

EXHIBIT O-2

NOTIFICATION OF EXEMPT RECYCLING ACTIVITIES

NAME: STEVE SMITH TITLE: PRES
CORPORATION / COMPANY: PEACH COUNTRY TRACTORS
MAILING ADDRESS: 249 MULTICA HILL ROAD
MUNICIPALITY: MULTICA HILL STATE: NJ ZIP: 08062
TELEPHONE NUMBER: (609) 410-9886 FAX NUMBER: (856) 582-9682

WHICH EXEMPTION FOUND AT N.J.A.C. 7:26A-1.4(a) WILL YOU BE OPERATING PURSUANT TO?
(See back of form and enter the code for number) 3, 22

LOCATION WHERE ACTIVITY IS TO BE CONDUCTED: (If activity is to be conducted at more than one location, you must complete and submit a notification form for each location.)

MUNICIPALITY: MONROE COUNTY: Gloucester
STREET ADDRESS: 1463 N. TUCKERIDGE RD BLOCK #: 14301 LOT #: 1

LOCATION DESCRIPTION: (construction or demolition site, shipping yard, land, transfer area, etc.)

DATE ACTIVITY WILL COMMENCE: 8 / 1 / 2014

ANTICIPATED COMPLETION DATE (if applicable): 1 / 1 / Year

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 information is true, accurate, and complete. I further certify that the operation described herein satisfies the criteria for exemption as set forth in N.J.A.C. 7:26A-1.4. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I understand that, in addition to criminal penalties, I may be liable for a civil penalty pursuant to N.J.A.C. 7:26-5 and that submitting false information may be grounds for termination of any exemption.

Name (print): STEVE SMITH Title (print): Pres

Signature: [Signature] Date: 7 / 14 / 2014

* An unofficial copy of the Recycling Regulations, N.J.A.C. 7:26A-1.4, can be obtained from the Department's internet website at: www.state.nj.us/dcp/dshw/resource/rules.htm

Please complete and mail this form to your host municipality and host county health department and solid waste coordinator. Please then mail the completed form along with proof of mailing to your host municipality and county to: New Jersey Department of Environmental Protection, Division of Solid and Hazardous Waste, Bureau of Recycling & Financing, P.O. Box 414, Trenton, New Jersey 08625-0414.

Received by NJDEP Solid & Hazardous Waste Program (This section to be completed by NJDEP)

Signature: _____ Date: _____

PS# 652656

