ENVIRONMENTAL CONSULTING & MANAGEMENT
ROUX ASSOCIATES INC

ROUX

402 Heron Drive
Logan Township, New Jersey 08085 TEL 856-423-8800 FAX 856-241-4670

April 25, 2014

Mr. Gene Padalino
Municipal Clerk's Office
5605 N. Crescent Blvd.
Pennsauken, New Jersey 08110

Re: 9000 River Road
Pennsauken, New Jersey 08110
NJDEP PI #005314

Dear Mr. Paladino:

In accordance with the New Jersey Department of Environmental Protection (NJDEP) New Jersey Administrative Code 7:26E-1.12(f) associated with the submittal of a Receptor Evaluation, Roux Associates is providing a copy of the Receptor Evaluation Form for the property located at 9000 River Road, New Jersey, Block 1903, Lots 1 and 4 (the Site).

Should you have any questions regarding please contact the undersigned at (856) 423-8800.

Sincerely,
ROUX ASSOCIATES, INC.

Peter Downham
Senior Scientist/Project Manager

New Jersey Department of Environmental Protection
Site Remediation Program

RECEPTOR EVALUATION (RE) FORM

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: Aluminum Shapes, LLC

List all AKAs: Shapes, LLC; SLLC Oldco LLC

Street Address: 9000 River Road

Municipality: Delair (Township, Borough or City)

County: Camden Zip Code: 08110

Program Interest (PI) Number(s): 005314 Case Tracking Number(s): LSR120001

Indicate the type of submission:

☐ Initial RE Submission

☒ Updated RE Submission

Indicate the reason for submission of an updated RE form

☐ Submission of an Immediate Environmental Concern (IEC) source control report;

☒ Submission of a Remedial Investigation Report;

☐ Submission of a Remedial Action Report;

Check if included in updated RE

☒ The known concentration or extent of contamination in any medium has increased;

☐ A new AOC has been identified;

☐ A new receptor is identified;

☐ A new exposure pathway has been identified.

SECTION B. ON SITE AND SURROUNDING PROPERTY USE

1. Identify any sensitive populations/uses that are currently on-site or surrounding property usage within 200 feet of the site boundary (check all that apply):

	On-site	Off-site
None of the following	☒	☐
Residences or residential property	☐	☒
Public or Private Schools grades K-12	☐	☐
Child care centers	☐	☐
Public parks, playgrounds or other recreation areas	☐	☐
Other sensitive population use(s) Explain _____	☐	☐

If any of the above applies, attach a list of addresses, facility names, type of use, and a map depicting each location relative to the site. See Attachment.

2. Current site uses (check all that apply):

☒ Industrial ☐ Residential ☐ Commercial ☐ Agricultural
☐ School or child care ☐ Government ☐ Park or recreational use
☐ Vacant ☐ Other: _____

3. Planned future site uses and off-site use within 200 ft of site boundary (check all that apply):

☐ Industrial ☐ Residential ☐ Commercial ☐ Agricultural
☐ School or child care ☐ Government ☐ Park or recreational use
☐ Vacant ☒ Other: Left Blank Per Instructions

Provide a map depicting the location of the proposed changes in land use.

SECTION C. DESCRIPTION OF CONTAMINATION

1. Identify if any of the following exist at the site (check all that apply):
   - ☐ Free product [N.J.A.C. 7:26E-1.8] identified is ☐ LNAPL* or ☐ DNAPL**. Date identified: _____
   - ☐ Residual product [N.J.A.C. 7:26E-1.8]
   - ☐ Other high concentration source materials not identified above (e.g., buried drums, containers, unsecured friable asbestos)

     Explain: _____

   * LNAPL – measured thickness of .01 feet or more

   **DNAPL – See US EPA DNAPL Overview

2. Soil Migration Pathway

   Has soil contamination been delineated to the applicable Direct Contact Soil Remediation Standard? ☒ Yes ☐ No

   Are all soils either below the applicable Direct Contact Criteria or under an institutional control (i.e. deed notice)? ☐ Yes ☒ No

3. If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to Section D. Otherwise attach a brief summary of all currently available data and information to be included in the site investigation or remedial investigation report.

SECTION D. GROUND WATER USE

1. Has the requirement for ground water sampling been triggered? ☒ Yes ☐ No ☐ Unknown
   If "No," proceed to Section F. If "Unknown," explain:

2. Is Ground water contaminated above the Ground Water Remediation Standards [N.J.A.C.7:9C]? ☒ Yes ☐ No ☐ Unknown

   Or ☐ Awaiting laboratory data with the expected due date: _____

   If "Yes," provide the date that the laboratory data was available and confirmed contamination above the Ground Water Remediation Standards. Date: 04/04/1995 * (Per NJDEP DataMiner)

   If "Unknown," explain: _____

   If "No," or awaiting laboratory data proceed to Section F.

3. Has ground water contamination been delineated to the applicable Remediation Standard? ☒ Yes ☐ No
4. Has a well search been completed? ☒ Yes ☐ No

   Date of most recent or updated well search: 04/09/2014

   Identify if any of the following conditions exist based on the well search [N.J.A.C.7:26E-1.14(a)] (check all that apply):
   - ☒ Potable wells located within 500 feet from the downgradient edge of the currently known extent of contamination.
   - ☐ Potable well located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination.
   - ☒ Ground water contamination is located within a Tier 1 wellhead protection area (WHPA).

5. Is a completed Well Search Spreadsheet or historical well search table attached and has an electronic copy of the spreadsheet been submitted to srpgis_wrs@dep.state.nj.us. ☒ Yes ☐ No

   If "No," explain: _____

6. Are any private potable or irrigation wells located within ½ mile of the currently known extent of contamination? 3 Private wells identified in well search, installed in 1953 and could not be located. ☐ Yes ☒ No

   If "Yes," was a door to door survey completed? ☐ Yes ☒ No

   If survey was not completed explain: Walkthrough completed to determine if potable wells exist. None discovered

7. Has sampling been conducted of ☒ potable well(s) and /or ☐ non-potable use well(s)? ☒ Yes ☐ No

   If "No," provide justification then proceed to Section E. Public supply wells sampled. See attached letters and Figure.

8 Has contamination been identified in potable well(s) above Ground Water Remediation Standards that is not suspected to be from the site? (If "Yes," provide justification) ☐ Yes ☒ No

_____

9 Has contamination been identified in potable well(s) that is above the Ground Water Remediation Standards or Federal Drinking Water Standards? ☐ Yes ☒ No

Provide date laboratory data was received: _____

Or ☐ awaiting laboratory data with the expected due date: _____

If "Yes" for potable well contamination **not attributable to background**, follow the IEC Guidance Document at http://www.nj.gov/dep/srp/guidance/index.html#iec for required actions and answer the following:

Has an engineered system response action been completed on all receptors? ☐ Yes ☐ No

Provide a brief narrative description:

Date completed: _____ NJDEP Case Manager: _____

10. Were Non-potable use well(s) sampled and results were above Class II Ground Water Remediation Standards? ☐ Yes ☒ No

Provide date laboratory data was received: _____

Or ☐ awaiting laboratory data with the expected due date: _____

11. Has the ground water use evaluation been completed? ☒ Yes ☐ No

SECTION E. VAPOR INTRUSION (VI)

1. Contaminants present in ground water exceed the Vapor Intrusion Ground Water Screening Levels that trigger a VI evaluation. (see NJDEP Vapor Intrusion Technical Guidance). ... ☐ Yes ☒ No ☐ Unknown

Or ☐ Awaiting laboratory data and the expected due date: _____

Provide the date that the laboratory data was available and confirmed contamination above the Vapor Intrusion Trigger Levels. Date: _____

2. Other existing conditions that trigger a VI evaluation. (see NJDEP Vapor Intrusion Technical Guidance)

☐ Wet basement or sump containing free product or ground water containing volatile organics
☐ Methane generating conditions causing oxygen deficient or explosion concern
☐ Other human or safety concern from the VI pathway (i.e. elemental mercury, unsaturated contamination, elevated soil gas or indoor vapor (explain):

If you answered "No," or awaiting laboratory data to Question 1., *and* did not check any boxes in Question 2, proceed to Section F, "Ecological Receptors", otherwise complete the rest of this section.

3. Has ground water contamination been delineated to the applicable Ground Water Vapor Screening Level? ☐ Yes ☐ No

4. Was a site specific screening level, modeling or other alternative approach employed for the VI pathway? ☐ Yes ☐ No

5. Identify and locate on a scaled map any buildings/sensitive populations that exist within the following distances from ground water contamination with concentrations above the Vapor Intrusion Ground Water Screening Levels or specific threats (check all that apply):

☐ 30 feet of petroleum free product or dissolved petroleum hydrocarbon contamination in ground water
☐ 100 feet of any non-petroleum free product or any non-petroleum dissolved volatile organic ground water contamination
☐ No buildings exist within the specified distances

6. The vapor intrusion pathway is a concern at or adjacent to the site (if "No," attach justification) ☐ Yes ☐ No

7. Has soil gas sampling of the building(s) been conducted? ☐ Yes ☐ No ☐ N/A
   If "No," or "N/A," proceed to #10

8. Has indoor air sampling been conducted at the identified building(s)? ☐ Yes ☐ No
   If "No," proceed to #10

9 Has indoor air contamination been identified but not suspected to be from the site?
   (if "Yes," attach justification) ☐ Yes ☐ No

10. Indoor air results were above the NJDEP's Rapid Action Levels. ☐ Yes ☐ No

    Provide the date that the laboratory data was available and confirmed contamination above the Rapid Action Levels. Date: _____

    Or ☐ Awaiting laboratory data with the expected due date: _____

    If "Yes" to #8 above, follow the IEC Guidance Document at http://www.nj.gov/dep/srp/guidance/index.html#iec ***for required actions.***

    The IEC engineering system response for control was implemented for all identified structures ☐ Yes ☐ No

    Date: _____ NJDEP Case Manager: _____

11. Indoor air sampling was conducted and results were above the NJDEP's Indoor Air Screening Levels but at or below the Rapid Action Levels ☐ Yes ☐ No

    Provide the date that the laboratory data was available. Date: _____

    Or ☐ Awaiting laboratory data with the expected due date: _____

    If "Yes" to #10 above, answer the following:

    Has the Vapor Concern (VC) Response Action Form notifying the NJDEP of the exceedances been submitted? ☐ Yes ☐ No
    Date: _____

    Has a plan to mitigate and monitor the exposure been submitted? ☐ Yes ☐ No
    Date: _____

    Has the Mitigation Response Action Report been submitted? ☐ Yes ☐ No
    Date: _____

12. Has the vapor intrusion investigation been completed? ☐ Yes ☐ No
    If "No", is the vapor intrusion investigation stepping out as part of the site investigation or remedial investigation. (If "No," attach justification) ☐ Yes ☐ No

SECTION F. ECOLOGICAL RECEPTORS

1. Has an Ecological Evaluation (EE) has been conducted? [N.J.A.C. 7:26E-1.16] ☒ Yes ☐ No
   Date conducted: 02/11/2014

2. Do the results of an EE trigger a remedial investigation of ecological receptors? [N.J.A.C. 7:26E-4.8] ☐ Yes ☒ No

3. Has a remedial investigation of ecological receptors been conducted? ☐ Yes ☒ No
   Date conducted: _____

4. Provide the following information for any surface water body on or within 200 feet of the site: Not Applicable.

Surface Water Body Name	Stream Classification	Antidegradation Designation	Trout Production	Trout Maintenance
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

5. Does the site contain any features regulated by the Land Use Regulation Program (LURP)? (e.g. wetlands, flood hazard area, tidelands, etc.). ☐ Yes ☒ No

   If "Yes," identify the type(s) of features: _____

6. Have any formal LURP jurisdiction letters or approvals been issued for the site? ☐ Yes ☒ No

   If "Yes," what is the LURP Program Interest (PI) number(s) for the site? _____

7. Have any applications for formal LURP jurisdiction letters or approvals been submitted the NJDEP? ☐ Yes ☒ No

   If "Yes," what is the LURP Program Interest (PI) number(s) for the site? _____

8. Is free product or residual product located within 100 feet from an ecological receptor? ☐ Yes ☒ No

9. Available data indicate an impact on: ☐ Ecological receptor(s) ☐ Surface water ☐ Sediment

If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to Section G. Otherwise attach a description of the type of contamination and provide a schedule and a description of all actions to be taken to mitigate exposure.

SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDI

Full Legal Name of the Person Responsible for Conducting the Remediation: SLLC Oldco LLC (for Shapes, LLC, A/K/A Aluminum Shapes, LLC)

Representative First Name: Brett Representative Last Name: Craig

Title: Vice President

Phone Number: (305) 379-8686 Ext: _____ Fax: _____

Mailing Address: 1450 Brickell Ave, 31st Floor

City/Town: Miami State: FL Zip Code: 33131

Email Address: bcraig@bayside.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: 4/25/2014

Name/Title: Brett Craig/ Vice President **No Changes Since Last Submittal** ☐

SECTION H. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 573805

First Name: Gregory Last Name: Martin

Phone Number: (856) 423-8800 Ext: Fax: (856) 241-4670

Mailing Address: 402 Heron Drive

City/Town: Logan Township State: NJ Zip Code: 08085

Email Address: gmartin@rouxinc.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

☐ *directly oversaw and supervised all of the referenced remediation, and\or*

☒ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: Date: 4/25/2014

LSRP Name/Title: Gregory D. Martin/ VP/ Principal Hydrogeologist **No Changes Since Last Submittal** ☐

Company Name: Roux Associates, Inc.

Completed forms should be sent to the municipal clerk, designate health department, and:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

1903/4

ENVIRONMENTAL CONSULTING & MANAGEMENT
ROUX ASSOCIATES INC
ROUX
402 Heron Drive
Logan Township, New Jersey 08085 TEL 856-423-8800 FAX 856-241-4670

April 25, 2014

Sent Via Certified Mail
Return Receipt Requested

Mr. Gene Padalino
Municipal Clerk's Office
5605 North Crescent Boulevard
Pennsauken, New Jersey 08110

Re: 9000 River Road
Pennsauken, New Jersey 08110
NJDEP PI #005314

Dear Neighbor:

In accordance with the New Jersey Department of Environmental Protection (NJDEP) New Jersey Administrative Code 7:26C-7.3(d) associated with a Classification Exception Area (CEA), Roux Associates is providing this notification regarding the current environmental status of the property located at 9000 River Road, New Jersey, Block 1903, Lots 1 and 4 (the Site). The CEA/Well restriction Area fact sheet is attached to this letter.

Should you have any questions regarding please contact the undersigned at (856) 423-8800.

Sincerely,
ROUX ASSOCIATES, INC.

Peter Downham
Senior Scientist/Project Manager

New Jersey Department of Environmental Protection
Site Remediation Program

CLASSIFICATION EXCEPTION AREA / WELL RESTRICTION AREA (CEA/WRA) FACT SHEET FORM

☒ LSRP ☐ Subsurface Evaluator

Date Stamp
(For Department use only)

SECTION A. SITE INFORMATION

Site Name: Aluminum Shapes, LLC

Program Interest (PI) Number(s): 005314

Case Tracking Number(s): LSR120001

1. Indicate the reason for submission of this form:

☒ New CEA ☐ Revise CEA ☐ Existing CEA with no changes ☐ CEA Lift/Removal

If you are submitting this form for an existing CEA provide the CEA Subject Item ID: _____

2. Indicate the type of ground water Remedial Action (RA):

☐ Natural ☐ Active ☒ Final RA not yet selected

3. Has a Remedial Action Permit (RAP) application been submitted to the NJDEP? ..... ☐ Yes ☒ No

SECTION B. CEA COMPONENT INFORMATION

1. **Contaminant(s):** This CEA/WRA applies only to the contaminants above the applicable numeric values established by Ground Water Quality Standards (GWQS), N.J.A.C. 7:9C, listed in the table below. List below the maximum value for all contaminants included in Exhibit A using any well or sampling point used to establish the CEA.

Contaminant	Concentration [1]	GWQS [2]	SWQS[3]	GWSL[4]
Chromium (hexavalent chromium)	481 (480)	70		

Notes: [1] Maximum concentration in Micrograms Per Liter
[2] New Jersey Ground Water Quality Standards, N.J.A.C. 7:9C
[3] Surface Water Quality Standards, N.J.A.C. 7:9B - Applicable only where contaminants in the CEA may discharge to a surface water body.
[4] Current NJDEP Vapor Intrusion Ground Water Screening Levels available at http://www.nj.gov/dep/srp/guidance/vaporintrusion/

☐ Check if attaching an Addendum to list additional contaminants and associated information.

2. **CEA Boundaries:** Year of tax map used: 2013

For CEA revisions: ☐ check if CEA Boundary has changed (See instructions)

☐ check if Block and Lot numbers have changed (See instructions)

List the Block(s) and Lot(s) included in the areal extent of the Classification Exception Area:

Block(s)	Lot(s)	Check if off-site
1903	1	☐
1903	4	☐
1802	2	☒
1610	1	☒
1610	19	☒

Block(s)	Lot(s)	Check if off-site
7006	6	☒
1802	1	☒
1610	20	☒
1610	3	☒
1801	1	☒

☒ Check if attaching an Addendum to list additional Blocks/Lots and associated information.

Narrative description of proposed CEA:

The proposed CEA includes a portion of the facility located at 9000 River Road in Pennsauken, Camden County, New Jersey. In addition, the CEA includes offsite properties to the west (commerical/industrial), and south (residential) of the site as shown on Exhibit D. The proposed CEA will include exceedences of NJDEP Class-IIA Ground Water Quality Standards (GWQS) for Chromium.

Name(s) of the affected Geologic Formation(s)/Unit(s): Potomac-Raritan-Magothy Formation

Direction of ground water flow: Southwest (If multiple water bearing zones exist within the CEA and/or there is no predominant flow direction, see instructions)

Ground Water Classification: Class IIA

Vertical Depth of CEA: 115 (ft bgs) **and** -95 (msl).

Horizontal Extent of CEA: 38.03 Indicate units: ☒ acres or ☐ square feet

3. **Projected Term of CEA:** (Based on modeling/calculations in Exhibit E)

Proposed Duration in Years: _____ Expected Expiration Date: _____

or ☒ Indeterminate

4. **ATTACH THE FOLLOWING:** (see instructions for additional information)

Exhibit A: Remedial Investigation Report – Per N.J.A.C 7:26C-7.3(a)3 submit the RIR;

Exhibit B: Site Location Maps – USGS Quadrangle Map;

Exhibit C: Site Map(s) and Cross Section – See N.J.A.C 7:26C- 7.3(c)1 and 2 and instructions regarding what to include on the map(s) and the cross-section figure.

Exhibit D: GIS Deliverables – CEA Boundary Extent and CEA/WRA Spreadsheet – The CEA/WRA spreadsheet contains the vertical contaminant depth data for each sampling point used to prepare the CEA maps and cross-section figure, required by N.J.A.C 7:26C-7.3(c). The CEA Boundary Extent and CEA/WRA Spreadsheet shall be submitted via email to srpgis_cea@dep.state.nj.us. The CEA/WRA Spreadsheet shall also be included on the CD submitted with this form. See the instructions for both this form and the instructions for the CEA/WRA spreadsheet for more details.

For revisions, does the revised CEA map differ from CEA map on NJ-GeoWeb? ☐ Yes ☐ No ☒ N/A

Identify the format of the CEA Boundary Extent Map: ☒ Shape File ☐ CAD File

Exhibit E: Fate and Transport Description and Model Documentation

Is all the ground water contamination associated with the site the result of Historic Fill?..... ☐ Yes ☒ No

If "Yes," Fate and Transport Description and Model Documentation is not required.
If "No," submit all information required pursuant to N.J.A.C. 7:26C-7.3(b)2.

SECTION C. CURRENT GROUND WATER USE DOCUMENTATION

1. Indicate the year of the most recent well search completed per N.J.A.C. 7:26E-1.14: 2013
2. If this Fact Sheet form is for a revised CEA or an existing CEA with no changes, have new wells been installed since the CEA was established? ..... ☐ Yes ☐ No ☒ N/A

SECTION D. WELL RESTRICTION INFORMATION

Certain well restrictions relevant to potable ground water use, such as "Double Case Wells", "Sample Potable Wells", and "Evaluate Production Wells", are consistently set within the boundaries of all CEAs established by the NJDEP in Class I and II-A areas (see instructions).

1. Are there any other site-specific well restrictions relevant to potable ground water use that should be set within or near the boundaries of the proposed CEA?..... ☐ Yes ☒ No

If "Yes", describe below any such site-specific well restrictions proposed for this CEA:

SECTION E. PUBLIC NOTIFICATION REQUIREMENTS

1. Indicate which of the following entities have been notified pursuant to N.J.A.C. 7:26C-7.3(d). (check all that apply)

   ☒ Municipal and county clerk(s)
   ☒ Local, county or regional health department(s)
   ☐ Designated County Environmental Health Act agency (if applicable)
   ☒ County Planning Board
   ☐ Pinelands Commission (if applicable)
   ☒ Owners of real property overlying CEA foot print

2. **List of Names and Addresses** – List name/address of all persons notified pursuant to N.J.A.C. 7:26C-7.3(d) based on the proposed CEA extent. See instructions for detailed information.

   ☒ Check here if no volatile contaminants are in the CEA

Name	Notification Address Used	Date notification sent	Property was evaluated for vapor impacts ☒ if "Yes"
Gene Padalino	Municipal Clerk's Office; 5605 N. Crescent Blvd., Pennsauken, NJ 08110	04/25/2014	☐
Joseph Ripa	Camden County Clerk; Room 102, 520 Market St., Camden, NJ 08102	04/25/2014	☐
Paschal Nwako	Camden County Department of Health and Human Services;	04/25/2014	☐
(cont.) Paschal Nwako	DiPietro Center, 512 Lakeland Road, Suite 406, Blackwood, NJ08012	04/25/2014	☐
Camden County Planning Board	Charles J. DePalma Complex; 2311 Egg Harbor Rd., Lindenwold, NJ 08021	04/25/2014	☐
Rodriguez Milagros	8461 Balfour Road Pennsauken, New Jersey 08110	04/25/2014	☐
Kenneth J. Messick	8455 Balfour Road Pennsauken, New Jersey 08110	04/25/2014	☐
Mohican Properties INC	9051 River Rd Pennasuken, New Jersey 08110	04/25/2014	☐
Jeanette and James Huntington	8445 Balfour Road Pennsauken, New Jersey 08110	04/25/2014	☐
Conrail: Greg Oliver Tax Dept	110 Franklin Rd SE Roanoke, VA 24042	04/25/2014	☐
STECH LTD LP c/o WM G, Standard WRHS	P.O. 308 Pennsauken, New Jersey 08110	04/25/2014	☐
Warehouse Partners, LP	100 Lawrence Dr , West Chester, PA 19380	04/25/2014	☐
Lucy Gonzalez	8470 Holman Ave, Pennsauken, NJ 08110	04/25/2014	☐
Phil Scarfo c/o Aluminum Shapes	9000 River Road, Pennsauken, NJ 08110	04/25/2014	☐
Michael & Debbie Tippin	8449 Balfour Road, Pennsauken, NJ 08110	04/25/2014	☐
Doris Hudson	8466 Holman Ave, Pennsauken, NJ 08110	04/25/2014	☐
			☐
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			☐
			☐
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			☐
			☐
			☐
			☐

SECTION F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: SLLC Oldco LLC (for Shapes, LLC, A/K/A Aluminum Shapes, LLC)

Representative First Name: Brett Representative Last Name: Craig

Title: Vice President

Phone Number: (305) 379-8686 Ext: Fax:

Mailing Address: 1450 Brickell Ave, 31st Floor

City/Town: Miami State: FL Zip Code: 33131

Email Address: bcraig@bayside.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: Date: 4/25/2014

Name/Title: Brett Craig/Vice President

No changes to contact information since last submittal ☐

SECTION G. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 573805

First Name: Gregory Last Name: Martin

Phone Number: (856) 423-8800 Ext: Fax: (856) 241-4670

Mailing Address: 402 Heron Drive

City/Town: Logan Township State: New Jersey Zip Code: 08085

Email Address: gmartin@rouxinc.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

☐ *directly oversaw and supervised all of the referenced remediation, and\or*

☒ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: Date: 4/25/2014

LSRP Name/Title: Gregory D. Martin/ VP/Principal Hydrogeologist

Company Name: Roux Associates, Inc.

No Changes To Contact Information Since Last Submittal ☐

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

ADDENDUM
Classification Exception Area / Well Restriction Area
Fact Sheet Form

Section B. CEA Component Information

1. **Contaminant(s):** This CEA/WRA applies only to the contaminants above the applicable numeric values established by Ground Water Quality Standards (GWQS), N.J.A.C. 7:9C, listed in the table below. List below the maximum value for all contaminants included in Exhibit A using any well or sampling point used to establish the CEA.

Contaminant	Concentration [1]	GWQS [2]	SWQS[3]	GWSL[4]

Notes: [1] Maximum concentration in Micrograms Per Liter
[2] New Jersey Ground Water Quality Standards, N.J.A.C. 7:9C
[3] Surface Water Quality Standards, N.J.A.C. 7:9B - Applicable only where contaminants in the CEA may discharge to a surface water body.
[4] Current NJDEP Vapor Intrusion Ground Water Screening Levels

2. **CEA Boundaries:**
Blocks(s) and Lot(s) included in the areal extent of the Classification Exception Area:

Year of tax map used: 2013 For CEA revisions, check here if Block and Lot numbers have changed: ☐

Block(s)	Lot(s)	Check if off-site	Block(s)	Lot(s)	Check if off-site
1610	2.01	☒			☐
1610	2	☒			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐

BLOCK 1903 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 9000 River Rd PERMIT NO. 2014-0093

TOWNSHIP OF PENNSAUKEN

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: Shapes LLC
2. Name of Owner in Fee: Gary L Gochring
   Tel. (856) 662 5500 e-mail ggGehring@shapesllc.com
   Address 9000 River Rd (street) Delan. (municipality) NJ 08110 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: George Young Tel. (856) 467 B16
   Address 509 Heron Drive, Swedesboro e-mail _____
   NJ 08085-1713
   License No. OR, if new home, Builder Reg. No. 1162012-202735-322000 Exp. Date NONE
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	$1,812.00		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area - Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building - State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

RECEIVED OCT 2013

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building					10/3/13				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
12. ☐ Fire Alarm

SHAPES L.L.C.
signature aluminum CANADA INC.

) RIVER ROAD
AIR, NJ 08110
ne: 856.662.5500 ext. 328
: 609.313.1392
856.488.5336
ail: ggoehring@shapesllc.com
pesllc.com

GARRY L. GOEHRING
CONSTRUCTION/PROJECT MANAGER
Aluminum Shapes LLC
sllc.com

T REQUEST FORM

Date Received: _____

use Only] [Please Print]

Control Number: _____

o not omit important entries, such as telephone numbers, Fed ID numbers etc.

HEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Agent : Garry L Goehring
Contact :
Address : 9000 River Rd
Delay, NJ 08110
Email : ggoehring@shapesllc.com
Telephone : 856-662-5500 ext 328 Fax : 856 488 5336
LicNo-ExpDt :
Fed Id Number :
Is this a rental property ? [ ]-Yes [ ] - No Number of Tenants: _____

River Road
Delaware, NJ 08110
Telephone : 856 662 5500

BUILDING SECTION

Description Of Work: Removal of 3 No 2 fuel oil Tanks and 7 water storage tanks

[ ] New Building [ ] Alteration
[ ] Addition [X] Demolition
[ ] Roofing [ ] Siding
[ ] Fence Ht _____ (Exceeds 6')

Signs:
[ ] Pylon(SQFT)_____ [ ] Grnd/Wall(SQFT)_____

[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead hazard Abatement N.J.A.C. 5:17
Retaining Wall(SQFT)_____
Radon Remediation
Other(s) _____

Contractor George Young
Contact Karl Hansen
Address 509 Heron Drive
Swedesboro NJ 08085
Email khansen@gyco.us
Phone 856 467 1316
LicNo-ExpDt
Fed. Emp. No.

Est Cost Of Bldg.Work:
1. New Bldg $_____ 3. Demolition $ 30,000
2. Alteration $_____ 4. Total(1+2+3) $ 30,000

I certify that I am the (agent of) owner of record and am authorized to make this application.
X Garry L Goehring
(Signature)

Office Use Only
Plan Review Date Initial
[ ] No Plans Reqd 10/3/13
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elec [ ] Plumb [ ] Fire
Cubic Ft: _____
Square Ft: _____
% Land Disturbed _____

PLUMBING SECTION

Description Of Work:

No.	Fixture/Equipmt	No.	Fixture/Equipmt
_____	Water Closet	_____	LPGas Tank
_____	Urinal/Bidet	_____	Steam Boiler
_____	Bath Tub	_____	Hot water Boiler
_____	Lavatory	_____	Sewer Pump
_____	Shower	_____	Interceptor/Separator
_____	Floor Drain	_____	Back flow Preventor
_____	Sink	_____	Greasetrap
_____	Dishwasher	_____	Residential A/C Unit
_____	Drinking Fountain	_____	Sewer Connection
_____	Washing Machine	_____	Water Service Connection
_____	Hose Bib	_____	Stacks
_____	Water Heater	30	Other Oil Tanks
_____	Fuel Oil Piping	7	Other Water Tanks
_____	Gas Piping	_____	Other _____

Contractor _____
Contact _____
Address _____
Email _____
Phone _____
LicNo-ExpDt _____
Fed. Emp. No. _____

I certify that I am the (agent of) owner of record and am authorized to make this application.
X _____

Estimated Cost of Plumbing Work:
$ _____

Office Use Only
Applicant's Signature/Contractor's Seal and Signature
Joint Plan Review Required: [ ] No Plans Required
[ ] Building [ ] Electric [ ] Plumbing Plans Approved
[ ] Fire [ ] Elevator
Date: _____ Approved By: _____

TOWNSHIP OF PENNSAUKEN
5605 N CRESCENT BLVD
PENNSAUKEN, NJ 08110
856 - 6651000

Permit Number: 20140043
Update Number:
Control Number: 50920
Application Date: 10/02/2013
Permit Date: 01/13/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 1903 Lot: 4 Qualification Code:
Work Site Location: 9000 RIVER RD Pennsauken

Owner In Fee: DELAIR ALUMINUM LLC
Address: 19605 E. WALNUT DR
WALNUT CA 91789

Telephone: (856) 662-5500

Use Group(s): B

Contractor: George Young
Address: 509 Heron Drive
Swedesboro NJ 08085

Telephone: ()

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
Removal of 3 No 2 Fuel Oil Tanks and 7 water storage tanks

PAYMENTS (Office Use Only)	
Building	$1,812.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$1,812.00**
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	30,000.00
Total Cost:	$30,000.00

Amount to be Paid:	**$1,812.00**
Check Number:	204649
Check amount:	$1,812.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Gary R Burgin/dmm
GARY R. BURGIN
Construction Official

1/14/14
Date

Collected by:	dmm
Receipt No:	74944
Total Cash Amount:	
Total Check Amount:	$1,812.00
Total CC Amount:	
Grand Total:	$1,812.00

Note:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

~~Signature~~ _____ ~~Date~~ _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name KURT HANSEN

Address 509 HERON DRIVE
SWEDESBORO N.J. 08085

Telephone [redacted]

Signature Kurt Hansen

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Akzo Nobel Inc.
ALIC

120 White Plains Road
Suite 300
Tarrytown, NY 10591-05511

T +1 914 333 7420
F +1 914 366 4098
www.akzonobel.com

AkzoNobel
Tomorrow's Answers Today

Via First Class Mail

Kevin McKenna, Esq.
Latsha, Davis & McKenna
350 Eagleview Boulevard, Suite 140
Exton, PA. 19341

Re: Vapor Intrusion Testing at Aluminum Shapes, LLC
9000 River Road, Pennsauken Township, Burlington County, NJ

Dear Mr. McKenna,

Please accept this letter on behalf of Akzo Nobel Paints LLC (AN Paints) in response to your letter of September 23, 2011 to Golder Associates. As it is apparent from your letter that we will be unable to work out a reasonable arrangement to perform sampling on the Aluminum Shapes site referenced above, AN Paints is hereby withdrawing the previous request for access.

Please also accept this letter to withdraw our offer for review of documents at the Golder offices. The files are of course available at the NJDEP should Aluminum Shapes be interested in reviewing the files concerning the AN Paints remediation in the future.

Very truly yours,

Debra J. Rubenstein
Senior Regulatory Counsel
Akzo Nobel Inc.

cc: NJDEP Office of Community Relations
NJDEP Bureau of Env. Eval. Cleanup and Resp. Assessment
Camden County Department of Health and Human Services
Pennsauken Township Clerk's Office
Michael M. Morris, PG, LSRP
Robert Kovalak, Akzo Nobel Paints LLC

Tel. 914-333-7488 Fax 914-336-4098 E-mail debra.rubenstein@akzonobel.com

SHAPES L.L.C.

March 5, 2014

Certified Mail # 7011 1570 0001 6599 7555
Return Receipt Requested

Pennsauken Twp. OEM
Mr. Dennis Cowgill
5605 North Crescent Boulevard
Pennsauken, NJ 08110

Dear Mr. Cowgill:

In compliance with the EPA Superfund Amendments and Reauthorization Act of 1986 (SARA), Community Right-to-Know, Title III, Section 312 and New Jersey Community Right-to-Know Programs, please find enclosed the 2012 Community Right-to-Know Surveys for the Aluminum Shapes L.L.C. and the Delair L.L.C. Delair, New Jersey facilities

If you need any additional information regarding this submission please contact me at please contact me at (856) 662-5500 ext. 384.

Sincerely,

Philip Scarfo
Manager, Environmental Health and Safety

SHAPES L.L.C. ▲ 9000 River Road ▲ Delair, NJ 08110
856-662-5500 ▲ Fax: 856-662-8934

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMUNITY RIGHT TO KNOW SURVEY FOR 2013

For State and Federal Community Right to Know Reporting

Facility ID: **91039200000** CoMu: **0427** NAICS: **331318**

ALUMINUM SHAPES LLC
9000 RIVER RD
PENNSAUKEN, NJ 08109-

(A) Facility Location:
9000 RIVER RD
PENNSAUKEN, NJ 08109

(B) Does this facility **Produce, Store** or **Use** NJ CRTK Environmental Hazardous Substances:
1. In any quantity? Yes (**X**) ( ) No
2. Above thresholds? Yes (**X**) ( ) No

(D) Number of employees at facility: **250**

(E) Number of facilities in New Jersey: **1**

(F) Federal EIN: [redacted]

(C) Facility Status: **Active**

Business Activity: **MELT, EXTRUDE, FABRICATE, ANODIZE & PAINT ALUMINUM**

(G) R&D exemption approval number for this facility:
No R&D Exemption

(I) FACILITY EMERGENCY CONTACT:
Name: **PHILIP SCARFO** Title: **EH&S MANAGER**
Facility Phone Number: **(856) 662-5500** Emergency Contact Phone: **(856) 662-5500**

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE – I certify under penalty of law 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 the information, I believe that the submitted information is true, accurate, and complete.
Signature: G Jones Date: 3/5/14
Name: **GREGORY T. JONES** Title: **DIRECTOR OF OPERATION**
Email Address: **PSCARFO@SHAPESLLC.COM** Phone Number: **(856) 662-5500**
(Please sign and date. Mail copies to your local Police, Fire departments, county lead agency and local emergency planning committee.)

(K) UNION REPRESENTATIVE
Union Name/Local Number: **TEAMSTERS #107** Email Address:
Representative Name: **ED FRICKER** Phone #: **(856) 662-5500**

EPCRA SECTION INFORMATION

TRI Facility ID: **08110LMNMS9000R** RMP Facility ID: Location is: Manned (**X**) Unmanned ( )

Latitude: **39.986955** Longitude **75.046166** Maximum Number of Occupants: **250**

Is this facility subject to Chemical Accident Prevention under Section 112R of CAA (40 CFR, Part 68, Risk Management Program)? Yes ( ) No (**X**)

Is this facility subject to Emergency Planning under Section 302 of EPCRA (40 CFR Part 355)? Yes ( ) No (**X**)

Page 2 of 11

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
COMMUNITY RIGHT TO KNOW SURVEY FOR 2013

Facility ID: **91039200000** CoMu: **0427** NAICS: **331318**
ALUMINUM SHAPES LLC

EPCRA SECTION INFORMATION (continued)

Facility EPCRA Section 302 Emergency Coordinator (if applicable)

Name: **Philip Scarfo** Title: **EHS Manager**

Email Address: **pscarfo@shapesllc.com** 24-Hour Phone: **(856) 281-0849**

Parent Company Information (Optional)

Company Name: Dun & Bradstreet No.:

Company Address: Phone Number:

Email Address:

Facility ID: **91039200000**

Page 3 of 11

ALUMINUM SHAPES LLC

9000 RIVER RD
PENNSAUKEN, NJ 08109

PART 2
2013 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2013

Substance Name: **1,2,4-TRIMETHYLBENZENE**				CAS #: **95-63-6**
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**				Sub #: **2716** DOT #: **1263**
(X)Pure	( )Solid	Container type	**Steel drum**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**1,000 to 2,499 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**500 to 999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **ACETYLENE**				CAS #: **74-86-2**
Location(s): **PLANT WIDE**				Sub #: **0015** DOT #: **1001**
(X)Pure	( )Solid	Container type	**Cylinder**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**500 to 999 pounds**	(X) Fire
	(X)Gas	Avg. daily inventory	**500 to 999 pounds**	(X) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Greater than ambient pressure**	( ) Acute health effects
		Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **ALUMINUM (FUME OR DUST)**				CAS #: **7429-90-5**
Location(s): **FOUNDRY**				Sub #: **0054** DOT #:
(X)Pure	(X)Solid	Container type	**Tote bin**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**1,000,000 to 9,999,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**1,000,000 to 9,999,999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **ALUMINUM (FUME OR DUST)**				CAS #: **7429-90-5**
Location(s): **UBIQUITOUS**				Sub #: **0054** DOT #:
(X)Pure	(X)Solid	Container type	**Other: PLANT-WIDE**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**1,000,000 to 9,999,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**1,000,000 to 9,999,999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

Facility ID: **91039200000**

Page 4 of 11

ALUMINUM SHAPES LLC

9000 RIVER RD
PENNSAUKEN, NJ 08109

PART 2
2013 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2013

Substance Name: **ALUMINUM DROSS**				CAS #:
Location(s): **FOUNDRY**				Sub #: DOT #:
( )Pure	(X)Solid	Container type	**Other: BIN**	**Hazards:**
(X)Mixture	( )Liquid	Max. daily inventory	**25,000 to 49,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**25,000 to 49,999 pounds**	( ) Sudden release of pressure
		Days on site	**365**	(X) Reactive
Trade Secret	**No**	Storage pressure	**Ambient pressure**	(X) Acute health effects
EPCRA-Only	**Yes**	Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **AMMONIA**				CAS #: **7664-41-7**
Location(s): **REAR OF BUILDING 4, OUTSIDE**				Sub #: **0084** DOT #: **1005**
(X)Pure	( )Solid	Container type	**Above ground tank**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**2,500 to 4,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**2,500 to 4,999 pounds**	(X) Sudden release of pressure
		Days on site	**365**	( ) Reactive
Trade Secret	**No**	Storage pressure	**Greater than ambient pressure**	(X) Acute health effects
EPCRA-Only	**No**	Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **ARGON**				CAS #: **7440-37-1**
Location(s): **FOUNDRY**				Sub #: **0151** DOT #:
(X)Pure	( )Solid	Container type	**Above ground tank**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**25,000 to 49,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**10,000 to 24,999 pounds**	(X) Sudden release of pressure
		Days on site	**365**	( ) Reactive
Trade Secret	**No**	Storage pressure	**Greater than ambient pressure**	(X) Acute health effects
EPCRA-Only	**Yes**	Storage temperature	**Cryogenic conditions (below -200 deg C)**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **CHROMIUM**				CAS #: **7440-47-3**
Location(s): **FOUNDRY**				Sub #: **0432** DOT #:
(X)Pure	(X)Solid	Container type	**Bag**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**1,000 to 2,499 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**1,000 to 2,499 pounds**	( ) Sudden release of pressure
		Days on site	**365**	( ) Reactive
Trade Secret	**No**	Storage pressure	**Ambient pressure**	( ) Acute health effects
EPCRA-Only	**No**	Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Facility ID: **91039200000**

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Substance Name: **COPPER**				CAS #: **7440-50-8**
Location(s): **FOUNDRY**				Sub #: **0528** DOT #:
(X)Pure	(X)Solid	Container type	**Box**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**2,500 to 4,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**2,500 to 4,999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	( ) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **DIESEL FUEL OR #2 HEATING OIL**				CAS #: **68476-34-6**
Location(s): **OUTSIDE FOUNDRY**				Sub #: **2444** DOT #: **1993**
(X)Pure	( )Solid	Container type	**Above ground tank**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**50,000 to 99,999 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**25,000 to 49,999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **DIISOCYANATES**				CAS #: **N120**
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**				Sub #: **3757** DOT #: **2489**
(X)Pure	( )Solid	Container type	**Tote bin**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**2,500 to 4,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**1,000 to 2,499 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	(X) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **ETHYLBENZENE**				CAS #: **100-41-4**
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**				Sub #: **0851** DOT #: **1175**
(X)Pure	( )Solid	Container type	**Steel drum**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**100 to 499 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**100 to 499 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

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Substance Name: **GLYCOL ETHERS (EXCEPT SURFACTANTS)**	CAS #: **N230**
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**	Sub #: **3138** DOT #:

(X)Pure	( )Solid	Container type	**Steel drum**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**100 to 499 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**10 to 99 Pounds**	( ) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	( ) Reactive
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **HAZ WASTE, N.O.S. (ONLY IF EHS REPORTED)**	CAS #:
Location(s): **HAZMAT STORAGE BUILDING, SATELLITE ACCUMULATI**	Sub #: **2461** DOT #: **9189**

(X)Pure	(X)Solid	Container type	**Steel drum**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**2,500 to 4,999 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**1,000 to 2,499 pounds**	( ) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	( ) Reactive
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **HYDROFLUORIC ACID +**	CAS #: **7664-39-3**
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**	Sub #: **3759** DOT #: **1790**

(X)Pure	( )Solid	Container type	**Plastic drum**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**100 to 499 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**10 to 99 Pounds**	( ) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	(X) Reactive
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **LEAD**	CAS #: **7439-92-1**
Location(s): **PLANT WIDE**	Sub #: **1096** DOT #:

(X)Pure	(X)Solid	Container type	**Battery**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**500 to 999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**500 to 999 pounds**	( ) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	( ) Reactive
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	( ) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

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Substance Name: **MAGNESIUM**				CAS #: **7439-95-4**
Location(s): **FOUNDRY**				Sub #: **1136** DOT #:
( )Pure	(X)Solid	Container type	**Other: PALLET**	**Hazards:**
(X)Mixture	( )Liquid	Max. daily inventory	**25,000 to 49,999 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**10,000 to 24,999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **Yes**		Storage pressure	**Ambient pressure**	( ) Acute health effects
		Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **MANGANESE**				CAS #: **7439-96-5**
Location(s): **FOUNDRY**				Sub #: **1155** DOT #:
(X)Pure	(X)Solid	Container type	**Bag**	**Hazards:**
( )Mixture	( )Liquid	Max. daily inventory	**2,500 to 4,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**2,500 to 4,999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	( ) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **NICKEL COMPOUNDS**				CAS #: **N495**
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 8**				Sub #: **2366** DOT #:
(X)Pure	( )Solid	Container type	**Tote bin**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**500 to 999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**100 to 499 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **NITRATE COMPOUNDS (WATER DISSOCIABLE)**				CAS #: **N511**
Location(s): **BUILDINGS 7, 8**				Sub #: **3722** DOT #:
(X)Pure	( )Solid	Container type	**Tote bin**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**500 to 999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**500 to 999 pounds**	( ) Sudden release of pressure
Trade Secret **No**		Days on site	**365**	( ) Reactive
EPCRA-Only **No**		Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

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Substance Name: **NITROGEN (COMPRESSED OR LIQUIFIED)**				CAS #: **7727-37-9**
Location(s): **BUILDING 8**				Sub #: **1375** DOT #:
(X)Pure	( )Solid	Container type	**Above ground tank**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**25,000 to 49,999 pounds**	( ) Fire
	( )Gas	Avg. daily inventory	**100 to 499 pounds**	(X) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	( ) Reactive
EPCRA-Only	**Yes**	Storage pressure	**Greater than ambient pressure**	(X) Acute health effects
		Storage temperature	**Cryogenic conditions (below -200 deg C)**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **PAINT**				CAS #:
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**				Sub #: DOT #:
( )Pure	( )Solid	Container type	**Steel drum**	**Hazards:**
(X)Mixture	(X)Liquid	Max. daily inventory	**10,000 to 24,999 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**10,000 to 24,999 pounds**	( ) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	( ) Reactive
EPCRA-Only	**Yes**	Storage pressure	**Ambient pressure**	(X) Acute health effects
		Storage temperature	**Ambient temperature**	(X) Chronic health effects
				( ) None per MSDS

Substance Name: **PETROLEUM OIL**				CAS #:
Location(s): **PLANT WIDE**				Sub #: **2651** DOT #: **1270**
(X)Pure	( )Solid	Container type	**ELECTRICAL EQUIPMENT**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**50,000 to 99,999 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**50,000 to 99,999 pounds**	( ) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	( ) Reactive
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	( ) Acute health effects
		Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

Substance Name: **PETROLEUM OIL**				CAS #:
Location(s): **PLANT-WIDE**				Sub #: **2651** DOT #: **1270**
(X)Pure	( )Solid	Container type	**Steel drum**	**Hazards:**
( )Mixture	(X)Liquid	Max. daily inventory	**2,500 to 4,999 pounds**	(X) Fire
	( )Gas	Avg. daily inventory	**1,000 to 2,499 pounds**	( ) Sudden release of pressure
Trade Secret	**No**	Days on site	**365**	( ) Reactive
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	( ) Acute health effects
		Storage temperature	**Ambient temperature**	( ) Chronic health effects
				( ) None per MSDS

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Substance Name: **SILICON POWDER**
Location(s): **FOUNDRY**
CAS #: **7440-21-3**
Sub #: **3125** DOT #:

(X)Pure ( )Mixture	(X)Solid ( )Liquid ( )Gas	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	**Other: PALLET** **10,000 to 24,999 pounds** **5,000 to 9,999 pounds** **365** **Ambient pressure** **Ambient temperature**	**Hazards:** (X) Fire ( ) Sudden release of pressure ( ) Reactive (X) Acute health effects ( ) Chronic health effects ( ) None per MSDS
Trade Secret **No** EPCRA-Only **Yes**				

Substance Name: **SODIUM HYDROXIDE**
Location(s): **HAZMAT STORAGE BUILDING, BUILDINGS 6, 7, 8**
CAS #: **1310-73-2**
Sub #: **1706** DOT #:

( )Pure (X)Mixture	( )Solid (X)Liquid ( )Gas	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	**Above ground tank** **100,000 to 499,999 pounds** **50,000 to 99,999 pounds** **365** **Ambient pressure** **Greater than ambient temperature**	**Hazards:** ( ) Fire ( ) Sudden release of pressure ( ) Reactive (X) Acute health effects ( ) Chronic health effects ( ) None per MSDS
Trade Secret **No** EPCRA-Only **Yes**				

Substance Name; **SULFURIC ACID**
Location(s): **PLANT WIDE**
CAS #: **7664-93-9**
Sub #: **1761** DOT #: **1830**

(X)Pure ( )Mixture	( )Solid (X)Liquid ( )Gas	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	**Battery** **50,000 to 99,999 pounds** **25,000 to 49,999 pounds** **365** **Ambient pressure** **Ambient temperature**	**Hazards:** ( ) Fire ( ) Sudden release of pressure (X) Reactive (X) Acute health effects ( ) Chronic health effects ( ) None per MSDS
Trade Secret **No** EPCRA-Only **No**				

Substance Name: **SULFURIC ACID**
Location(s): **BUILDING 8**
CAS #: **7664-93-9**
Sub #: **1761** DOT #: **1830**

(X)Pure ( )Mixture	( )Solid (X)Liquid ( )Gas	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	**Tank inside building** **50,000 to 99,999 pounds** **25,000 to 49,999 pounds** **365** **Ambient pressure** **Ambient temperature**	**Hazards:** ( ) Fire ( ) Sudden release of pressure (X) Reactive (X) Acute health effects ( ) Chronic health effects ( ) None per MSDS
Trade Secret **No** EPCRA-Only **No**				

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Substance Name: **SULFURIC ACID**				CAS #: **7664-93-9**	
Location(s): **HAZMAT STORAGE BUILDING, BUILDINGS 6, 7, 8**				Sub #: **1761** DOT #: **1830**	
(X)Pure	( )Solid	Container type	**Plastic drum**	**Hazards:**	
( )Mixture	(X)Liquid	Max. daily inventory	**500 to 999 pounds**	( ) Fire	
	( )Gas	Avg. daily inventory	**500 to 999 pounds**	( ) Sudden release of pressure	
Trade Secret	**No**	Days on site	**365**	(X) Reactive	
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	(X) Acute health effects	
		Storage temperature	**Ambient temperature**	( ) Chronic health effects	
				( ) None per MSDS	

Substance Name: **TOLUENE**				CAS #: **108-88-3**	
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**				Sub #: **1866** DOT #: **1294**	
(X)Pure	( )Solid	Container type	**Steel drum**	**Hazards:**	
( )Mixture	(X)Liquid	Max. daily inventory	**100 to 499 pounds**	(X) Fire	
	( )Gas	Avg. daily inventory	**100 to 499 pounds**	( ) Sudden release of pressure	
Trade Secret	**No**	Days on site	**365**	( ) Reactive	
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	(X) Acute health effects	
		Storage temperature	**Ambient temperature**	(X) Chronic health effects	
				( ) None per MSDS	

Substance Name: **TRICHLOROETHYLENE**				CAS #: **79-01-6**	
Location(s): **HAZMAT STORAGE BUILDING**				Sub #: **1890** DOT #: **1710**	
(X)Pure	( )Solid	Container type	**Steel drum**	**Hazards:**	
( )Mixture	(X)Liquid	Max. daily inventory	**10 to 99 Pounds**	( ) Fire	
	( )Gas	Avg. daily inventory	**10 to 99 Pounds**	( ) Sudden release of pressure	
Trade Secret	**No**	Days on site	**365**	( ) Reactive	
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	(X) Acute health effects	
		Storage temperature	**Ambient temperature**	(X) Chronic health effects	
				( ) None per MSDS	

Substance Name: **WASTE OIL**				CAS #:	
Location(s): **HAZMAT STORAGE BUILDING**				Sub #: **2851** DOT #: **1270**	
(X)Pure	( )Solid	Container type	**Tote bin**	**Hazards:**	
( )Mixture	(X)Liquid	Max. daily inventory	**100 to 499 pounds**	(X) Fire	
	( )Gas	Avg. daily inventory	**10 to 99 Pounds**	( ) Sudden release of pressure	
Trade Secret	**No**	Days on site	**365**	( ) Reactive	
EPCRA-Only	**No**	Storage pressure	**Ambient pressure**	( ) Acute health effects	
		Storage temperature	**Ambient temperature**	( ) Chronic health effects	
				( ) None per MSDS	

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Substance Name: **XYLENE (MIXED ISOMERS)**				CAS #: **1330-20-7**
Location(s): **HAZMAT STORAGE BUILDING, BUILDING 7**				Sub #: **2014** DOT #: **1307**
(X)Pure ( )Mixture	( )Solid (X)Liquid ( )Gas	Container type Max. daily inventory Avg. daily inventory Days on site Storage pressure Storage temperature	**Steel drum** **500 to 999 pounds** **10 to 99 Pounds** **365** **Ambient pressure** **Ambient temperature**	**Hazards:** (X) Fire ( ) Sudden release of pressure ( ) Reactive (X) Acute health effects (X) Chronic health effects ( ) None per MSDS
Trade Secret **No** EPCRA-Only **No**				

ENVIRONMENTAL CONSULTING & MANAGEMENT
ROUX ASSOCIATES INC

ROUX

402 Heron Drive
Logan Township, New Jersey 08085 TEL 856-423-8800 FAX 856-241-4670

April 25, 2014

Sent Via Certified Mail
Return Receipt Requested

Mr. Gene Padalino
Municipal Clerk's Office
5605 North Crescent Boulevard
Pennsauken, New Jersey 08110

Re: 9000 River Road
Pennsauken, New Jersey 08110
NJDEP PI #005314

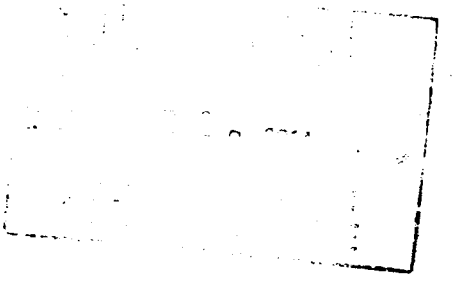
Dear Neighbor:

In accordance with the New Jersey Department of Environmental Protection (NJDEP) New Jersey Administrative Code 7:26C-7.3(d) associated with a Classification Exception Area (CEA), Roux Associates is providing this notification regarding the current environmental status of the property located at 9000 River Road, New Jersey, Block 1903, Lots 1 and 4 (the Site). The CEA/Well restriction Area fact sheet is attached to this letter.

Should you have any questions regarding please contact the undersigned at (856) 423-8800.

Sincerely,
ROUX ASSOCIATES, INC.

Peter Downham
Senior Scientist/Project Manager



New Jersey Department of Environmental Protection
Site Remediation Program

CLASSIFICATION EXCEPTION AREA / WELL RESTRICTION AREA (CEA/WRA) FACT SHEET FORM

☒ LSRP ☐ Subsurface Evaluator

Date Stamp
(For Department use only)

SECTION A. SITE INFORMATION

Site Name: Aluminum Shapes, LLC

Program Interest (PI) Number(s): 005314

Case Tracking Number(s): LSR120001

1. Indicate the reason for submission of this form:

☒ New CEA ☐ Revise CEA ☐ Existing CEA with no changes ☐ CEA Lift/Removal

If you are submitting this form for an existing CEA provide the CEA Subject Item ID: _____

2. Indicate the type of ground water Remedial Action (RA):

☐ Natural ☐ Active ☒ Final RA not yet selected

3. Has a Remedial Action Permit (RAP) application been submitted to the NJDEP? ..... ☐ Yes ☒ No

SECTION B. CEA COMPONENT INFORMATION

1. **Contaminant(s):** This CEA/WRA applies only to the contaminants above the applicable numeric values established by Ground Water Quality Standards (GWQS), N.J.A.C. 7:9C, listed in the table below. List below the maximum value for all contaminants included in Exhibit A using any well or sampling point used to establish the CEA.

Contaminant	Concentration [1]	GWQS [2]	SWQS [3]	GWSL [4]
Chromium (hexavalent chromium)	481 (480)	70		

Notes:
[1] Maximum concentration in Micrograms Per Liter
[2] New Jersey Ground Water Quality Standards, N.J.A.C. 7:9C
[3] Surface Water Quality Standards, N.J.A.C. 7:9B - Applicable only where contaminants in the CEA may discharge to a surface water body.
[4] Current NJDEP Vapor Intrusion Ground Water Screening Levels available at http://www.nj.gov/dep/srp/guidance/vaporintrusion/

☐ Check if attaching an Addendum to list additional contaminants and associated information.

2. **CEA Boundaries:** Year of tax map used: 2013

For CEA revisions: ☐ check if CEA Boundary has changed (See instructions)

☐ check if Block and Lot numbers have changed (See instructions)

List the Block(s) and Lot(s) included in the areal extent of the Classification Exception Area:

Block(s)	Lot(s)	Check if off-site
1903	1	☐
1903	4	☐
1802	2	☒
1610	1	☒
1610	19	☒
7006	6	☒
1802	1	☒
1610	20	☒
1610	3	☒
1801	1	☒

☒ Check if attaching an Addendum to list additional Blocks/Lots and associated information.

Narrative description of proposed CEA:

The proposed CEA includes a portion of the facility located at 9000 River Road in Pennsauken, Camden County, New Jersey. In addition, the CEA includes offsite properties to the west (commerical/industrial), and south (residential) of the site as shown on Exhibit D. The proposed CEA will include exceedences of NJDEP Class-IIA Ground Water Quality Standards (GWQS) for Chromium.

Name(s) of the affected Geologic Formation(s)/Unit(s): Potomac-Raritan-Magothy Formation

Direction of ground water flow: Southwest (If multiple water bearing zones exist within the CEA and/or there is no predominant flow direction, see instructions)

Ground Water Classification: Class IIA

Vertical Depth of CEA: 115 (ft bgs) **and** -95 (msl).

Horizontal Extent of CEA: 38.03 Indicate units: ☒ acres or ☐ square feet

3. **Projected Term of CEA:** (Based on modeling/calculations in Exhibit E)

Proposed Duration in Years: _____ Expected Expiration Date: _____

or ☒ Indeterminate

4. **ATTACH THE FOLLOWING:** (see instructions for additional information)

Exhibit A: Remedial Investigation Report – Per N.J.A.C 7:26C-7.3(a)3 submit the RIR;

Exhibit B: Site Location Maps – USGS Quadrangle Map;

Exhibit C: Site Map(s) and Cross Section – See N.J.A.C 7:26C- 7.3(c)1 and 2 and instructions regarding what to include on the map(s) and the cross-section figure.

Exhibit D: GIS Deliverables – CEA Boundary Extent and CEA/WRA Spreadsheet – The CEA/WRA spreadsheet contains the vertical contaminant depth data for each sampling point used to prepare the CEA maps and cross-section figure, required by N.J.A.C 7:26C-7.3(c). The CEA Boundary Extent and CEA/WRA Spreadsheet shall be submitted via email to srpgis_cea@dep.state.nj.us. The CEA/WRA Spreadsheet shall also be included on the CD submitted with this form. See the instructions for both this form and the instructions for the CEA/WRA spreadsheet for more details.

For revisions, does the revised CEA map differ from CEA map on NJ-GeoWeb? ☐ Yes ☐ No ☒ N/A

Identify the format of the CEA Boundary Extent Map: ☒ Shape File ☐ CAD File

Exhibit E: Fate and Transport Description and Model Documentation

Is all the ground water contamination associated with the site the result of Historic Fill?..... ☐ Yes ☒ No

If "Yes," Fate and Transport Description and Model Documentation is not required.
If "No," submit all information required pursuant to N.J.A.C. 7:26C-7.3(b)2.

SECTION C. CURRENT GROUND WATER USE DOCUMENTATION

1. Indicate the year of the most recent well search completed per N.J.A.C. 7:26E-1.14: 2013
2. If this Fact Sheet form is for a revised CEA or an existing CEA with no changes, have new wells been installed since the CEA was established? ..... ☐ Yes ☐ No ☒ N/A

SECTION D. WELL RESTRICTION INFORMATION

Certain well restrictions relevant to potable ground water use, such as "Double Case Wells", "Sample Potable Wells", and "Evaluate Production Wells", are consistently set within the boundaries of all CEAs established by the NJDEP in Class I and II-A areas (see instructions).

1. Are there any other site-specific well restrictions relevant to potable ground water use that should be set within or near the boundaries of the proposed CEA?..... ☐ Yes ☒ No

If "Yes", describe below any such site-specific well restrictions proposed for this CEA:

SECTION E. PUBLIC NOTIFICATION REQUIREMENTS

1. Indicate which of the following entities have been notified pursuant to N.J.A.C. 7:26C-7.3(d). (check all that apply)

   - ☒ Municipal and county clerk(s)
   - ☒ Local, county or regional health department(s)
   - ☐ Designated County Environmental Health Act agency (if applicable)
   - ☒ County Planning Board
   - ☐ Pinelands Commission (if applicable)
   - ☒ Owners of real property overlying CEA foot print

2. **List of Names and Addresses** – List name/address of all persons notified pursuant to N.J.A.C. 7:26C-7.3(d) based on the proposed CEA extent. See instructions for detailed information.

   ☒ Check here if no volatile contaminants are in the CEA

Name	Notification Address Used	Date notification sent	Property was evaluated for vapor impacts ☒ if "Yes"
Gene Padalino	Municipal Clerk's Office; 5605 N. Crescent Blvd., Pennsauken, NJ 08110	04/25/2014	☐
Joseph Ripa	Camden County Clerk; Room 102, 520 Market St., Camden, NJ 08102	04/25/2014	☐
Paschal Nwako	Camden County Department of Health and Human Services;	04/25/2014	☐
(cont.) Paschal Nwako	DiPietro Center, 512 Lakeland Road, Suite 406, Blackwood, NJ08012	04/25/2014	☐
Camden County Planning Board	Charles J. DePalma Complex; 2311 Egg Harbor Rd., Lindenwold, NJ 08021	04/25/2014	☐
Rodriguez Milagros	8461 Balfour Road Pennsauken, New Jersey 08110	04/25/2014	☐
Kenneth J. Messick	8455 Balfour Road Pennsauken, New Jersey 08110	04/25/2014	☐
Mohican Properties INC	9051 River Rd Pennasuken, New Jersey 08110	04/25/2014	☐
Jeanette and James Huntington	8445 Balfour Road Pennsauken, New Jersey 08110	04/25/2014	☐
Conrail: Greg Oliver Tax Dept	110 Franklin Rd SE Roanoke, VA 24042	04/25/2014	☐
STECH LTD LP c/o WM G, Standard WRHS	P.O. 308 Pennsauken, New Jersey 08110	04/25/2014	☐
Warehouse Partners, LP	100 Lawrence Dr , West Chester, PA 19380	04/25/2014	☐
Lucy Gonzalez	8470 Holman Ave, Pennsauken, NJ 08110	04/25/2014	☐
Phil Scarfo c/o Aluminum Shapes	9000 River Road, Pennsauken, NJ 08110	04/25/2014	☐
Michael & Debbie Tippin	8449 Balfour Road, Pennsauken, NJ 08110	04/25/2014	☐
Doris Hudson	8466 Holman Ave, Pennsauken, NJ 08110	04/25/2014	☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

SECTION F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: SLLC Oldco LLC (for Shapes, LLC, A/K/A Aluminum Shapes, LLC)

Representative First Name: Brett Representative Last Name: Craig

Title: Vice President

Phone Number: (305) 379-8686 Ext: Fax:

Mailing Address: 1450 Brickell Ave, 31st Floor

City/Town: Miami State: FL Zip Code: 33131

Email Address: bcraig@bayside.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: Date: 4/25/2014

Name/Title: Brett Craig/Vice President

No changes to contact information since last submittal ☐

SECTION G. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 573805

First Name: Gregory Last Name: Martin

Phone Number: (856) 423-8800 Ext: Fax: (856) 241-4670

Mailing Address: 402 Heron Drive

City/Town: Logan Township State: New Jersey Zip Code: 08085

Email Address: gmartin@rouxinc.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

☐ *directly oversaw and supervised all of the referenced remediation, and\or*

☒ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: Date: 4/25/2014

LSRP Name/Title: Gregory D. Martin/ VP/Principal Hydrogeologist

Company Name: Roux Associates, Inc.

No Changes To Contact Information Since Last Submittal ☐

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

ADDENDUM
Classification Exception Area / Well Restriction Area
Fact Sheet Form

Section B. CEA Component Information

1. **Contaminant(s):** This CEA/WRA applies only to the contaminants above the applicable numeric values established by Ground Water Quality Standards (GWQS), N.J.A.C. 7:9C, listed in the table below. List below the maximum value for all contaminants included in Exhibit A using any well or sampling point used to establish the CEA.

Contaminant	Concentration [1]	GWQS [2]	SWQS[3]	GWSL[4]

Notes:
[1] Maximum concentration in Micrograms Per Liter
[2] New Jersey Ground Water Quality Standards, N.J.A.C. 7:9C
[3] Surface Water Quality Standards, N.J.A.C. 7:9B - Applicable only where contaminants in the CEA may discharge to a surface water body.
[4] Current NJDEP Vapor Intrusion Ground Water Screening Levels

2. **CEA Boundaries:**
Blocks(s) and Lot(s) included in the areal extent of the Classification Exception Area:

Year of tax map used: 2013 For CEA revisions, check here if Block and Lot numbers have changed: ☐

Block(s)	Lot(s)	Check if off-site	Block(s)	Lot(s)	Check if off-site
1610	2.01	☒			☐
1610	2	☒			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐
		☐			☐

ENVIRONMENTAL CONSULTING & MANAGEMENT
ROUX ASSOCIATES INC

ROUX

402 Heron Drive
Logan Township, New Jersey 08085 TEL 856-423-8800 FAX 856-241-4670

April 25, 2014

Mr. Gene Padalino
Municipal Clerk's Office
5605 N. Crescent Blvd.
Pennsauken, New Jersey 08110

Re: 9000 River Road
Pennsauken, New Jersey 08110
NJDEP PI #005314

Dear Mr. Paladino:

In accordance with the New Jersey Department of Environmental Protection (NJDEP) New Jersey Administrative Code 7:26E-1.12(f) associated with the submittal of a Receptor Evaluation, Roux Associates is providing a copy of the Receptor Evaluation Form for the property located at 9000 River Road, New Jersey, Block 1903, Lots 1 and 4 (the Site).

Should you have any questions regarding please contact the undersigned at (856) 423-8800.

Sincerely,
ROUX ASSOCIATES, INC.

Peter Downham
Senior Scientist/Project Manager

New Jersey Department of Environmental Protection
Site Remediation Program

RECEPTOR EVALUATION (RE) FORM

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: Aluminum Shapes, LLC

List all AKAs: Shapes, LLC; SLLC Oldco LLC

Street Address: 9000 River Road

Municipality: Delair (Township, Borough or City)

County: Camden Zip Code: 08110

Program Interest (PI) Number(s): 005314 Case Tracking Number(s): LSR120001

Indicate the type of submission:

☐ Initial RE Submission

☒ Updated RE Submission

Indicate the reason for submission of an updated RE form

☐ Submission of an Immediate Environmental Concern (IEC) source control report;

☒ Submission of a Remedial Investigation Report;

☐ Submission of a Remedial Action Report;

Check if included in updated RE

☒ The known concentration or extent of contamination in any medium has increased;

☐ A new AOC has been identified;

☐ A new receptor is identified;

☐ A new exposure pathway has been identified.

SECTION B. ON SITE AND SURROUNDING PROPERTY USE

1. Identify any sensitive populations/uses that are currently on-site or surrounding property usage within 200 feet of the site boundary (check all that apply):

	On-site	Off-site
None of the following	☒	☐
Residences or residential property	☐	☒
Public or Private Schools grades K-12	☐	☐
Child care centers	☐	☐
Public parks, playgrounds or other recreation areas	☐	☐
Other sensitive population use(s) Explain _____	☐	☐

If any of the above applies, attach a list of addresses, facility names, type of use, and a map depicting each location relative to the site. See Attachment.

2. Current site uses (check all that apply):

☒ Industrial ☐ Residential ☐ Commercial ☐ Agricultural
☐ School or child care ☐ Government ☐ Park or recreational use
☐ Vacant ☐ Other: _____

3. Planned future site uses and off-site use within 200 ft of site boundary (check all that apply):

☐ Industrial ☐ Residential ☐ Commercial ☐ Agricultural
☐ School or child care ☐ Government ☐ Park or recreational use
☐ Vacant ☒ Other: Left Blank Per Instructions

Provide a map depicting the location of the proposed changes in land use.

SECTION C. DESCRIPTION OF CONTAMINATION

1. Identify if any of the following exist at the site (check all that apply):
   - ☐ Free product [N.J.A.C. 7:26E-1.8] identified is ☐ LNAPL* or ☐ DNAPL**. Date identified: _____
   - ☐ Residual product [N.J.A.C. 7:26E-1.8]
   - ☐ Other high concentration source materials not identified above (e.g., buried drums, containers, unsecured friable asbestos)

     Explain: _____

   * LNAPL – measured thickness of .01 feet or more

   **DNAPL – See US EPA DNAPL Overview

2. Soil Migration Pathway

   Has soil contamination been delineated to the applicable Direct Contact Soil Remediation Standard? ☒ Yes ☐ No

   Are all soils either below the applicable Direct Contact Criteria or under an institutional control (i.e. deed notice)? ☐ Yes ☒ No

3. If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to Section D. Otherwise attach a brief summary of all currently available data and information to be included in the site investigation or remedial investigation report.

SECTION D. GROUND WATER USE

1. Has the requirement for ground water sampling been triggered? ☒ Yes ☐ No ☐ Unknown
   If "No," proceed to Section F. If "Unknown," explain:

2. Is Ground water contaminated above the Ground Water Remediation Standards [N.J.A.C.7:9C]? ☒ Yes ☐ No ☐ Unknown

   Or ☐ Awaiting laboratory data with the expected due date: _____

   If "Yes," provide the date that the laboratory data was available and confirmed contamination above the Ground Water Remediation Standards. Date: 04/04/1995 * (Per NJDEP DataMiner)

   If "Unknown," explain: _____

   If "No," or awaiting laboratory data proceed to Section F.

3. Has ground water contamination been delineated to the applicable Remediation Standard? ☒ Yes ☐ No
4. Has a well search been completed? ☒ Yes ☐ No

   Date of most recent or updated well search: 04/09/2014

   Identify if any of the following conditions exist based on the well search [N.J.A.C.7:26E-1.14(a)] (check all that apply):
   - ☒ Potable wells located within 500 feet from the downgradient edge of the currently known extent of contamination.
   - ☐ Potable well located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination.
   - ☒ Ground water contamination is located within a Tier 1 wellhead protection area (WHPA).

5. Is a completed Well Search Spreadsheet or historical well search table attached and has an electronic copy of the spreadsheet been submitted to srpgis_wrs@dep.state.nj.us. ☒ Yes ☐ No

   If "No," explain: _____

6. Are any private potable or irrigation wells located within ½ mile of the currently known extent of contamination? 3 Private wells identified in well search, installed in 1953 and could not be located. ☐ Yes ☒ No

   If "Yes," was a door to door survey completed? ☐ Yes ☒ No

   If survey was not completed explain: Walkthrough completed to determine if potable wells exist. None discovered

7. Has sampling been conducted of ☒ potable well(s) and /or ☐ non-potable use well(s)? ☒ Yes ☐ No

   If "No," provide justification then proceed to Section E. Public supply wells sampled. See attached letters and Figure.

8 Has contamination been identified in potable well(s) above Ground Water Remediation Standards that is not suspected to be from the site? (If "Yes," provide justification) ☐ Yes ☒ No

_____

9 Has contamination been identified in potable well(s) that is above the Ground Water Remediation Standards or Federal Drinking Water Standards? ☐ Yes ☒ No

Provide date laboratory data was received: _____

Or ☐ awaiting laboratory data with the expected due date: _____

If "Yes" for potable well contamination **not attributable to background**, follow the IEC Guidance Document at http://www.nj.gov/dep/srp/guidance/index.html#iec for required actions and answer the following:

Has an engineered system response action been completed on all receptors? ☐ Yes ☐ No

Provide a brief narrative description:

Date completed: _____ NJDEP Case Manager: _____

10. Were Non-potable use well(s) sampled and results were above Class II Ground Water Remediation Standards? ☐ Yes ☒ No

Provide date laboratory data was received: _____

Or ☐ awaiting laboratory data with the expected due date: _____

11. Has the ground water use evaluation been completed? ☒ Yes ☐ No

SECTION E. VAPOR INTRUSION (VI)

1. Contaminants present in ground water exceed the Vapor Intrusion Ground Water Screening Levels that trigger a VI evaluation. (see NJDEP Vapor Intrusion Technical Guidance). ... ☐ Yes ☒ No ☐ Unknown

Or ☐ Awaiting laboratory data and the expected due date: _____

Provide the date that the laboratory data was available and confirmed contamination above the Vapor Intrusion Trigger Levels. Date: _____

2. Other existing conditions that trigger a VI evaluation. (see NJDEP Vapor Intrusion Technical Guidance)

☐ Wet basement or sump containing free product or ground water containing volatile organics
☐ Methane generating conditions causing oxygen deficient or explosion concern
☐ Other human or safety concern from the VI pathway (i.e. elemental mercury, unsaturated contamination, elevated soil gas or indoor vapor (explain):

If you answered "No," or awaiting laboratory data to Question 1., *and* did not check any boxes in Question 2, proceed to Section F, "Ecological Receptors", otherwise complete the rest of this section.

3. Has ground water contamination been delineated to the applicable Ground Water Vapor Screening Level? ☐ Yes ☐ No

4. Was a site specific screening level, modeling or other alternative approach employed for the VI pathway? ☐ Yes ☐ No

5. Identify and locate on a scaled map any buildings/sensitive populations that exist within the following distances from ground water contamination with concentrations above the Vapor Intrusion Ground Water Screening Levels or specific threats (check all that apply):

☐ 30 feet of petroleum free product or dissolved petroleum hydrocarbon contamination in ground water
☐ 100 feet of any non-petroleum free product or any non-petroleum dissolved volatile organic ground water contamination
☐ No buildings exist within the specified distances

6. The vapor intrusion pathway is a concern at or adjacent to the site (if "No," attach justification) ☐ Yes ☐ No

7. Has soil gas sampling of the building(s) been conducted? ☐ Yes ☐ No ☐ N/A
   If "No," or "N/A," proceed to #10

8. Has indoor air sampling been conducted at the identified building(s)? ☐ Yes ☐ No
   If "No," proceed to #10

9 Has indoor air contamination been identified but not suspected to be from the site?
   (if "Yes," attach justification) ☐ Yes ☐ No

10. Indoor air results were above the NJDEP's Rapid Action Levels. ☐ Yes ☐ No

    Provide the date that the laboratory data was available and confirmed contamination above the Rapid Action Levels. Date: _____

    Or ☐ Awaiting laboratory data with the expected due date: _____

    If "Yes" to #8 above, follow the IEC Guidance Document at http://www.nj.gov/dep/srp/guidance/index.html#iec **for required actions.**

    The IEC engineering system response for control was implemented for all identified structures ☐ Yes ☐ No

    Date: _____ NJDEP Case Manager: _____

11. Indoor air sampling was conducted and results were above the NJDEP's Indoor Air Screening Levels but at or below the Rapid Action Levels ☐ Yes ☐ No

    Provide the date that the laboratory data was available. Date: _____

    Or ☐ Awaiting laboratory data with the expected due date: _____

    If "Yes" to #10 above, answer the following:

    Has the Vapor Concern (VC) Response Action Form notifying the NJDEP of the exceedances been submitted? ☐ Yes ☐ No
    Date: _____

    Has a plan to mitigate and monitor the exposure been submitted? ☐ Yes ☐ No
    Date: _____

    Has the Mitigation Response Action Report been submitted? ☐ Yes ☐ No
    Date: _____

12. Has the vapor intrusion investigation been completed? ☐ Yes ☐ No
    If "No", is the vapor intrusion investigation stepping out as part of the site investigation or remedial investigation. (If "No," attach justification) ☐ Yes ☐ No

SECTION F. ECOLOGICAL RECEPTORS

1. Has an Ecological Evaluation (EE) has been conducted? [N.J.A.C. 7:26E-1.16] ☒ Yes ☐ No
   Date conducted: 02/11/2014

2. Do the results of an EE trigger a remedial investigation of ecological receptors? [N.J.A.C. 7:26E-4.8] ☐ Yes ☒ No

3. Has a remedial investigation of ecological receptors been conducted? ☐ Yes ☒ No
   Date conducted: _____

4. Provide the following information for any surface water body on or within 200 feet of the site: Not Applicable.

Surface Water Body Name	Stream Classification	Antidegradation Designation	Trout Production	Trout Maintenance
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

5. Does the site contain any features regulated by the Land Use Regulation Program (LURP)? (e.g. wetlands, flood hazard area, tidelands, etc.). ☐ Yes ☒ No

   If "Yes," identify the type(s) of features: _____

6. Have any formal LURP jurisdiction letters or approvals been issued for the site? ☐ Yes ☒ No

   If "Yes," what is the LURP Program Interest (PI) number(s) for the site? _____

7. Have any applications for formal LURP jurisdiction letters or approvals been submitted the NJDEP? ☐ Yes ☒ No

   If "Yes," what is the LURP Program Interest (PI) number(s) for the site? _____

8. Is free product or residual product located within 100 feet from an ecological receptor? ☐ Yes ☒ No

9. Available data indicate an impact on: ☐ Ecological receptor(s) ☐ Surface water ☐ Sediment

If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to Section G. Otherwise attach a description of the type of contamination and provide a schedule and a description of all actions to be taken to mitigate exposure.

SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDI

Full Legal Name of the Person Responsible for Conducting the Remediation: SLLC Oldco LLC (for Shapes, LLC, A/K/A Aluminum Shapes, LLC)

Representative First Name: Brett Representative Last Name: Craig

Title: Vice President

Phone Number: (305) 379-8686 Ext: _____ Fax: _____

Mailing Address: 1450 Brickell Ave, 31st Floor

City/Town: Miami State: FL Zip Code: 33131

Email Address: bcraig@bayside.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: 4/25/2014

Name/Title: Brett Craig/ Vice President **No Changes Since Last Submittal** ☐

SECTION H. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 573805

First Name: Gregory Last Name: Martin

Phone Number: (856) 423-8800 Ext: Fax: (856) 241-4670

Mailing Address: 402 Heron Drive

City/Town: Logan Township State: NJ Zip Code: 08085

Email Address: gmartin@rouxinc.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

☐ *directly oversaw and supervised all of the referenced remediation, and\or*

☒ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: Date: 4/25/2014

LSRP Name/Title: Gregory D. Martin/ VP/ Principal Hydrogeologist **No Changes Since Last Submittal** ☐

Company Name: Roux Associates, Inc.

Completed forms should be sent to the municipal clerk, designate health department, and:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

Golder Associates

Sent to Bldg #1

August 12, 2011

Project No.: 973-6384

Mr. Kevin M. McKenna, Esq.
Latsha Davis Yohe & McKenna, P.C.
350 Eagleview Boulevard, Suite 100
Exton, PA 19341

RE: VAPOR INTRUSION TESTING AT
ALUMIMUN SHAPES, LLC
9000 RIVER ROAD
PENNSAUKEN TWP, BURLINGTON COUNTY, NEW JERSEY
BLOCK # 1904 LOT # 4

FOR: FORMER DEVOE MARINE COATINGS COMPANY SITE
9155 RIVER ROAD
PENNSAUKEN TWP, BURLINGTON COUNTY, NEW JERSEY
NJDEP PI #: 004830

Dear Mr. McKenna:

This letter is in response to your correspondence dated July 29, 2011 requesting additional technical and regulatory information from Akzo Nobel Paints LLC (Akzo Nobel Paints) for your client Aluminum Shapes Inc. (Aluminum Shapes) related to our continued requests for access to conduct a vapor intrusion (VI) investigation at the Aluminum Shapes facility. It continues to be Akzo Nobel Paints' assertion that a VI investigation is required at the Aluminum Shapes facility in accordance with New Jersey Department of Environmental Protection (NJDEP) requirements based upon the results of the on-going groundwater investigation at the former Devoe Marine Coatings Company site (Site), located across the street from the Aluminum Shapes facility, which showed exceedances of the NJDEP Vapor Intrusion Ground Water Screening Levels from locations directly adjacent to the Aluminum Shapes facility (i.e., along River Road on the Aluminum Shapes side).

To summarize, the correspondence related to the requests is as follows:

- June 3, 2011 – Initial correspondence from Golder Associates Inc. (Golder) to Aluminum Shapes explaining the purpose and results of our client, Akzo Nobel Paints', groundwater investigation in the vicinity of the Aluminum Shapes facility, and requesting access to that facility for the purpose of conducting a VI investigation in accordance with NJDEP guidance based on the results of the groundwater investigation. The VI sampling was proposed to be conducted on June 28, 2011: the letter included several attachments written by NJDEP explaining VI and how to prepare for a VI investigation.
- June 8, 2011 – Aluminum Shapes' correspondence to Golder acknowledging receipt of the June 3 request, noting the matter had been referred to their legal counsel and Golder would be contacted by a representative upon completion of its review. Aluminum Shapes requested additional information regarding Akzo Nobel's proposed work at nearby facilities.
- June 16, 2011 – Golder's correspondence to Aluminum Shapes providing the additional requested information for proposed work at nearby facilities.
- June 17, 2011 – Correspondence to Golder from Latsha Davis Yohe & McKenna, PC (LDYM) on behalf of Aluminum Shapes requesting additional technical and regulatory data prior to Aluminum Shapes considering the request for access to their facility for the VI investigation.
- June 27, 2011 – Golder's correspondence to LDYM providing the information requested, or sources where the requested information could be obtained, including Golder's Mt. Laurel, NJ office.

Golder Associates Inc.
200 Century Parkway, Suite C
Mt. Laurel, NJ 08054 USA
Tel: (856) 793-2005 Fax: (856) 793-2006 www.golder.com
Golder Associates: Operations in Africa, Asia, Australasia, Europe, North America and South America

- July 29, 2011 – LDYM's correspondence acknowledging the additional information provided by Golder on June 27, but requesting further data.

With regard to LDYM's latest correspondence requesting the additional data, we fail to understand how traveling to our office, which is only 7 miles away from the Aluminum Shapes facility and only 1 mile away from your Mt. Laurel office, would "cause unnecessary cost." The project files, which LDYM presumed are readily available and could easily be submitted, are actually voluminous in nature in accordance with NJDEP's requirements for technical reports and analytical laboratory deliverables under the Technical Requirements for Site Remediation.

In addition, we acknowledge, but do not agree with, LDYM's less conservative interpretation of the "trigger distance" for the investigation related to the xylene associated with the former Devoe Marine Coatings Company site. Our interpretation is based upon NJDEP's definition of petroleum product, and therefore we do not believe that what LDYM refers to as the "reason for the petroleum exemption" is pertinent in this situation. Our interpretation, which we confirmed with NJDEP, is that the xylene in question does not meet the definition of a petroleum product, and therefore the "trigger distance" is 100 ft. rather than 30 ft. as asserted by LDYM. We discussed our interpretation with Mr. John Boyer of NJDEP (609-984-9751), one of the primary contacts for NJDEP's Vapor Intrusion Program and one of the primary authors of NJDEP's *Vapor Intrusion Guidance*. Mr. Boyer confirmed that the xylene in question does not meet NJDEP's definition of a petroleum product. He further commented that in his opinion, since the term is defined in NJDEP's rules (Underground Storage of Hazardous Substances Rules, N.J.A.C. 7:14 B) as opposed to guidance, it is not open to other interpretations.

Despite our differences of interpretation, we appreciate the time that has been spent by Aluminum Shapes to respond to our requests. As we have explained, Akzo Nobel Paints believes that the requirements for this investigation are relatively straightforward, and may ultimately be beneficial to both Aluminum Shapes and its employees. That said we do not understand the rationale being used by Aluminum Shapes for denying the requested access.

In that it now appears that we will not be able to reach agreement, Akzo Nobel Paints is no longer seeking access to the Aluminum Shapes property at this time. Akzo Nobel Paints remains willing to provide Aluminum Shapes (or its representatives) an opportunity to review the pertinent environmental reports. In the event that Aluminum Shapes decides to provide access for the vapor intrusion investigation, please contact either me, or alternatively Mr. Robert Kovalak of Akzo Nobel Paints (440) 297-8282, and the work will be scheduled as soon as reasonably possible at your convenience.

By copy of this letter, Akzo Nobel Paints is providing documentation of its efforts to conduct the work at the Aluminum Shapes facility in accordance with NJDEP's regulations to the NJDEP, the Camden County Department of Health and Human Services, and the Pennsauken Township Clerk's Office.

Very truly yours,

GOLDER ASSOCIATES INC.

Michael M. Morris

Michael M. Morris, PG, LSRP
Associate and Senior Consultant

MMM/lrl

cc: Akzo Nobel Paints, Mr. Robert Kovalak
NJDEP Office of Community Relations
NJDEP Bureau of Environmental Evaluation Cleanup and Responsibility Assessment
Camden County Department of Health and Human Services
Pennsauken Township Clerk's Office

S

New Jersey Department of Environmental Protection
Site Remediation Program

PUBLIC NOTIFICATION AND OUTREACH

☒ Non-LSRP (Existing Cases) ☐ LSRP ☐ Subsurface Evaluator

Date Stamp
(For Department use only)

SECTION A. SITE LOCATION

Site Name: Aluminum Shapes, LLC

List all AKAs:

Street Address: 9000 River Road

Municipality: Pennsauken (Township, Borough or City)

County: Camden Zip Code: 08110

Mailing Address if different than street address:

Program Interest (PI) Number(s): 005314 Case Tracking Number(s):

Date trigger compliance with Section 30 of Site Remediation Reform Act PL:

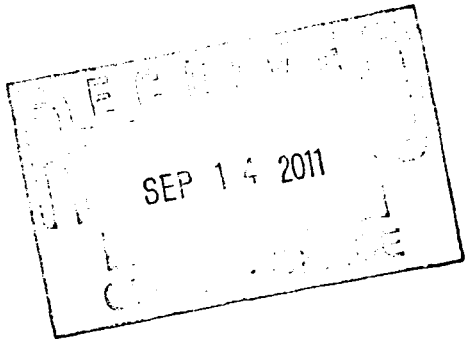
State Plane Coordinates for a central location at the site: Easting: 339552.585 Northing: 420544.959

Municipal Block(s) and Lot(s): Block # 1903 Lot # 4

Block #	1903	Lot #	1	Block #		Lot #	
Block #		Lot #		Block #		Lot #	
Block #		Lot #		Block #		Lot #	
Block #		Lot #		Block #		Lot #	

SECTION B. NOTIFICATION INFORMATION

1. Was public notification provided:
   Via sign? ..... ☐ Yes ☒ No Via fact sheet? ..... ☐ Yes ☒ No
   Via letter? ..... ☒ Yes ☐ No Via newspaper? ..... ☐ Yes ☒ No
2. Were materials produced in a language other than English? ..... ☐ Yes ☒ No
   If "Yes," in what other language was notification prepared?
3. Was notification of excess fill material conducted pursuant to N.J.A.C. 7:26E-1.4(k)? ..... ☐ Yes ☒ No
4. Was notification conducted using an Alternative Plan pursuant to N.J.A.C. 7:26E-1.4(o) or (p)? ..... ☐ Yes ☒ No
5. Did you provide an electronic copy of all required submittals? ..... ☒ Yes ☐ No
6. Did you provide copies to the municipality and local health department? ..... ☒ Yes ☐ No
7. Was additional public outreach conducted pursuant to N.J.A.C. 7:26E-1.4(q)? ..... ☐ Yes ☒ No



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SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: Aluminum Shapes, LLC

Representative First Name: Ted Representative Last Name: Riddle

Title: CEO

Phone Number: (856) 662-5500 Ext: NA Fax: (856) 662-5673

Mailing Address: 9000 River Road

City/Town: Pennsauken State: NJ Zip Code: 08110

Email Address: triddle@SHAPESLLC.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: Date: 9/6/11

Name/Title: Ted Riddle/CEO **No Changes Since Last Submittal** ☒

SECTION D. NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT

First Name: Monica Last Name: McHugh

Phone Number: (856) 423-8800 Ext: NA Fax: (856) 423-3220

Mailing Address: 1222 Forest Parkway, Suite 190

City/Town: West Deptford State: NJ Zip Code: 08066

Email Address: mmchugh@rouxinc.com

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

Signature: Monica McHugh Date: 9/7/11

Name/Title: Monica McHugh/Senior Geologist **No Changes Since Last Submittal** ☒

Company Name: Roux Associates, Inc.

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420

ENVIRONMENTAL CONSULTING & MANAGEMENT
ROUX ASSOCIATES INC

1222 FOREST PARKWAY, SUITE 190
WEST DEPTFORD, NEW JERSEY 08066
856 423-8800 FAX 856 423-3220

August 29, 2011 *Sent via Certificate of Mailing*

Mr. Ron Jones
8447 River Road
Pennsauken, New Jersey 08110

Re: Notification of Ongoing Environmental Work
Aluminum Shapes, LLC
9000 River Road, Pennsauken, New Jersey

Dear Neighbor:

On behalf of Aluminum Shapes, LLC (Aluminum Shapes), located at 9000 River Road, Pennsauken, New Jersey (Block 1903, Lots 1 and 4), we are writing to inform you that we are conducting a remedial investigation to address contamination that has been found on this property. This notification is made in accordance with the Public Notification Rule, N.J.A.C. 7:26E-1.4(g). The work is being done under a Memorandum of Agreement between Aluminum Shapes and the New Jersey Department of Environmental Protection (NJDEP). The NJDEP Preferred Identification No. for the site is 005314.

This investigation is prompted by the presence of chromium, which has been found in the soil and groundwater at the property. An investigation of the source and extent of the chromium contamination is currently underway.

During the course of the investigation, we will provide periodic updates about our progress. Copies of our reports will be made available to Pennsauken Township officials, upon request, as well as filed with NJDEP. Should you have any questions regarding the work, you can contact me at (856) 423-8800. In addition, you may contact the NJDEP Office of Community Relations at 609-984-3081.

We expect the work we are doing to continue to progress smoothly. In the meantime, we will continue to work efficiently and responsibly as we proceed with these remedial efforts.

Sincerely,

Monica McHugh
Senior Hydrogeologist

cc: Robert Neilson – Aluminum Shapes, LLC

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1222 Forest Parkway
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Paulsboro, NJ 08066

To:
MPC Industries
9111 River Road
Pennsauken, New Jersey 08110

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9069 River Road
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Mr. Albert Minnix, Sr.
140 West 5th Street
Palmrya, New Jersey 08065

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8365 Stow Road
Pennsauken, New Jersey 08110

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Panagiotois Patouhas
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To:
Mr. Santos Lozada &
Ms. Marily Castellano
8445 Holman Avenue
Pennsauken, New Jersey 08110

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Mr. Steven Maumick
8438 River Road
Pennsauken, New Jersey 08110

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Pennsauken, New Jersey 08110

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To:

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To:

Pollution Control Finance Authority
9600 River Road
Pennsauken, New Jersey 08110

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To:

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608 Morgan Blvd.
Camden, New Jersey 08101

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Union River Realty Company, Inc.
1301 Union Avenue
Pennsauken, New Jersey 8110

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To:
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850 Golf View Road
Moorestown, New Jersey 08057

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9191 River Road Realty LLC
45 East Park Drive
Westhampton, New Jersey 08060

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8475 Sheppard Road
Pennsauken, New Jersey 08110

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1222 Forest Parkway
Suite 190
Paulsboro, NJ 08066

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To:
Devoe Marine Coatings
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Pennsauken, New Jersey 08110

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Pennsauken, New Jersey 08110

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1222 Forest Parkway
Suite 190
Paulsboro, NJ 08066

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AUG 2011

To:
Mr. Sydney W. & Ms. Carolyn Harris
8470 Balfour Road
Pennsauken, New Jersey 08110

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Facility ID:**91039200000** Page 8 of 12

ALUMINUM SHAPES LLC

9000 RIVER RD
PENNSAUKEN, NJ 08109

PART 2
2012 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2012

SUBSTANCE DESCRIPTION		HAZARDS	INVENTORY INFORMATION	
Name:N-BUTYL ALCOHOL	(X)	Fire	Container type	DS
Substance Number:1330	( )	Sudden release of pressure	Max. daily inventory	13
CAS Number: 71-36-3	( )	Reactive	Avg. daily inventory	13
DOT Number: 1120	(X)	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X)	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )	Location(s): HAZMAT STORAGE BUILDING, BUILDING 7			
Name:NICKEL COMPOUNDS	( )	Fire	Container type	BN
Substance Number:2366	( )	Sudden release of pressure	Max. daily inventory	12
CAS Number: N495	( )	Reactive	Avg. daily inventory	11
DOT Number:	(X)	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X)	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )	Location(s): HAZMAT STORAGE BUILDING, BUILDING 8			
Name:NITRATE COMPOUNDS (WATER DISSOCIABLE)	( )	Fire	Container type	BN
Substance Number:3722	( )	Sudden release of pressure	Max. daily inventory	12
CAS Number: N511	( )	Reactive	Avg. daily inventory	12
DOT Number:	(X)	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X)	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )	Location(s): BUILDINGS 7, 8			
Name:NITROGEN (COMPRESSED OR LIQUIFIED)	( )	Fire	Container type	TA
Substance Number:1375	(X)	Sudden release of pressure	Max. daily inventory	17
CAS Number: 7727-37-9	( )	Reactive	Avg. daily inventory	16
DOT Number:	(X)	Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( )	Chronic health effects	Storage pressure	02

Solid ( ) Liquid (**X**) or Gas ( )	( )	None per MSDS	Storage temperature	07
Trade Secret: ( )	EPCRA Only: (**X**)	Location(s):	BUILDING 8	

Facility ID:**91039200000**

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ALUMINUM SHAPES LLC

9000 RIVER RD
PENNSAUKEN, NJ 08109

PART 2
2012 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2012

SUBSTANCE DESCRIPTION		HAZARDS	INVENTORY INFORMATION	
Name:PAINT	(X)	Fire	Container type	DS
Substance Number:	( )	Sudden release of pressure	Max. daily inventory	17
CAS Number:	( )	Reactive	Avg. daily inventory	17
DOT Number:	(X)	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X)	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: (X)		Location(s): HAZMAT STORAGE BUILDING, BUILDING 7		
Name:PETROLEUM OIL	(X)	Fire	Container type	DS
Substance Number:2651	( )	Sudden release of pressure	Max. daily inventory	19
CAS Number:	( )	Reactive	Avg. daily inventory	19
DOT Number: 1270	( )	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( )	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )		Location(s): PLANT-WIDE		
Name:PETROLEUM OIL	(X)	Fire	Container type	EE
Substance Number:2651	( )	Sudden release of pressure	Max. daily inventory	18
CAS Number:	( )	Reactive	Avg. daily inventory	18
DOT Number: 1270	( )	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( )	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )		Location(s): PLANT WIDE		
Name:SILICON POWDER	(X)	Fire	Container type	OT (PALLET)
Substance Number:3125	( )	Sudden release of pressure	Max. daily inventory	16
CAS Number: 7440-21-3	( )	Reactive	Avg. daily inventory	15
DOT Number:	(X)	Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( )	Chronic health effects	Storage pressure	01
Solid (X) Liquid ( ) or Gas ( )	( )	None per MSDS	Storage temperature	04

Trade Secret: ( )	EPCRA Only: (X)	Location(s):	FOUNDRY

Facility ID:**91039200000** Page 10 of 12

ALUMINUM SHAPES LLC

9000 RIVER RD
PENNSAUKEN, NJ 08109

PART 2
2012 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2012

SUBSTANCE DESCRIPTION		HAZARDS	INVENTORY INFORMATION	
Name:SODIUM HYDROXIDE	( )	Fire	Container type	TA
Substance Number:1706	( )	Sudden release of pressure	Max. daily inventory	19
CAS Number: 1310-73-2	( )	Reactive	Avg. daily inventory	18
DOT Number:	(X)	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( )	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	05
Trade Secret: ( ) EPCRA Only: (X)		Location(s): HAZMAT STORAGE BUILDING, BUILDINGS 6, 7, 8		
Name:SULFURIC ACID	( )	Fire	Container type	BT
Substance Number:1761	( )	Sudden release of pressure	Max. daily inventory	18
CAS Number: 7664-93-9	(X)	Reactive	Avg. daily inventory	17
DOT Number: 1830	(X)	Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( )	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )		Location(s): PLANT WIDE		
Name:SULFURIC ACID	( )	Fire	Container type	DP
Substance Number:1761	( )	Sudden release of pressure	Max. daily inventory	16
CAS Number: 7664-93-9	(X)	Reactive	Avg. daily inventory	16
DOT Number: 1830	(X)	Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( )	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )		Location(s): HAZMAT STORAGE BUILDING, BUILDINGS 6, 7, 8		
Name:SULFURIC ACID	( )	Fire	Container type	TI
Substance Number:1761	( )	Sudden release of pressure	Max. daily inventory	18
CAS Number: 7664-93-9	(X)	Reactive	Avg. daily inventory	17
DOT Number: 1830	(X)	Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( )	Chronic health effects	Storage pressure	01

Solid ( ) Liquid (**X**) or Gas ( )	( )	None per MSDS	Storage temperature 04
Trade Secret: ( )	EPCRA Only: ( )	Location(s):	BUILDING 8

Facility ID:**91039200000** Page 11 of 12

ALUMINUM SHAPES LLC

9000 RIVER RD
PENNSAUKEN, NJ 08109

PART 2
2012 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2012

SUBSTANCE DESCRIPTION		HAZARDS	INVENTORY INFORMATION	
Name:TOLUENE	(X)	Fire	Container type	DS
Substance Number:1866	( )	Sudden release of pressure	Max. daily inventory	13
CAS Number: 108-88-3	( )	Reactive	Avg. daily inventory	13
DOT Number: 1294	(X)	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X)	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )	Location(s):	HAZMAT STORAGE BUILDING, BUILDING 7		
Name:TRICHLOROETHYLENE	( )	Fire	Container type	DS
Substance Number:1890	( )	Sudden release of pressure	Max. daily inventory	12
CAS Number: 79-01-6	( )	Reactive	Avg. daily inventory	11
DOT Number: 1710	(X)	Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X)	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )	Location(s):	HAZMAT STORAGE BUILDING		
Name:WASTE OIL	(X)	Fire	Container type	BN
Substance Number:2851	( )	Sudden release of pressure	Max. daily inventory	16
CAS Number:	( )	Reactive	Avg. daily inventory	16
DOT Number: 1270	( )	Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( )	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )	Location(s):	HAZMAT STORAGE BUILDING		
Name:XYLENE (MIXED ISOMERS)	(X)	Fire	Container type	DS
Substance Number:2014	( )	Sudden release of pressure	Max. daily inventory	13
CAS Number: 1330-20-7	( )	Reactive	Avg. daily inventory	13
DOT Number: 1307	(X)	Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X)	Chronic health effects	Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS	Storage temperature	04
Trade Secret: ( ) EPCRA Only: ( )	Location(s):	HAZMAT STORAGE BUILDING, BUILDING 7		

Facility ID:**91039200000** Page 12 of 12

ALUMINUM SHAPES LLC

9000 RIVER RD
PENNSAUKEN, NJ 08109

PART 2
2012 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2012

SUBSTANCE DESCRIPTION		HAZARDS		INVENTORY INFORMATION	
Name:XYLENE (MIXED ISOMERS)	(X)	Fire		Container type	DS
Substance Number:2014	( )	Sudden release of pressure		Max. daily inventory	14
CAS Number: 1330-20-7	( )	Reactive		Avg. daily inventory	14
DOT Number: 1307	(X)	Acute health effects		Days on site	365
Pure ( ) or Mixture (X)	(X)	Chronic health effects		Storage pressure	01
Solid ( ) Liquid (X) or Gas ( )	( )	None per MSDS		Storage temperature	04
Trade Secret: ( )	EPCRA Only: ( )	Location(s):	HAZMAT STORAGE BUILDING, BUILDING 7		