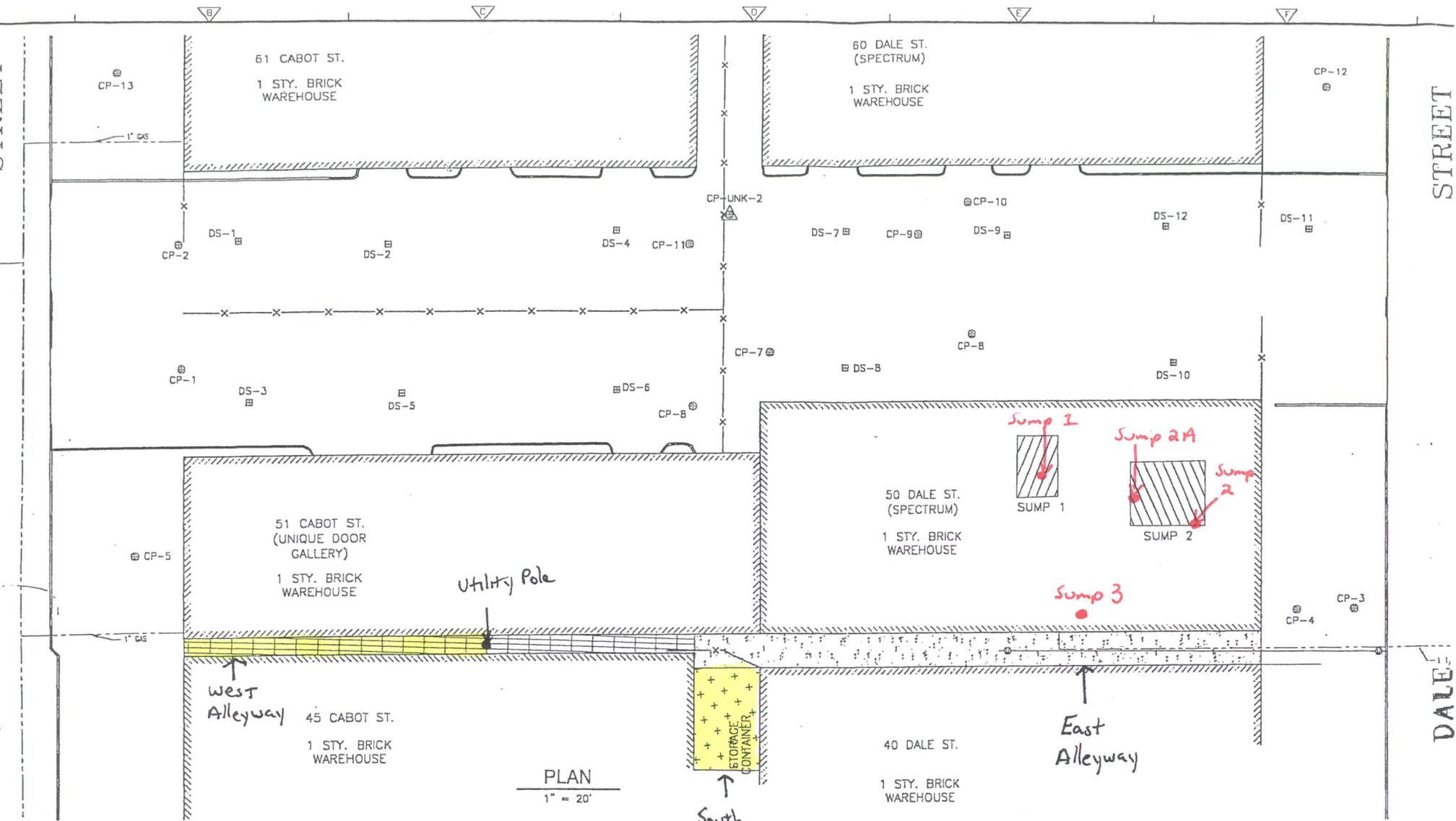
100_00140.jpg - Backfilling and compacting west alleyway west of utility pole.



100_0041.jpg - Finished backfilling and compacting the south alleyway



100_0042.jpg - End of day for backfilling and compacting west alleyway west of utility pole.



3/20/09

Work Areas

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD044466910	2. Page 1 of 1	3. Emergency Response Phone 631-586-5900		4. Manifest Tracking Number 001174226 JJK				
		5. Generator's Name and Mailing Address MSPEC 625 Broadway, 112th Floor Albany, NY 12233 Generator's Phone: 518-402-9625		Generator's Site Address (if different than mailing address) MSPEC 50 DICK STREET W. Babylon, NY 11704						
6. Transporter 1 Company Name Environmental Transport Group Inc.					U.S. EPA ID Number NJ000069206 I					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address CLON EARTH OF NORTH CAROLINA, INC. 115 JARVIS AVENUE SOUTH KENNESAW, NJ 07042 Facility's Phone: 773-344-4004					U.S. EPA ID Number NJD 991291105					
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	
		1. DQ Hazardous Waste Solid NOS (cadmium) 9 NA3077 PG III			No.	Type			0006	
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information										
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 Frank Robinson					Signature FRANK ROBINSON			Month	Day	Year
								3	20	09
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 ALISSA					Signature ALISSA			Month	Day	Year
								3	20	09
Transporter 2 Printed/Typed Name					Signature			Month	Day	Year
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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>NJ00044466910</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>631-586-5700</i>		4. Manifest Tracking Number 001174228 JJK			
		5. Generator's Name and Mailing Address <i>MSPDC 625 Broadway / 1121st floor Hempstead, NY 11547</i>		Generator's Site Address (if different than mailing address) <i>MSPDC 3rd Delta Street West Babylon, NY 11704</i>					
6. Transporter 1 Company Name <i>Environmental Transport Group Inc</i>		U.S. EPA ID Number <i>NJ0000692063</i>		7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address <i>1100 East 16th St North Jersey Inc 1100 East 16th St North Jersey, NJ 07032</i>		Facility's Phone: <i>973-344-4004</i>		U.S. EPA ID Number <i>NJ0991291105</i>					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) <i>1. 20 hazardous waste sand MSPDC (admision) 1 NA 3077 P-01</i>		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
				No.	Type				
			<i>1</i>	<i>Di</i>	<i>25</i>	<i>Y</i>	<i>D006</i>		
14. Special Handling Instructions and Additional Information									
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 <i>Frank Robinson</i>				Signature <i>Frank Robinson (MSPDC)</i>		Month <i>3</i>	Day <i>20</i>	Year <i>09</i>	
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>Environmental Transport Group Inc</i>				Signature <i>(AL4935)</i>		Month <i>3</i>	Day <i>20</i>	Year <i>09</i>	
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year	
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	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>NYD 044466910</i>		2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>631-586 5100</i>		4. Manifest Tracking Number <i>001174225 JJK</i>				
		5. Generator's Name and Mailing Address <i>NYSDOT 300 State Street Albany, NY 12233</i>				Generator's Site Address (if different than mailing address) <i>NYSDOT 300 State Street West Albany, NY 11704</i>					
Generator's Phone: <i>518 402 7623</i>		6. Transporter 1 Company Name <i>Continental Transport Co. Inc.</i>			U.S. EPA ID Number <i>NYD 800692061</i>						
		7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address <i>North Jersey Clark Center 400 Somerset Ave Somerset, NJ 07032</i>		U.S. EPA ID Number <i>NYD 1712 1105</i>									
Facility's Phone: <i>732 544 4004</i>											
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		
					No.	Type					
		1.	<i>POC (white) powder with white (red) label 9 NA3077 06 III</i>			<i>1</i>	<i>DI</i>	<i>25</i>	<i>Y</i>	<i>0006</i>	
		2.									
		3.									
	4.										
14. Special Handling Instructions and Additional Information											
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Generator's/Offeror's Printed/Typed Name <i>Fred A. ...</i>					Signature <i>Fred A. ...</i>			Month <i>3</i>	Day <i>20</i>	Year <i>07</i>	
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 <i>(AL740Z)</i>					Signature			Month <i>3</i>	Day <i>20</i>	Year <i>07</i>
Transporter 2 Printed/Typed Name					Signature			Month	Day	Year	
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	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>NYD044466910</i>		2. Page 1 of <i>1</i>		3. Emergency Response Phone <i>631-586-5900</i>		4. Manifest Tracking Number <i>001174231 JJK</i>		
		5. Generator's Name and Mailing Address <i>NYSD&C 625 Broadway 11A Floor Albany, NY 12233 Generator's Phone: 518-402-9625</i>				Generator's Site Address (if different than mailing address) <i>NYSD&C 50 Park Street West Babylon, NY 11704</i>				
6. Transporter 1 Company Name <i>Environmental Transport Corp Inc</i>						U.S. EPA ID Number <i>N3D000692067</i>				
7. Transporter 2 Company Name						U.S. EPA ID Number				
8. Designated Facility Name and Site Address <i>Clear Earth of North Jersey, Inc. 113 Jacobus Avenue South Plainfield, NJ 07082 Facility's Phone: 973-344-4004</i>						U.S. EPA ID Number <i>N3D991291105</i>				
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	
		1. <i>RD Hazardous waste solid (Cadmium) 9 NA3077 PK ITT</i>			No.	Type			<i>0006</i>	
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information										
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Generator's/Offeror's Printed/Typed Name <i>Frank Robinson</i>					Signature <i>F. Robinson</i>			Month <i>5</i>	Day <i>20</i>	Year <i>09</i>
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>Frank Robinson</i>					Signature <i>(W. Robinson)</i>			Month <i>3</i>	Day <i>20</i>	Year <i>09</i>
Transporter 2 Printed/Typed Name					Signature			Month	Day	Year
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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>NYD0044466110</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>631-586-5900</i>	4. Manifest Tracking Number <i>001174227 JJK</i>			
5. Generator's Name and Mailing Address <i>MSOEC 625 Broadway 112nd Floor Albany, NY 12233 Generator's Phone: <i>518-402-7625</i></i>				Generator's Site Address (if different than mailing address) <i>MSOEC 50 Park Street West Babylon, NY 11704</i>				
6. Transporter 1 Company Name <i>Environmental Transport Group Inc.</i>					U.S. EPA ID Number <i>MSD000692061</i>			
7. Transporter 2 Company Name					U.S. EPA ID Number			
8. Designated Facility Name and Site Address <i>Clara Earth of North Jersey Inc 115 Jacobus Avenue South Plainfield, NJ 07032 Facility's Phone: <i>973-344-4004</i></i>					U.S. EPA ID Number <i>MSD991291105</i>			
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					
	<i>1. RD Hazardous Waste Solid Misc (Calcium) 7 NA3077 PE III</i>	<i>1</i>	<i>DT</i>	<i>25</i>	<i>Y</i>	<i>D006</i>		
	<i>2.</i>							
	<i>3.</i>							
	<i>4.</i>							
14. Special Handling Instructions and Additional Information								
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Generator's/Offoror's Printed/Typed Name <i>Frank Robinson</i>				Signature <i>[Signature]</i>		Month <i>3</i>	Day <i>20</i>	Year <i>01</i>
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 Smith</i>				Signature <i>[Signature]</i>		Month <i>3</i>	Day <i>20</i>	Year <i>01</i>
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
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		1. Generator ID Number <i>NJD044466710</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>631 586-5700</i>	4. Manifest Tracking Number <i>001174229 JJK</i>			
5. Generator's Name and Mailing Address <i>NYSDOC 225 Broadway/12th Floor Albany, NY 12233</i>				Generator's Site Address (if different than mailing address) <i>NYSDOC 50 Park Street West Babylon, NY 11704</i>				
Generator's Phone: <i>518-402-9635</i>				U.S. EPA ID Number <i>NJD000692061</i>				
6. Transporter 1 Company Name <i>Environmental Transport Group Inc.</i>				U.S. EPA ID Number				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address <i>Clean Earth of North Jersey LLC 113 Fairbush Avenue 2174 Kennedy, NJ 07032</i>				U.S. EPA ID Number <i>NJD991291105</i>				
Facility's Phone: <i>973-744-4004</i>								
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					
1.	<i>20 Hazardous Waste Solid Non (Admin) 9 NA 3077 P6 III</i>	<i>1</i>	<i>OT</i>	<i>25</i>	<i>Y</i>	<i>D006</i>		
2.								
3.								
4.								
14. Special Handling Instructions and Additional Information								
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Generator's/Offeror's Printed/Typed Name <i>Frank...</i>				Signature <i>[Signature]</i>		Month <i>3</i>	Day <i>20</i>	Year <i>09</i>
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>[Name]</i>				Signature <i>[Signature]</i>		Month <i>3</i>	Day <i>20</i>	Year <i>09</i>
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>NY0041466710</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>631-586-5900</i>	4. Manifest Tracking Number <i>001174232 JJK</i>			
5. Generator's Name and Mailing Address <i>NYSDEC 625 Broadway 11th Floor Albany, NY 12233</i>				Generator's Site Address (if different than mailing address) <i>NYSDEC 50 Duke St. West Coxsack, NY 11704</i>				
Generator's Phone: <i>518-462-7625</i>								
6. Transporter 1 Company Name <i>Environmental Transport Group Inc.</i>				U.S. EPA ID Number <i>MSD000693267</i>				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address <i>Green Earth of North Jersey Inc. 115 Jacobus Avenue South Plainfield, NJ 07032</i>				U.S. EPA ID Number <i>MSD991291105</i>				
Facility's Phone: <i>973-344-4004</i>								
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					
	1. <i>RQ Hazardous Waste Solid NOS (cadmium) 7 NA 3077 PG III</i>	<i>1</i>	<i>DI</i>	<i>25</i>	<i>Y</i>	<i>0006</i>		
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information								
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 <i>Frank ...</i>				Signature <i>Frank ...</i>		Month <i>5</i>	Day <i>20</i>	Year <i>01</i>
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				Signature <i>(MSAL7402)</i>		Month <i>3</i>	Day <i>20</i>	Year <i>01</i>
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>NYD044466710</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>631-586-5700</i>	4. Manifest Tracking Number 001174230 JJK			
5. Generator's Name and Mailing Address <i>NYSDEC 625 Broadway / 12th Floor Albany, NY 12233</i>		Generator's Site Address (if different than mailing address) <i>NYSDEC 50 Dale Street West Babylon, NY 11704</i>						
6. Transporter 1 Company Name <i>Environmental Transport Group Inc</i>		U.S. EPA ID Number <i>NJ0000672067</i>						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address <i>Chlor Gas Inc of North Jersey 115 Ingham Avenue South Jersey, NJ 07032</i>		U.S. EPA ID Number <i>NJD991291105</i>						
Facility's Phone: <i>773-344-7004</i>								
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					
	1. <i>RU Hazardous waste solid A05 (Cadmium) 7 NA 3077 P&III</i>	<i>1</i>	<i>DT</i>	<i>25</i>	<i>Y</i>	<i>0006</i>		
	2.							
	3.							
	4.							
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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 <i>Frank...</i>				Signature <i>[Signature]</i>		Month <i>3</i>	Day <i>20</i>	Year <i>09</i>
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>[Name]</i>				Signature <i>[Signature]</i>		Month <i>3</i>	Day <i>20</i>	Year <i>09</i>
Transporter 2 Printed/Typed Name <i>[Name]</i>				Signature <i>[Signature]</i>		Month <i>3</i>	Day <i>20</i>	Year <i>09</i>
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

TOWN OF BABYLON — INSPECTION REQUEST

200 East Sunrise Highway, Lindenhurst, NY 11757-2598

Residential: (631) 957-3058/7464 Commercial: (631) 957-3108/3065 Plumbing: (631) 957-7423/3021

Comm

Date of Inspection: Fri 3/20/09 Type: BUILDING PLUMBING

SCTM Number: 74-2-11

Property Address: 50 Dale St.

Appl. No./Building Permit No./Plumbing Permit No.: 2009-49

Contact Person: al Valerio Phone: 516-551-6181

Inspection Type:

- Pre-Site
 Excavation
 Rough Encl
 Final
 Plumbing - U/G
 Plumbing - Final
 Interior
 Foundation
 Insulation
 On-Site
 Plumbing - Rough
 Mercury Test

Inspector's Report: _____

FINAL OK (TB)
Both # 2009-0049

Inspector's Signature _____ Date 0050

- Check, if applicable
 No Entry
 Previously cited items not corrected
 Re-Inspection Fee Required
\$50 - residential, \$100 - all others