110077
ORIGINAL
(RED)

BRENNER TOOL & DIE, INC.
921 CEDAR AVENUE
CROYDON, PA 19020

(215) 785-5241 - FAX #(215) 788-4485

July 28, 1988

Jack Kelly
PA CERCLA Remedial Enforcement Section (3HW12)
US Environmental Protection Agency
841 Chestnut Building
Phila., Penna. 19107

Dear Jack;

This correspondence is in reply to your letter of July 21, 1988 about hazardous substances at Brenner Tool & Die. Brenner Tool & Die does not use trichloroethylene but we do have in small quanities 1,1,1 trichloroethane which we use to clean some parts. There is a part of the above solvent that evaporates and we then dispose of the rest in a 5000 gallon tank which is drained by Petroleum Recycling. Also drained from the tank are cutting oils which we use. The above mentioned solvent is the only substance on your list that we use. Brenner Tool & Die does not release any hazardous substances into the environment. Brenner Tool & Die knows of no local Croydon company who has dumped any hazardous substances into the environment. Brenner Tool & Die moved into their locations on Cedar Avenue in the winter of 1978. Brenner Tool & Die has no insurance to my knowledge covering hazardous substances.

Sincerely,

John Schillack

HW-CO1 REV. 3/89

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

ORIGINAL (RED)

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

Form Approved. OMB No. 2050-0039. Expires 3-31-92

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. N J D 9 5 3 2 1 0 2 5 6 — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: Various Generators
4. Generator's Phone: 609 / 381-2294
5. Transporter 1 Company Name: Applied Petroleum Corp Inc — 6. US EPA ID Number: N J D 9 8 2 2 1 1 2 5 3
7. Transporter 2 Company Name — 8. US EPA ID Number
9. Designated Facility Name and Site Address: Petroleum Recycling Inc. PO Box 275 Delco Blvd. Clayton, NJ 08312 — 10. US EPA ID Number: N J D 9 8 1 1 3 1 1 5 0

A. State Manifest Document Number: NJA 0401722
B. State Generator's ID: Same
C. State Trans. ID: AH0173 NJDEP507558
D. Transporter's Phone: 609/ 381-2294
E. State Trans. ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone: 609/ 381-7410

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

		12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a.	Waste Combustible Liquid NOS (Oil & Water) (X722) Combustible Liquid NA 1993 ~~X721~~	0 0 1	T	X5000	G	X722 ~~X721~~
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above: T, L

K. Handling Codes for Wastes Listed Above: a. S02, T04 Filtration Distillation; b. ; c. ; d.

15. Special Handling Instructions and Additional Information: Not a RCRA Hazardous Waste — Waste Oil And Water — New Jersey Special Waste — P.O. 28964

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X — Signature: Loretta Marshall — Month Day Year: 04 20 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jim Gelaron — Signature: Jim Gelaron — Month Day Year: 04 20 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name — Signature — Month Day Year

AR200086

NJA0401722

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

6 — GENERATOR MAIL TO - TSD'S STATE

In case of an emergency or spill immediately call the state line emergency occurred in at: Dept. of Environmental Protection (609) 292-9560 (day) (609) 292-7172 (Night)

GENERAL INFORMATION

The Hazardous Waste manifest is designed to track waste from the point of generation to final disposal (cradle to grave.) In order to accomplish this goal, it is essential that all items on the manifest be completed correctly. Incomplete, incorrect or illegible manifests are violations of the law, and could make you subject to civil or criminal liabilities as specified in the New Jersey Hazardous Waste Regulations.

INSTRUCTIONS — IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING

State & Federal regulations require Generators, Transporters, and Treatment, Storage & Disposal Facilities (TSDFs) to use this form & if necessary the continuation sheet for both inter- and intrastate shipments. Continuation sheets may be purchased commercially and photocopied to provide copies as described below.

The New Jersey manifest contains 8 copies. ALL COPIES MUST BE LEGIBLE. This form is designed for use on a 12 pitch (elite) typewriter; a firm ball point pen may also be used only if you press down HARD. The 8 copies must be filed with the appropriate party as they are completed. COPY DISTRIBUTION is as follows:

ORIGINAL: **DESTINATION STATE** — TSDF must mail original to the state where the facility is located.

COPY 2: **GENERATOR STATE** — The TSDF mails this copy back to the state where the waste was generated.

COPY 3: **GENERATOR COPY** — The TSDF mails this copy back to the generator of the waste.

COPY 4: **TSDF COPY** — TSDF keeps this copy for his records.

COPY 5: **TRANSPORTER COPY** — The transporter keeps this copy for his records.

NOTE: If a *continuing transporter* is used, the generator is responsible for supplying him with a legible photocopy, which must contain required signatures.

COPY 6: **DESTINATION STATE** — The generator mails this copy to the state where the designated facility (TSDF) is located.

COPY 7: **GENERATOR STATE** — The generator mails this copy to the state where the waste was generated.

COPY 8: **GENERATOR COPY** — The generator keeps this copy for his records.

ALL 8 COPIES MUST BE LEGIBLE.

MANIFEST FORM ACQUISITION

1. If the destination (consignment) state supplies a manifest & requires its use, then the generator is obligated to obtain the manifest from that state.
2. If the destination state does not supply the manifest, but the generator state does, then the generator is obligated to obtain the manifest form from the generator state.
3. If forms are unavailable from either state, the generator may obtain a manifest from any source.

GENERATOR SECTION

Item 1: GENERATOR'S US EPA ID NO. — MANIFEST DOCUMENT NO. — Enter the generator's 12 digit EPA identification number. The manifest document number is a unique 5-digit number the generator assigns to each manifest. Use of serially increasing numbers (e.g. 00001, 00002, etc.) is recommended.

Item 2: PAGE 1 Of____. Enter the total number of pages used to complete this manifest; i.e. the first page plus the number of continuation sheets, if any.

Item 3: GENERATOR'S NAME & MAILING ADDRESS - Enter the name (as notified to EPA) & mailing address of the generator. The address should be the location that will manage the returned manifest forms.

Item 4: GENERATOR'S PHONE NUMBER — Enter a telephone number with area code where an authorized agent of the generator can be reached in an emergency.

Item 5: TRANSPORTER 1 COMPANY NAME — Enter the company name (as notified to EPA) of the first transporter who will transport the waste.

Item 6: US EPA ID NUMBER — Enter the US EPA 12-digit identification number of the first transporter identified in item 5.

Item 7: TRANSPORTER 2 COMPANY NAME — If applicable, enter the company name (as notified to EPA) of the second transporter who will transport the waste. If more than two (2) transporters will be used, use a continuation sheet and list the transporters in the order they will be transporting the waste.

Item 8: US EPA ID NUMBER — If applicable, enter the US EPA 12-digit identification number of the second transporter identified in item 7.

Item 9: DESIGNATED FACILITY NAME & SITE ADDRESS — Enter the company name and site address of the treatment, storage, or disposal facility (TSDF) designated to receive the waste listed on this manifest. The address must be the site address, which may differ from the mailing address.

Item 10: US EPA ID NUMBER — Enter the 12-digit US EPA identification number of the designated TSDF listed in item 9.

Item 11: US DOT DESCRIPTION — All of the following must be entered: the correct USDOT (Dept. of Transportation) name for the waste identified, the assigned DOT Hazard Class and the UN/NA ID number (e.g. waste sulfuric acid, spent, corrosive material, UN1832 RQ: The word "waste" must appear as part of the DOT name. If more than 4 wastes are being shipped, a second manifest or continuation sheets should be used. Enter an X in the HM box if the waste is a hazardous material regulated by U.S. DOT (See 49 CFR 172.201).

Item 12: CONTAINERS (NO. & TYPE) — Enter the number of containers for each waste and the appropriate abbreviations from Table I (below) for the type of container used:

TABLE I
CONTAINER TYPES

DM - Metal drums, barrels, kegs
DW - Wooden drums, barrels, kegs
DF - Fiberboard or plastic drums, barrels, kegs
TP - Tanks portable
TT - Cargo tanks (tank trucks)
TC - Tank cars
DT - Dump truck
CY - Cylinders
CM - Metal boxes, cartons, cases (including roll-offs)
CW - Wooden boxes, cartons, cases
CF - Fiber or plastic boxes, cartons, cases
BA - Burlap, cloth, paper/plastic bags

Item 13: TOTAL QUANTITY — Enter the total quantity of waste described on each line.

DO NOT USE FRACTIONS

Item 14: UNIT (Wt./Vol.) — Enter the appropriate abbreviation from Table II (below) for the unit of measure used in determining the total quantity of waste described on each line.

TABLE II
UNITS OF MEASURE

G-Gallons (liquids only)
P-Pounds
T-Tons (2000 lbs.)
Y-Cubic yards
L-Liters (liquids only)
K-Kilograms
M-Metric Tons (1000 kg)
N-Cubic Meters

Item 15: SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION — Use this space to indicate special transportation, treatment, storage, disposal, or Bill of Lading information. If an alternate facility is designated, note it here. For INTERNATIONAL SHIPMENTS, generators must enter the point of departure (city & state) in this space. This space may also be used for emergency response telephone numbers, and any other information the generator wishes to include about the shipment.

Item 16: GENERATOR'S CERTIFICATION — The Generator must read, sign (by hand), and date the certification (date of receipt by transporter). If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, air) inserted in the space. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g. "and rail") in the space.

Item A: STATE MANIFEST DOCUMENT NUMBER — Number preprinted by New Jersey except on the continuation sheets. Enter this number on each continuation sheet attached to a manifest.

Item B: STATE GEN ID — The State Generator ID is the street address of the waste generation site. If the mailing address and the site address are the same, enter "same".

Item C: STATE TRAN #1 ID — Enter the New Jersey State permit number of the waste carrying portion of the vehicle being used to make the pick-up.

Item D: TRANSPORTER PHONE — Enter a telephone number with area code where an authorized agent of the transporter can be reached.

Item E: STATE TRAN #2 ID — If applicable, enter the New Jersey State permit number of the waste carrying portion of the second vehicle.

Item F: TRANSPORTER PHONE — If applicable, enter a telephone number with area code where an authorized agent of the second transporter may be reached.

Item G: STATE FACILITY'S ID — No entry is required by N.J.

Item H: FACILITY PHONE — Enter a telephone number with area code of the TSDF designated to receive the waste listed on the manifest.

Item I: WASTE NO. — Enter the 4-digit EPA hazardous waste number as it appears in N.J.A.C. 7:26-8.13, 8.14, and 8.15. If a STATE REGULATED waste stream is being manifested, enter the destination state's waste code.

Item J: ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED ABOVE — Enter description of analysis for any waste which does not have a USDOT shipping name or has an N.O.S. designation. Enter constituent percentages, chemical names, physical states (S=Solid, L=Liquid, G=Gas, Sl=Sludge), EPA Hazard Codes (I=Ignitable, C=Corrosive, R=Reactive, E=EP Toxicity, H=Acute Hazardous, T=Toxic). For State regulated waste, enter the generator state waste code if different from destination state waste code.

TRANSPORTER SECTION

It is a violation by the transporter if he accepts hazardous waste from a generator who fails to complete the manifest (NJAC 7:26-7.4 (g)2) and/or fails to obtain the date and handwritten signature of the next hauler or owner/operator of the TSD facility on the manifest (NJAC 7:26-7.5(d)6i)

Item 17: TRANSPORTER 1 ACKNOWLEDGEMENT — Print or type the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

Item 18: TRANSPORTER 2 ACKNOWLEDGEMENT — If applicable, follow instructions for item 17 for the second transporter.

NOTE: ALL HAZARDOUS WASTE TRANSPORTERS OPERATING IN NEW JERSEY MUST HAVE A VALID NEW JERSEY HAZARDOUS WASTE TRANSPORTER'S PERMIT.

DESIGNATED FACILITY (TSDF) SECTION

Item 19: DISCREPANCY INDICATION SPACE — The authorized representative of the designated facility must note in this space any significant discrepancy between the waste described on the manifest and the waste actually received at the facility. Any rejected materials should be listed here, along with an explanation of the disposition of the rejected wastes.

Item 20: FACILITY OWNER/OPERATOR CERTIFICATION — Print or type the name of the person accepting the waste on behalf of the owner/operator of the designated TSDF. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

Item K: HANDLING CODES — TSDF SHOULD COMPLETE — Enter the ultimate handling method utilized at the designated facility for each waste. Only the following process codes may be used: Storage=S01 (container); S02 (Tank); S04 (Surface impoundment); S05 (Other-specify); Treatment=T01 (Tank); T02 (Surface impoundment); T03 (Incinerator); T04 (Other-specify); Disposal=D79 (Injection Well); D80 (Landfill); D81 (Land Application); D82 (Ocean Disposal); D83 (Surface Impoundment); D84 (Other-specify).

* NOTE: For interstate shipments you may be required to comply with the manifesting requirements of both the receiving and generator states regarding the completion of specific information included in lettered items A-K. Please check with both generator and disposer states for specific requirements. New Jersey requires that all information be filled in except for item G.

AR200086a

acord CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

PRODUCER

SAMUEL P. MARTIN INSURANCE, INC.
500 Jessup Road
West Deptford, N.J. 08066

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

ORIGINAL (RED)

COMPANY LETTER A	Reliance Ins. Co.
COMPANY LETTER B	Harleysville Ins. Co.
COMPANY LETTER C	Insurance Co. of North America
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Petroleum Recycling, Inc.
Cenco Boulevard
Clayton, N.J. 08312

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY X COMPREHENSIVE FORM PREMISES/OPERATIONS X UNDERGROUND EXPLOSION & COLLAPSE HAZARD X PRODUCTS/COMPLETED OPERATIONS X CONTRACTUAL X INDEPENDENT CONTRACTORS X BROAD FORM PROPERTY DAMAGE X PERSONAL INJURY	EI 0502157	8-13-87	8-13-88	BODILY INJURY	$	$
					PROPERTY DAMAGE	$	$
					BI & PD COMBINED	$ 1,000.	$ 1,000.
					PERSONAL INJURY		$1,0
B	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS (PRIV. PASS.) X ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) X HIRED AUTOS X NON OWNED AUTOS GARAGE LIABILITY	BA 3A 6888	1/27/87	1/1/88	BODILY INJURY (PER PERSON)	$	
					BODILY INJURY (PER ACCIDENT)	$	
					PROPERTY DAMAGE	$	
					BI & PD COMBINED	$5,000.	
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				BI & PD COMBINED	$	$
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 3A6888	1/1/87	1/1/88	STATUTORY		
					$	(EACH ACCIDENT)	
					$100.	(DISEASE-POLICY LIMIT)	
					$500. 100.	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T[illegible] PIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVO[illegible] MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Samuel P. Martin

AR250087

© IIR/ACORD CORPORATION 1984

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ORIGINAL (RED)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → NJD981133150

PETROLEUM RECYCLING INC
PO BOX 345
CLAYTON NJ 08312

INSTALLATION ADDRESS → CENCO BLVD
CLAYTON NJ 08312

EPA Form 8700-12A (4-80)

AR200088

Petroleum Recycling, Inc.
Cenco Blvd./PO Box 275
Clayton, NJ 08312
(609) 881-8080

ORIGINAL (RED)

P.R. Petroleum Recycling

This is to inform you that Petroleum Recycling, Inc. is a fully permitted treatment, storage and disposal facility that accepts waste oils D001, X721 through X728 as classified by the New Jersey Department of Environmental Protection. Our facility EPA identification number is NJD981133150, our state permit number is D801B.

Licensed haulers that will be transporting you material will be:

Waste Conversion:	PAD08560592 AH0139 NJDEPS06209
ABC Tank:	NJD980526453 NJDEPS8159 PAHJTP1665
ARSI:	NJD038590725 AH0175 NJDEP07558