



Your recycling solution.

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Bayshore Recycling Corp * PWTR/CFM Application Form

BRC Customer: _____

Customer Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Tel: _____ Fax: _____

Email Address: _____

Generator Information

Generator/Owner Name: _____ Generator Tel: _____

Agent / Contact: _____ Contact Tel: _____

Generator Address: _____ City: _____ State: _____ Zip: _____

Physical Location of Source

Generator Facility Name: _____ Tel: _____

Generator Facility Address: _____ City: _____ State: _____ Zip: _____

Material Description: (check one)

___ Potable Water Treatment Residuals ___ Carbon Filtration Media ___ Other, Explain _____

Describe Operation /Process Generating Material: _____

Are there any known or suspected releases or other contaminants which would impact the source water? NO ___ YES ___

If YES, Specify _____

Approximate Tonnage Subject to this Application: _____

Number of Representative Samples Collected: _____ Composite: _____ Discrete: _____

Description of Analytical Test Results provided, along with sampling frequency: _____

Is the material known or suspected to originate from an area where naturally occurring radionuclide material (NORM) is found? NO ___ YES ___ If YES, attach supporting analytical /additional information.

As an authorized representative of the generator of the above described material, or authorized representative of the facility operator/contractor designated by the owner of the material subject to this application, I hereby certify and warrant that, to the best of my knowledge and certainty, the information provided herein is true and accurately represents all material intended for shipment to Bayshore Recycling Corp (BRC). I further certify that the samples obtained and provided as part of this application were collected in accordance with NJDEP Technical Regulations N.J.A.C. 7:26E-2, and that sampling collection has been performed in accordance with the NJDEP Field Sampling Procedures Manual. I further certify that every load of material provided for shipment to BRC from the above identified source meets the New Jersey Residential Direct Contact Soil Remediation Standards (2008). At any time after delivery, should the material be found to be non-conforming to the information certified in this application, it becomes the sole responsibility of the generator/agent to remove the material within five (5) days of notification, at the sole expense of the generator/agent.

Signature: _____ Date: _____

Typed/Printed Name: _____ Company: _____

Check One: Owner ___ Generator ___ Contractor ___ Consultant ___ Other (explain) _____

Acceptance of this material is based on review and approval of this profile, required analytical results and soil physical inspection.