

Bayshore Recycling Corp.  
75 Crows Mill Rd  
Keasbey, NJ 08832  
www.bayshorerecycling.com

Facility ID: 132397

Ticket: 2169083

Date: 6/17/2024

Time: 12:25:19 - 12:26:13

Customer: AMBIENT GROUP LLC/BSM0184  
2515 GLASSBORO CROSS KEYS ROAD  
WILLIAMSTOWN, NJ 08094-  
Truck: XMM79

Scale  
Gross: 83440 lb In Scale 1  
Tare: 27860 lb P.T.  
Net: 55580 lb  
License: XMM79  
Truck Type: TRIAXLE

CUYDs: 25

Carrier: MATA & SONS LLC

Manifest: E0825638  
Remaining: 0.00 TN

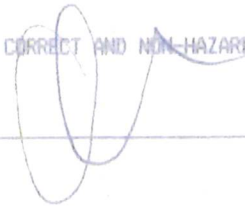
Profile: 2724-0446/LINDEN SCHOOL #2

Generator: LINDEN SCHOOL #2

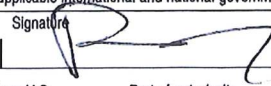
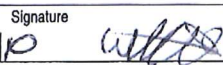
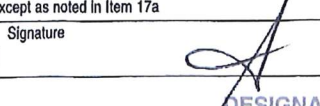
Comment:

| Origin      | Materials & Services | Quantity Unit |
|-------------|----------------------|---------------|
| Linden City | 1027 PCS             | 27.79 Tons    |

THE ABOVE IS CORRECT AND NON-HAZARDOUS TO THE BEST OF MY KNOWLEDGE

Driver: 

Weighmaster: Ashley

|                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|
| <b>NON-HAZARDOUS<br/>WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                  |  | 1. Generator ID Number<br><b>2724-0446</b>                                                        | 2. Page 1 of                                                                                                                        | 3. Emergency Response Phone               | 4. Waste Tracking Number<br><b>E0825638</b> |
| 5. Generator's Name and Mailing Address<br><b>LINDEN BOARD OF EDUCATION<br/>2 EAST GIBBONS STREET<br/>LINDEN, NJ 07036</b><br>Generator's Phone: <b>908-486-2800</b>                                                                                                                                                                                                     |  |                                                                                                   | Generator's Site Address (if different than mailing address)<br><b>LINDEN SCHOOL #2<br/>1708 S WOOD AVENUE<br/>LINDEN, NJ 07036</b> |                                           |                                             |
| 6. Transporter 1 Company Name<br><b>Mata &amp; Son</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   | U.S. EPA ID Number<br><b>XM M M79</b>                                                                                               |                                           |                                             |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                   | U.S. EPA ID Number                                                                                                                  |                                           |                                             |
| 8. Designated Facility Name and Site Address<br><b>BAVSHORE SOIL MANAGEMENT<br/>75 CROWS HILL ROAD<br/>KEASBEY, NJ 08832</b><br>Facility's Phone: <b>(732) 738-6000</b>                                                                                                                                                                                                  |  |                                                                                                   | U.S. EPA ID Number                                                                                                                  |                                           |                                             |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                   |  | 10. Containers                                                                                    |                                                                                                                                     | 11. Total                                 | 12. Unit                                    |
|                                                                                                                                                                                                                                                                                                                                                                          |  | No.                                                                                               | Type                                                                                                                                | Quantity                                  | Wt./Vol.                                    |
| 1. <b>NON-HAZ PC SOIL</b>                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 2.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 3.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 13. Special Handling Instructions and Additional Information<br><b>BSM 2724-0446 -</b>                                                                                                                                                                                                                                                                                   |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| Generator's/Offor's Printed/Typed Name<br><b>Paul Kenny</b>                                                                                                                                                                                                                                                                                                              |  | Signature<br> |                                                                                                                                     | Month<br><b>6</b>                         | Day<br><b>12</b>                            |
| 15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                            |  | Port of entry/exit:                                                                               |                                                                                                                                     | Date leaving U.S.:                        |                                             |
| Transporter Signature (for exports only):                                                                                                                                                                                                                                                                                                                                |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| Transporter 1 Printed/Typed Name<br><b>William Hernandez &amp; Reyes</b>                                                                                                                                                                                                                                                                                                 |  | Signature<br> |                                                                                                                                     | Month                                     | Day                                         |
| Transporter 2 Printed/Typed Name                                                                                                                                                                                                                                                                                                                                         |  | Signature                                                                                         |                                                                                                                                     | Month                                     | Day                                         |
| 17. Discrepancy                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                    |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
|                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |                                                                                                                                     | Manifest Reference Number: <b>2169083</b> |                                             |
| 17b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |                                                                                                                                     | U.S. EPA ID Number                        |                                             |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 17c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                      |  |                                                                                                   |                                                                                                                                     | Month                                     | Day                                         |
|                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a                                                                                                                                                                                                                                     |  |                                                                                                   |                                                                                                                                     |                                           |                                             |
| Printed/Typed Name<br><b>Asiley</b>                                                                                                                                                                                                                                                                                                                                      |  | Signature<br> |                                                                                                                                     | Month<br><b>6</b>                         | Day<br><b>12</b>                            |
|                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |                                                                                                                                     | Year<br><b>20</b>                         |                                             |

Bayshore Recycling Corp.  
75 Crows Mill Rd  
Keasbey, NJ 08832  
www.bayshorerecycling.com

Facility ID: 132397

Ticket: 2169284

Date: 6/17/2024

Time: 14:33:30 - 14:33:33

Customer: AMBIENT GROUP LLC/BSM0184  
2515 GLASSBORO CROSS KEYS ROAD  
WILLIAMSTOWN, NJ 08094-

Gross: 90340 lb In Scale 1  
Tare: 27860 lb P.T.  
Net: 62480 lb

Truck: XMM179

CUYDs: 25

License: XMM179

Truck Type: TRIAXLE

Carrier: MATA & SONS LLC

Profile: 2724-0446/LINDEN SCHOOL #2

Generator: LINDEN SCHOOL #2

Comment:

Manifest: E0825619

Remaining: 0.00 TN

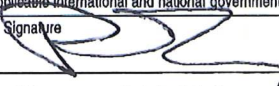
| Origin      | Materials & Services | Quantity | Unit |
|-------------|----------------------|----------|------|
| Linden City | 1027 PCS             | 31.24    | Tons |

THE ABOVE IS CORRECT AND NON-HAZARDOUS TO THE BEST OF MY KNOWLEDGE

Driver: \_\_\_\_\_

Weighmaster: Ashley



|                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------|
| <b>NON-HAZARDOUS<br/>WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                  |  | 1. Generator ID Number<br><b>2724-0446</b>                                                        | 2. Page 1 of                                                                                                                        | 3. Emergency Response Phone      | 4. Waste Tracking Number<br><b>E0825619</b> |
| 5. Generator's Name and Mailing Address<br><b>LINDEN BOARD OF EDUCATION<br/>2 EAST GIBBONS STREET<br/>LINDEN, NJ 07036</b><br>Generator's Phone: <b>908-486-2800</b>                                                                                                                                                                                                     |  |                                                                                                   | Generator's Site Address (if different than mailing address)<br><b>LINDEN SCHOOL #2<br/>1708 S WOOD AVENUE<br/>LINDEN, NJ 07036</b> |                                  |                                             |
| 6. Transporter 1 Company Name<br><b>Mata &amp; Son</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   | U.S. EPA ID Number<br><b>XXXXXX79</b>                                                                                               |                                  |                                             |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                   | U.S. EPA ID Number                                                                                                                  |                                  |                                             |
| 8. Designated Facility Name and Site Address<br><b>DAYSHORE SOIL MANAGEMENT<br/>75 CROWS HILL ROAD<br/>KEASBEY, NJ 08832</b><br>Facility's Phone: <b>(732) 738-6000</b>                                                                                                                                                                                                  |  |                                                                                                   | U.S. EPA ID Number                                                                                                                  |                                  |                                             |
| 9. Waste Shipping Name and Description                                                                                                                                                                                                                                                                                                                                   |  | 10. Containers                                                                                    |                                                                                                                                     | 11. Total                        | 12. Unit                                    |
|                                                                                                                                                                                                                                                                                                                                                                          |  | No.                                                                                               | Type                                                                                                                                | Quantity                         | Wt./Vol.                                    |
| 1. <b>NON-HAZ PC SOIL</b>                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 2.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 3.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 4.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 13. Special Handling Instructions and Additional Information<br><b>BSM 2724-0446 -</b>                                                                                                                                                                                                                                                                                   |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| Generator's/Offor's Printed/Typed Name<br><b>Karl Kanny</b>                                                                                                                                                                                                                                                                                                              |  | Signature<br> |                                                                                                                                     | Month Day Year<br><b>6/17/24</b> |                                             |
| 15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____                                                                                                                                                                                                         |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| Transporter 1 Printed/Typed Name<br><b>William Hernandez Reyes</b>                                                                                                                                                                                                                                                                                                       |  | Signature<br>  |                                                                                                                                     | Month Day Year<br><b>6/17/24</b> |                                             |
| Transporter 2 Printed/Typed Name                                                                                                                                                                                                                                                                                                                                         |  | Signature                                                                                         |                                                                                                                                     | Month Day Year                   |                                             |
| 17. Discrepancy                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                    |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| Manifest Reference Number: <b>270284</b>                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                   |                                                                                                                                     | U.S. EPA ID Number               |                                             |
| 17b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| Facility's Phone: _____                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 17c. Signature of Alternate Facility (or Generator) _____ Month Day Year                                                                                                                                                                                                                                                                                                 |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a                                                                                                                                                                                                                                     |  |                                                                                                   |                                                                                                                                     |                                  |                                             |
| Printed/Typed Name<br><b>Shiley</b>                                                                                                                                                                                                                                                                                                                                      |  | Signature<br> |                                                                                                                                     | Month Day Year<br><b>6/17/24</b> |                                             |



**Maddox Materials, LLC**  
Quality Aggregates & Construction Soils

---

June 4, 2024

The Ambient Group, LLC  
222 Thies Road  
Sewell, NJ 08080

Attn: Julian Heal  
Phone: 856-852-1765

Re: 1700 Wood Ave  
Linden, NJ

To whom it may concern:

Please be advised that Maddox Materials, LLC proposes to deliver Quarry Process (QP) and screenings to the above referenced project. These aggregates originate from the Fanwood Crushed Stone quarry. State of New Jersey Department of Labor and Workforce Development mine registration certificate #004840. It is located at #1 New Providence Road, Watchung, NJ, Somerset County tax map Block 7601 Lot(s) 4,5,6,13,19,20,25,26,27 and 28.

The Quarry has been mining since 1907 from sources of virgin basalt indigenous to the region. This material is considered clean uncontaminated virgin material that does not contain extraneous debris or solid waste, it does not contain free liquids, and has not been subject to a discharged hazardous substance at any time.

If you need any additional information, please contact me at 732-251-0054.

Respectfully Submitted,

William Maddox  
Member



Philip D. Murphy  
Governor

Tahesia L. Way  
Lieutenant Governor

State of New Jersey  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
LABOR STANDARDS AND SAFETY ENFORCEMENT  
DIVISION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH  
Office of Safety Compliance  
P.O. Box 386  
Trenton, NJ 08625-0386  
(609) 292-2096 • Fax: (609) 777-4589

Robert Asaro-Angelo  
Commissioner

Certificate No: 004840

Expiration Date: 03/31/2025

# MINE REGISTRATION CERTIFICATE

**ISSUED TO:** Fanwood Crushed Stone  
**LOCATION:** Fanwood Crushed Stone  
1 New Providence Rd  
Watchung, NJ 07069-5015

**BLK NO(S):** SEE BELOW  
**LOT NO(S):** SEE BELOW  
**COUNTY:** Somerset  
**FEE:** \$3,000.00

Issued pursuant to the provisions of N.J.S.A 34:6-98.1 et. seq. Failure to comply with the provisions of the Act, and the Rules promulgated thereunder, shall be good cause for the revocation of this Certificate.

Commissioner

## THIS CERTIFICATE MUST BE POSTED AT ALL TIMES

BLOCK NO(S)

LOT NO(S)

1 New Providence Rd

7601

4, 5, 6, 13, 19, 20, 25, 26, 27, 28



## DISPATCH

CONCRETE (877) 322-4300  
STONE (908) 322-7840  
ASPHALT (888) 322-2231

## FANWOOD CRUSHED STONE CO.

DIVISION OF WELDON MATERIALS, INC.

OFFICE-141 CENTRAL AVE., WESTFIELD, N.J.

(908)233-4444

Ready Mixed Concrete, Sand, Crushed Stone, Black Top

DATE

06/17/24

TIME

10:42

For Safety Data info go to [www.weldonmat.com/sds](http://www.weldonmat.com/sds)

743945

MANUAL WEIGHTS  
TICKET NO.

496199

CUSTOMER:

414800/000  
MADDOX MATERIALS, LLC.  
323 MAIN STREET  
SPOTSWOOD NJ 08884

JOB:

LINDEN

TRUCK NO.

0

TRUCKER NAME:

THE KIDS 704

P.O. NO.

ZONE:

PRODUCT CODE

PRODUCT

AMOUNT

UNIT PRICE

EXTENSION

D

DUST/SCREENINGS

GROSS WGT. 37.65  
TARE WGT. 13.99  
NET WGT. 23.66

LOADS:

1

ACCUM. AMOUNT

23.66 TONS

LOCATION WHERE  
WEIGHED:

WEIGHMASTER NAME:

REC'D BY &amp; AGREE TO ALL TERMS (FRONT &amp; BACK):

DRIVER NAME:

FORM FS - 131



3

## DISPATCH

CONCRETE (877) 322-4300  
STONE (908) 322-7840  
ASPHALT (888) 322-2231

## FANWOOD CRUSHED STONE CO.

DIVISION OF WELDON MATERIALS, INC.  
OFFICE-141 CENTRAL AVE., WESTFIELD, N.J.  
(908) 233-4444

Ready Mixed Concrete, Sand, Crushed Stone, Black Top

For Safety Data info go to [www.weldonmat.com/sds](http://www.weldonmat.com/sds)

DATE  
06/17/24

TIME: 4:00

## CUSTOMER:

414800/000  
MADDOX MATERIALS, LLC.  
323 MAIN STREET  
SPOTSWOOD NJ 08884

## JOB:

LINDEN

## P.O. NO.

## ZONE:

MANUAL WEIGHTS  
TICKET NO.

496240

TRUCK NO.

TRUCKER NAME:  
THE KIDS 704

## PRODUCT CODE

## PRODUCT

## AMOUNT

## EXTENSION

D

DUST/SCREENINGS

GROSS WGT. 38.37  
TARE WGT. 13.99  
NET WGT. 24.38

## LOADS:

2

## ACCUM. AMOUNT

48.74 TONS

LOCATION WHERE  
WEIGHED:

## WEIGHMASTER NAME:

REC'D BY & AGREE TO ALL TERMS (FRONT & BACK):

DRIVER NAME:

FORM FS - 131



2



## DISPATCH

CONCRETE (877) 322-4300  
STONE (908) 322-7840  
ASPHALT (888) 322-2231

## FANWOOD CRUSHED STONE CO.

DIVISION OF WELDON MATERIALS, INC.

OFFICE-141 CENTRAL AVE., WESTFIELD, N.J.

(908)233-4444

Ready Mixed Concrete, Sand, Crushed Stone, Black Top

For Safety Data info go to [www.weldonmat.com/sds](http://www.weldonmat.com/sds)DATE  
06/17/24

TIME: 3:32

MANUAL WEIGHTS  
TICKET NO.

496258

TRUCK NO.

TRUCKER NAME:  
PINA TRI

CUSTOMER:

414800/000  
MADDOX MATERIALS, LLC.  
323 MAIN STREET  
SPOTSWOOD NJ 08884

JOB:

LINDEN

P.O. NO.

ZONE:

PRODUCT CODE

PRODUCT

AMOUNT

EXTENSION

DUST/SCREENINGS

GROSS WGT. 37.77  
TARE WGT. 14.58  
NET WGT. 23.19

LOADS:

3

ACCUM. AMOUNT

71.23 TONS

LOCATION WHERE  
WEIGHED:

WEIGHMASTER NAME:

REC'D BY &amp; AGREE TO ALL TERMS (FRONT &amp; BACK):

DRIVER NAME:

FORM FS - 131



3