

Material Solution Services, Inc.

21 East 10th Street
Northampton, PA 18067

Fill Source Application

Facility: Coplay Quarry (5101 Beekmantown Rd., Whitehall, PA 18052)

Capital Development (1 Capital Blvd., East Bangor, PA 18013)

Project Information:

1. Owner/Generator Information

Name:

Company:

Address:

Phone Number:

Email address:

2. Broker/Customer Information

Contact Name:

Company:

Address:

Phone Number:

Email Address:

3. Property/Project Site of Origin

Site Name:

Site Owner:

Site Address:

4. Define the volume of fill subject of this application (Please specify cubic yards or tons):

5. Anticipated project dates: Start Date

End Date

6. Material Description (Please be as detailed as possible and check all that apply to the generating site):

Industrial / Commercial

Underground Tanks

Act 2 / Superfund

Known Release / Spill

7. Site History (Describe current and historical land uses of the source location and the reason for on-site excavations of the material subject of this application):

9. List any regulatory (environmental) involvement in the project:

10. Indicate all items submitted for reference with this application:

Certification

I certify under penalty of law that I am the owner/generator of the fill material referenced within this application and that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining it, I believe that the information is true, accurate, and complete. Further, I have reviewed the permit provided by Valley Industrial Properties, LLC. issued by the Pennsylvania Department of Environmental Protection and understand its obligations and requirements. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. I understand that, in addition to criminal penalties, I may be liable for a civil administrative penalty pursuant to applicable law and that submitting false, inaccurate, or incomplete information may be grounds for denial, revocation, or termination of any solid waste permit, license, or operating authority for which I may be seeking approval or now hold.

Name of Fill Source Owner/Generator:

Signature of Fill Source Owner/Generator:

Date of Signature:

Material Solution Services
(610) 440-2301

Coplay Quarry Reclamation Project
5101 Beekmantown Rd
Whitehall, PA 18052

Capital Development
1 Capital Blvd.
East Bangor, PA 18013

Material Profile Sheet

MANIFEST & GENERATOR INFORMATION:

Company Name _____

Street Address _____

City: _____, County _____, State _____ Zip Code _____

GENERAL CONTRACTOR

Company Name _____

Street Address _____

City: _____, County _____, State _____ Zip Code _____

Contact Name and Number: _____ (____) _____

PROJECT & SITE INFORMATION:

Property Owner: _____

Street Address _____

(where the material was **generated**)

City: _____, County _____, State _____ Zip Code _____

PROJECT INFORMATION:

Brief Site History

Has a Phase I or II been completed? Yes No If yes, please attach a copy.

Sampling Plan? Yes No If yes, please attach a copy.

Submittal Certification:

I certify that I have examined and am familiar with the information submitted in this form and all submitted documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information; I believe that the submitted information is true, accurate, and complete. I, the undersigned being duly authorized by my company certify that the material we are deposing is not a characteristic hazardous waste as defined in 40 CFR, Sections 261.20 to 261.24 and/or is not a listed hazardous waste as defined in 40 CFR, Sections 261.30 to 261.34. I also certify the project does not contain PCB's that would render it toxic as defined under the Toxic Substance Control Act (TSCA) 15 U.S.C. 2601 et seq. of 1976 or 40 CFR 761. Furthermore, I certify this material has never been contaminated with per- or polyfluoroalkyl substances (PFAS). I am aware that omission of information or submission of false information could subject me and my company to both civil and criminal penalties. I hereby certify, to the best of my knowledge, that the above referenced analytical samples represent the material for disposition and material is non-hazardous.

(Signature)

(Date)

(Print Name)

(Company Name)

Material Solution Services
(610) 440-2301

Coplay Quarry Reclamation Project
5101 Beekmantown Rd
Whitehall, PA 18052

Capital Development
1 Capital Blvd.
East Bangor, PA 18013

Generator Certification Form

Property Owner: _____

Project Name: _____

Project Location: _____

**Generator's or
General Contractor's
Certification**

I, the undersigned being duly authorized by my company certify that the material we are disposing is not a characteristic hazardous waste as defined in 40 CFR, Sections 261.20 to 261.24 and/or is not a listed hazardous waste as defined in 40 CFR, Sections 261.30 to 261.34. I also certify the project does not contain PCB's that would render it toxic as defined under the Toxic Substance Control Act (TSCA) 15 U.S.C. 2601 et seq. of 1976 or 40 CFR 761. I further certify this material has never been contaminated with per- or polyfluoroalkyl substances (PFAS). Furthermore, based on generator's/GC's knowledge of the project, the documentation, which may or may not include analytical, Phase I or II, and Site Investigations, is to be a true representation of the material presented for disposal. I, or a representative, has provided all relevant environmental documents to Material Solution Services, Inc. for review. I am aware that omission of information or submission of false information could subject me and my company to both civil and criminal penalties.

Company: _____

Signature: _____

Print Name: _____

Date: _____



FORM FP-001 - CERTIFICATION OF CLEAN FILL

Prior to completing this form and signing this certification, please review the entire Management of Fill policy (#258-2182-773), including the certification requirements. Please note that historic fill, as defined in the Management of Fill policy, may meet the definition of clean fill if the material is limited to uncontaminated soil, rock, stone, dredged material, used asphalt, and brick, block or concrete from construction and demolition activities that is separate from other waste and recognizable as such.

Fill containing a concentration of total PCBs greater than 2 ppm may be subject to regulation under the Toxic Substances Control Act (TSCA), 15 U.S.C. Section 2601 *et seq.*, and 40 C.F.R. Part 761, which is administered and implemented by the USEPA. For all such material, contact the PCB Coordinator for EPA Region 3 by email at R3_PCB_Coor@epa.gov to determine the allowable PCB level for your site and situation prior to transporting the material off the site of origin or accepting the material for use.

Instructions: Sections 1 and 2 of this form must be completed by the person making the determination of clean fill at the site of origin. Section 3 must be completed by the person using the material as clean fill. Both the person determining clean fill and the user of the clean fill are responsible for maintaining copies of this completed form on site for a period of five (5) years for Department inspection.

Section 1: Person Determining Clean Fill

Name (Print): _____ Title: _____ Date: _____

Company Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Clean Fill Material originated on the following property:

Site Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Section 2: Site Characterization

Check the following that applies:

- A. IF the site of origin for the fill material has undergone or is undergoing cleanup or remediation pursuant to a local state or federal regulatory program that requires site characterization, provide the following information along with a copy of the entire site characterization and laboratory analysis for the material to be used as clean fill.

Name of local, state, or federal agency: _____

Identification number assigned to the project: _____

Name of the local, state, or federal contact person: _____

Telephone Number: _____ E-mail Address: _____

Name of the Laboratory that conducted the analysis: _____

Laboratory Accreditation Number: _____

- B. IF the material proposed to be used as clean fill has otherwise been subject to analytical testing or other procedure identified in the definition of "environmental due diligence" contained in the Management of Fill policy, provide or attach the following:

Copies of **ALL** lab analytical testing performed as part of environmental due diligence (see Management of Fill policy, #258-2182-773).

Name of the Laboratory that conducted the analysis: _____
Laboratory Accreditation Number: _____

C. IF the proposed material to be used as clean fill was subject to environmental due diligence procedures as defined in the Management of Fill policy other than those listed in A and B, describe those procedures.

I, the undersigned, certify under penalty of law (18 Pa. C.S.A. §4904) that the information provided in Sections 1 and 2 of this form is true and correct to the best of my knowledge, information and belief.

Signature: _____

Section 3: Person Receiving or Placing Clean Fill

Name and address of person completing this form:

Name (Print): _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Fill material that has been determined to be clean fill will be placed on the following property solely for property improvement or construction purposes:

Property Address: _____ City: _____ State: _____ Zip Code: _____

Current Owner of Property: _____

Telephone Number: _____ E-mail Address: _____

The quantity of clean fill to be placed on the property is:

<3,000 cubic yards 3,000 cubic yards to 20,000 cubic yards >20,000 cubic yards

I, the undersigned, certify under penalty of law (18 Pa. C.S.A. §4904) that the information provided is true and correct to the best of my knowledge, information and belief.

Signature: _____

* * * * *

Prior to placement of the clean fill, the owner of the property receiving fill material shall provide a copy of this completed form and attachments to the DEP Regional Office serving the county in which the receiving site is located. If a property receives fill from multiple sources, a separate Form FP-001 is required for each source.

Coplay Quarry Reclamation Project
5101 Beekmantown Rd
Whitehall, PA 18052

Chain of Command
Material Solution Services
(610)440-2301

Capital Development
1 Capital Blvd.
East Bangor, PA 18013

Project #: _____

Generator

Name	_____
Address	_____ _____
Contact Person	_____
Phone Number	_____

Site

Property Owner:	_____
Name	_____
Address	_____ _____

General Contractor

Name:	_____
Address:	_____ _____
Contact Person:	_____
Phone Number:	_____

Excavator Contractor

Name:	_____
Address:	_____ _____
Contact Person:	_____
Phone Number:	_____

T&D Coordinator

Name:	_____
Address:	_____ _____
Contact Person:	_____
Phone Number:	_____

Trucking Company

Name:	_____
Address:	_____ _____
Contact Person:	_____
Phone Number:	_____

Engineering Firm

Name:	_____
Address:	_____ _____
Contact Person:	_____
Phone Number:	_____

Laboratory

Name:	_____
Address:	_____ _____
Contact Person:	_____
Phone Number:	_____