

Owner / Agency Acknowledgment Form

1. Generator / Project Information Generator Name: 8 Opportunity Name: Generator Address: 9 Location:	1
	1
Generator Address:	· ·
Constitutor Address.	2
City, State, Zip: 10 State:	3
Generator County: 11 County:	4
Generator Contact: Project Contact:	5
Generator Phone #: Project Phone #:	6
Generator Email: 14 Project Email:	
2. Client Account Billing Information	
Account Name: 15	18
Account Address: 16 Account Phone #:	19
City, State, Zip: 17 Account Email:	20
Transporter:	21
3. Material Information	
22 A. Estimated Quantity:	ubic Yards
23 B. Common Fill* Materials:	
☐ Clean Tested Soils ☐ Urban Fill% ☐ Top Soil	Rock Material
Other (specify):	☐ Tunnel Rock☐ Rock greater than 12"
* Common fill material meeting the NJDEP Residential Direct Contact Soil Remediation Standards (RDCS	SRS)
1. Is there any waste in the fill material? 2. Is this material from a septic system location? 3. Is this material from a storage tank or tank farm location? 4. Is this Material Historic Fill? 5. Is this Material from a site in a Regulatory Program? Yes No	
If Yes, provide Agency Name and Agency Case Number:	
C. Please provide all relevant history of the site that may affect P Park's review and a	pproval of material to be received:
25 D. How was this material sampled?	Proposed Excavation Plan Included
26 E. Is analytical data attached?	uded listing all NJDEP RDCSRS parameters
27 F. The Site / Material Owner Certifies that the material being proposed for acceptance construction debris including wood, paper, rubber, municipal waste, or other highly organi Yes No* (*If "No", please explain below):	

4. Certification of Sampler (if applicable)

As an independent professional, I certify that the samples obtained as described in Sections 1 and 2 herein were obtained in accordance with the NJDEP sampling requirements (N.J.A.C. 7:26E-2) and that sample collection has been performed in accordance with the current Field Sampling Procedures Manual, NJDEP. (Note: Below information must be completed when sample data is provided)

Sampling Company:	28	Sampler Signature:	32
Sampling Address:	29	Sampler Contact Name:	33
City, State, Zip:	30	Sampler Phone #:	34
Date:	31	Sampler Email:	35

5. Generator Certification

As owner of the above-described clean material, I warrant that to the best of my knowledge, the material is clean and consists only of those items described in Section 3 above. Furthermore, I certify that the material has been sampled and analyzed in accordance with N.J.A.C. 7:26E-2.1 and that sample collection has been performed in accordance with the current Field Sampling Procedures Manual, NJDEP.

Should, at any time after delivery, the material accepted by P Park NJ, LLC be found to be non-conforming to the information certified in this profile and represented by documentation attached hereto, it becomes the responsibility of the Generator/Agent to remove the waste from the designated P Park NJ, LLC facility within five (5) days of notification. Notification is to be verbal followed by written notification, overnight receipted. It is the Generator's/Agent's responsibility to abide by all Federal, State and Local regulations associated with the removal of their waste

If the waste is not removed within the specified time period stated above, the said disposal shall be arranged by a P Park NJ, LLC representative and billed to the Generator/Agent at cost plus basis. Furthermore, the Generator/Agent will be responsible for any and all costs associated with the decontamination required by the P Park NJ, LLC facility that is related to the Generator/s/Agent's material and all liability for such nonconforming waste shall revert to Generator/Agent.

Liability Acknowledgment: Please note that the owner of this material referenced in this application will be held liable for any factual misrepresentations regarding the quality, quantity, source, and condition of the fill material proposed for acceptance at the P Park NJ Facility.

Signature of Generator:	36	Generator Address:	38
Generator Contact Name:	37	City, State, Zip:	39
		Date:	40
6. Owner Information			
Owner Name:	_ 41	Owner Address:	_ 46
Contact Name:	_ 42	City, State, Zip:	47
Contact Title:	_ 43	Contact Phone #:	_ 48
Owner Signature:	_ 44	Date:	_ 49
Owner Printed Name:	45		
7. Agency Information			
Agency Name:	50	Agency Address:	55
Agency Contact Name:	51	City, State, Zip:	56
Agency Contact Title:	52	Agency Contact Phone #:	57
Agency Signature:	53	Agency Contact Email:	58
Agency Printed Name:	54	Date:	59

The aforementioned Owner / Agency acknowledges that excavated material from the above referenced project may be placed with P Park NJ, LLC located at 100 Planten Avenue, Prospect Park, NJ and that P. Park NJ, LLC is an eligible lienor on this Project under the Lien Law.



P Park NJ, LLC Insurance and Indemnification Requirements

The Customer shall be responsible for providing P Park NJ, LLC ("P Park") with updated insurance certificates for the entire time it will be present on the Site and each time thereafter. The Customer shall procure and maintain such insurance with such coverages and limits, at a minimum, as shown in the attached Certificate of Liability Insurance. All liability policies shall name P Park NJ, LLC as additional insured and provide primary non-contributory coverage. In the event of a lapse of coverage, expiration, or failure to procure any insurance required herein, P Park reserves the right to prohibit the Customer's access / entrance on to the Site, until such coverage has been re-established and / or secured with sufficient evidence of the same being provided to P Park.

Indemnification / Hold Harmless:

To the fullest extent permitted by law, the Customer shall defend, indemnify, and hold harmless P Park NJ, LLC as well as their officers, directors, partners, agents, affiliates, representatives, and employees from and against any and all claims, costs, suits, expenses, losses, damages, liabilities, and professional fees, including reasonable attorney's fees, resulting from, arising out of, or in any way connected with the acts and / or omissions of the Customer or the Customer's officers, directors, partners, employees, agents, sub-contractors, sub-consultants, or independent contractors, including claims by any employees, or the performance of the Customer's activities while entering, exiting or on the Site.

Waiver of Subrogation:

The Customer, on behalf of itself and its insurance companies, waives all rights against P Park for any loss, damage, or injury whatsoever.

Successors and Assigns:

The Customer binds itself, its partners, successors, executors, administrators, representatives, and assigns to all covenants herein. The Customer shall not assign or transfer his interest in the quotation or other agreement with P Park without the written consent of P Park.

Incorporation of These Provisions:

It is hereby agreed by P Park and the Customer that the foregoing insurance and indemnification provisions are a part of each and every contract and / or agreement, by and between P Park and the Customer, and that the obligations of the Customer to P Park shall survive the completion of the activities by the Customer on the Site.

Other Conditions:

The Customer acknowledges and agrees that the failure of P Park to specifically enforce any of the above-referenced provisions shall not waive the responsibility of the Customer to comply with all insurance and indemnification conditions and requirements set forth herein.

CUSTOMER:

Account Name:	Author	ized Customer Signature:	
Title:	Date:		

Form 3



P Park NJ, LLC Credit Application

The undersigned hereby request P Park NJ, LLC (hereinafter referred to as SELLER) to extend open account to:

Account Name:		Accoun	t Address:		
Federal ID #:		City, Sta	City, State, Zip:		
Account Phone #:		Custom	er Fax #:		
State Resale #:		Select One:	☐ Corporation	□Partnership	☐ Sole Owner
Account Contact Name:		Contact	Phone #:		
Hereinafter referred to as PURCHASI is fully understood that a 2% (two per the PURCHASERS will also pay said	cent) per month or 24% per annu	ım service charge will be added i	to any unpaid balances whi	ich are 30 (thirty) days o	r more past due and that
Date:	Customer Signature:		Title:		
Name of Owners, Partners,	Corporate Officers (with	th titles):			
Name:		Address	s:		
Home Phone #:					
Name:		Address	s:		
Home Phone #:					
*****I hereby authorize the bar establishment of Trade Credit (\$	nks listed below to reveal no	ormal credit information to	your company for the p	ourpose of considera	tion for the
BUSINESS Bank Name: _					
		City, State, Zip:			
Ph#:	Fax#:				
PERSONAL Bank Name:					
		City, State, Zip:			
Ph#:	Fax#:	Personal			
High Monthly Credit Desire	ed:				
Accounts Payable Contact	:		A/P Phone #:	·	
Trade References: (Please g	ive the Name, Address, and	Phone #)			
1. Name:		Address:			
Ph #:		City, State, Zip:			
2. Name:		Address:			
3. Name:					
Ph #:		City, State, Zip:			

Form 3



Account Name:	Address:
Signature / Date:	Print Name/Title:
oignature / Date.	Tillt Name/Tide.
	Personal Guarantee
I 'I ' CA CELLED A I' I'A	d 1 DUDCHACED 1 21 d 1 d 21 d 21 d 21
_	o the above PURCHASER and with the understanding that without this
	edit, the undersigned absolutely guarantees the PURCHASER'S timely
payment to the SELLER of the above amount as	and all obligations, past, present, and future due the SELLER by the
PURCHASER, including service charges and Attor	rney fees. The undersigned grants permission to the SELLER to modify
and alter the PURCHASER'S above account and a	all terms. In connection therewith, without notice and without effecting

Corporate Guarantee

SIGNATURE of PERSONAL GUARANTOR (no title):	
PRINT NAME AND ADDRESS OF PERSONAL GUARANTOR:	

the force and effect of this guarantee and further waives notice of all defaults and changes.