

(732) 462-1001 • FAX (732) 308-0924

350 Pigeon Point Royd New Castle, DE 19720 Phone: (302) 658-2005 Fax: (302) 658-6229

175 Bartow Mun. Airport Bartow, FL 33830 Phone: (863) 533-4599 Fax: (863) 533-1613

5533 Dunham Road Maple Heights, OH 44137 Phone: (330) 835-3473 Fax: (330) 835-3732

108 Monahan Avenue Dunmore, PA 18512 Phone: (570) 342-7232 Fax: (570) 342-7367

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FAC	Facilit	iy's Phone:									1				
딦		Signature of Alternate Facility	(or Generator)										Mo	onth Day	/ Year
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JESIGNATED FACILITY	19. Ha	azardous Waste Report Man	agement Method Code	s (i.e., codes for h	nazardous wast	e treatment, o	disposal,	and recy	rcling systems)		1,				
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1	20. Ďe	esignated Facility Owner or (I Operator: Certification o	of receipt of hazard	dous materials	covered by th	e manife:	st excep	t as noted in Item	18a					
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Ple	ase print or type. (Form desig	gned for use on elite (12-pitch) typewriter.)	\mathcal{H}_{-}	- 4				m Approved	. OMB No.	2050-003
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	FAIRFIELD	HIGNWAY EAST CT 068	3244		TILLSO IELD C	N RD. T 06824				
11	Generator's Phone:	•								
	6. Transporter 1 Company Nam	ne HOLD CARTAGE INC.				U.S. EPA ID I		~ 1 ~ 4		
Ш						U.S. EPA ID N	05412	0103		
	7. Transporter 2 Company Nam					U.S. EPAID	vumber			
	8. Designated Facility Name an	nd Site Address APRE DISPOSAL., INC	SITE #2 LA	WUE ILL		U.S. EPA ID I	Number			
	BELLEVILLE	94 SERVICE DRIVE NI 48111					{ID04	809063	3	
	Facility's Phone:	00-592-5489					·	,	****	
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	marked and labeled/placar	rded, and are in all respects in proper condition for transport a	according to applicable in	ternational and na						
	I certify that the waste min	contents of this consignment conform to the terms of the attac imization statement identified in 40 CFR 262.27(a) (if I am a I	large quantity generator)		all quantity ge	enerator) is true.				
	Generator's/Offeror's Printed/Ty	ped Name	Signature		· · · · · · · · · · · · · · · · · · ·	G.		Moi		
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囼	18c. Signature of Alternate Facili	ity (or Generator)						Mo	onth Day	/ Year
JESIGNATED FACILITY										
35	19. Hazardous Waste Report Ma	anagement Method Codes (i.e., codes for hazardous waste tr	ealment, disposal, and re	cycling systems)		1:				
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4	1 L. 17	Consider Codification of contribution of the code of t	and but the constant		d0-					
1 1	20. Pesignated Facility Owner or Printed/Typed Name	r Operator: Certification of receipt of hazardous materials cov	vered by the manifest exc Signature	ept as noted in Ite	m 188			Mo:	nlh Dav	, Year
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=DA	Form 8700-22 (Rev. 3-05). P	Previous editions are obsolete	1 2	ed -		*** ***********************************	ng die challante wieret verschengen			

FREEHOLD CARTAGE INC.

P.O. BOX 5010 • FREEHOLD, NJ 07728-5010 (732) 462-1901 • FAX (732) 308-0924

BILL OF LADING FCI EPA ID NO. NJD054126164

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350 Pigeon Point Road New Castle, DE 19720 Phone: (302) 658-2005 Fax: (302) 658-6229

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P.O. BOX 5010 • FREEHOLD, NJ 07728-5010 (732) 462-1001 • FAX (732) 308-0924

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(732) 462-1001 • FAX (732) 308-0924

350 Pigeon Point Road New Castle, DE 19720 Phone: (302) 658-2005 Fax: (302) 658-6229

175 Bartow Mun. Airport Bartow, FL 33830 Phone: (863) 533-4599 Fax: (863) 533-1613

5533 Dunham Road Maple Heights, OH 44137 Phone: (330) 835-3473 Fax: (330) 835-3732

108 Monahan Avenue Dunmore, PA 18512 Phone: (570) 342-7232 Fax: (570) 342-7367

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350 Pigeon Point Road New Castle, DE 19720 Phone: (302) 658-2005 Fax: (302) 658-6229 175 Bartow Mun. Airport Bartow, FL 33830 Phone: (863) 533-4599 Fax: (863) 533-1613 5533 Dunham Road Maple Heights, OH 44137 Phone: (330) 835-3473 Fax: (330) 835-3732 108 Monahan Avenue Dunmore, PA 18512 Phone: (570) 342-7232 Fax: (570) 342-7367

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14 GENERATOR'S/OFFERO	R'S CERTIFICATION: I hereby declar	re that the contents of this consiç	nment are fully	and accurately de	scribed abov	e(by)the proper sh	ipping nam	e, and are classifie	ed, packaged,
marked and labeled/placa	rded, and are in all respects in proper	condition for transport according	to applicable in Signature	ernational and na	ional govern	mentar regulations		Month	Day Y
Generator's/Offeror's Printed/	Typed value	,	Canal Canal	10-	Par mo	e sale from the form of the sale of the sa	Chiange Co.	14	25 1
15. International Shipments	Import to U.S.	Exp	ort from U.S.		ntry/exit:	*			
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17b. Alternate Facility (or Ger	iciawj)	•						•	
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18. Designated Facility Owne	r or Operator: Certification of receipt o	f materials covered by the manife	est except as no	ted in Item 17a			/	Diameter Comments	/ Day:
Printed/Typed Name	·		Signature		<i>(</i>)	/(2/5	/Month	/ Day
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NON-HAZARDOUS	Generator ID Number	•	2. Page 1 of	3. Emergency Respon	se Phone	4. Waste T	racking Nu	and the	
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9. Waste Shipping Name	and Description			No.	· • · · · · · · · · · · · · · · · · · ·	11. Total Quantity	12. Unit Wt./Vol.		
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350 Pigeon Point Road New Castle, DE 19720 Phone: (302) 658-2005 Fax: (302) 658-6229 175 Bartow Mun, Airport Bartow, FL 33830 Phone: (863) 533-4599 Fax: (863) 533-1613 5533 Dunham Road Maple Heights, OH 44137 Phone: (330) 835-3473 Fax: (330) 835-3732

108 Monahan Avenue Dunmore, PA 18512 Phone: (570) 342-7232 Fax: (570) 342-7367

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350 Pigeon Point Road New Castle, DE 19720 Phone: (302) 658-2005 Fax: (302) 658-6229 175 Bartow Mun. Airport Bartow, FL 33830 Phone: (863) 533-4599 Fax: (863) 533-1613 5533 Dunham Road Maple Heights, OH 44137 Phone: (330) 835-3473 Fax: (330) 835-3732 108 Monahan Avenue Dunmore, PA 18512 Phone: (570) 342-7232 Fax: (570) 342-7367

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	9. Waste Shipping Nam			No.	Type	 Total Quantity 	12. Unit Wt./Vol.	,
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350 Pigeon Point Road

New Castle, DE 19720

Phone: (302) 658-2005

Fax: (302) 658-6229

FREEHOLD CARTAGE INC.

P.O. BOX 5010 • FREEHOLD, NJ 07728-5010 (732) 462-1001 • FAX (732) 308-0924

BILL OF LADING FCI EPA ID NO. NJD054126164

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Fax: (863) 533-1613

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108 Monahan Avenue Dunmore, PA 18512 Phone: (570) 342-7232 Fax: (570) 342-7367

132 Myrtle Beach Hwy, Sumter, SC 29153 Phone: (803) 773-2611 Fax: (803) 773-2942

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SPECIAL	HANDLING INSTRUCTIONS INCLU	DING CONTAI	NER EXEMPTION	ON NUMBER.							
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SHIPPER'	S CERTIFICATION: This is to certif	v that the abo	ve named mate	riale are proport	y alacsified do	nrihad a		l seeded and lab			
alisuultai	ion according to the applicable feor	nanons of the f	Jenamment of Tr	ancoortation III	S FPA and the	State Inc	mataria	de described above	Who have a characteristic and an emitterior.		tion for sporter
	e consignee can and will accept the										
the contrac	o the contractor for waste removal doe ctor.	es not constitute	payment to the	carrier and if the	contractor does	not pay the	e carrier,	the shipper is oblig	ated to pay the a	greed rate off	ered to
PLEASE P	RINT NAME/TITLE		SHIF	PER'S SIGNAT	URE				DATE LOADE	:D	
			X		and the second	one.			4/	17/	14
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	EE NAME/ADDRESS		PHONE	.00							
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1 14171-29	- ANTO	0.100/10-0		NY NJ-113	RI	RI-535					

1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Waste Tracking Number NON-HAZARDOUS **WASTE MANIFEST** 908-415-5607 5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) Pairfield Board of Education Osborn Flementary School 760 Stillson Avenue 501 Kings Highway Fairfield, Cr rs Phone: 203-255. Pairfield, CT Generator's Phone: 203_ 6. Transporter 1 Company Name U.S. EPA ID Number Preshold Cartage, Inc. NJD054126164 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number ADS Greentree Landfill 635 Toby Road NIL Kersey, PA 15846 814-255-1744 Facility's Phone: 10. Containers 11. Total 12. Unit 9. Waste Shipping Name and Description Quantity Wt./Vol. Туре 1 Non Hazardous waste solid, Yon Dot 157 GENERATOR 001 Mon RCRA regulated 9000 2. 13. Special Handling Instructions and Additional Information Approval #259395 Weight is estimated PCB Bulk Product Waste with Mon Priable Asbestos 14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste. Generator's/Offeror's Printed/Typed Name Signature Month Day Year 15. International Shipments import to U.S. Export from U.S. Port of entry/exit: Transporter Signature (for exports only): Date leaving U.S.: 16. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Day Year LARRY GEMBERLING 121 Transporter 2 Printed/Typed Name Signature Month Day Year 17. Discrepancy 17a. Discrepancy Indication Space Туре U Quantity Residue Partial Rejection Full Rejection Manifest Reference Number: 17b. Alternate Facility (or Generator) U.S. EPA ID Number FACILITY Facility's Phone: IGNATED 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 Signature Month Day Year

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A	NON-HAZARDOUS	Generator ID Number	2. Page 1 of	3. Emergency Response Ph	hone	4. Waste Tra	cking Num	iber		
Î	WASTE MANIFEST	NUA		203-054-50/1		2593				
	5. Generator's Name and Mailin	ng Address		Generator's Site Address (if	different than	mailing addres	ss)			
	Generator's PhoneF이라 25명 2	Faithein Board of Editor 301 Wings Highway Paitheid C7	den	Ósborn Slesser 760 Blukern av Falmeri, DT.		e . E				
	6. Transporter 1 Company Nam	e Ses national	<u> </u>			U.S. EPA ID N	lumber			
	7. Transporter 2 Company Nam		<u></u>			U.S. EPA ID N	lumber			
						U.S. EPA ID N	lumbor \			, eg ()
	8. Designated Facility Name an	Albo - Ureentre va 635 Toby Read Weisek Pa - 15846	*C CF			0.3. EFA 10 N	Noniber No			
	Facility's Phone:	⁵ & A					1			
	9. Waste Shipping Name			10. Containe		11. Total Quantity	12. Unit Wt./Vol.			
TOR -	1. Iven Hazzwetti Iven FCFA rad	s waste solla Hon 1997 Wisted		1		0,000	V4		*	
GENERATOR	2.		MILES TO THE TOTAL PROPERTY OF THE TOTAL PRO	~					16.	
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	3.							. *		
	4.		A ¹¹							
	13. Special Handling Instruction									
1	epproval #250695 Vestight to estimated PGB Burk Product v	i nizake with non frizide, watwakae	There is a second of the secon		ng pagga di sin	7.5				
	14. GENERATOR'S/OFFEROR	t'S CERTIFICATION: I hereby declare that led, and are in all respects in proper conditions.	the contents of this consignment a	are fully and accurately descr	ibed above by I	the proper ship	pping name,	and are classifi	ed, packag	ged, 🤫
	marked and labeled/placard Generator's/Offeror's Printed/Ty			gnature	a government	ai regulations.		Month	Day	Year
V	15. International Shipments	<u> </u>		W.O. Book of only	.12-	.,,,		n / 1000		17
INT'L	Transporter Signature (for expo	Import to U.S.	Export from	U.S. Port of entry Date leaving						
EB	16. Transporter Acknowledgme									
PORT	Transporter 1 Printed/Typed Na	me	Si	gnature	gaz sindi dini. Angganga Madalahan mananahan gasanahan s	ages for the		Month	Day	Year
TRANSPORTER	Transporter 2 Printed/Typed Na	me	Si _l	gnature				Month	Day	Year
_	17. Discrepancy									
	17a, Discrepancy Indication Spa	ace Quantity	Туре	Residue		Partial Reje	ction		Full Reject	tion
				Manifest Reference Nu		10 55				····
CILITY	17b. Alternate Facility (or General	rator)			ļ	U.S. EPA ID N	umber			
FA	Facility's Phone:						***************************************	\$ \$.11	D-:	\/-·
SIGNATED FACILITY	17c. Signature of Alternate Faci	lity (or Generator)						Month	Day	Year
-SIG										
	18. Designated Facility Owner of	or Operator: Certification of receipt of mate	rials covered by the manifest exce	pt as noted in Item 17a						
V	Printed/Typed Name			gnature				Month	Day	- Year

NON-HAZARDOUS 1. Generator ID Number 2	. Page 1 of 3. Eme	ergency Respons	e Phone	4. Waste T	racking Nu	mber	
WASTE MANIFEST	Sonor:	ator's Site Addres	e fit different th	an mailing addr	P66)		
Generator's Name and Mailing Address ଟେଆନିଆର ଅବୟର ବର୍ଣ ଅସ୍ଥାନ ଆଧାର		Ostem Elec			c33)		
501 Kings Highway Familied CT		750 Sittleon	ARRIDE	1600			
enerator's Phone: 33 - 255 - 257	-	falrifield, CT		U.S. EPA ID	Number		
Transporter 1 Company Name					14	<u> </u>	
Transporter 2 Company Name				U.S. EPA ID	Number		
Designated Facility Name and Site Address		3		U.S. EPA ID			
AQS - Greettree Landfill 635 Toby Road Kersay PA 15346		•			4,3 2,13	14	
acility's Phone:							
Waste Shipping Name and Description		10. Con	tainers Type	11. Total Quantity	12. Unit Wt./Vol.		
1. Non Harardous waste solid Non OUT, Not ECRA regulated		901	Type CN4	Quantity	171371011		
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3. Special Handling Instructions and Additional Information					Section 1		v N
Approvat # 209395 wetont is estimated		-		7	~		1. 1
POB Busk Product where with Mon Eduble Asheshor		1		1	(Comment		
		``	1				
 GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this co marked and labeled/placarded, and are in all respects in proper condition for transport according. 	nsignment are fully ling to applicable int	and accurately de ernational and na	escribed above ational governm	by the proper shental regulations	nipping name s.	e, and are classifie	ed, packaged,
enerator's/Offeror's Printed/Typed Name	Signature			1 - 1 - 1	March Salva	Month	Day Y
			<u> </u>	art (
	Export from U.S.		entry/exit: aving U.S.:	-			
ransporter Signature (for exports only): 6. Transporter Acknowledgment of Receipt of Materials		Date for	24111g 070				
ransporter 1 Printed/Typed Name	Signature	and the same of th	· ·	er" er		Month	Day `
ransporter 2 Printed/Typed Name	Signature	Service S.	<u>- </u>			Month	Day Y
tarisporto. E i filico i i peo mano							
7. Discrepancy							
7a. Discrepancy Indication Space Quantity Type		Residue		Partial Re	jection		Full Rejection
	М	anifest Reference	Number:				
7b. Alternate Facility (or Generator)		1000		U.S. EPA ID	Number		
				l			
acility's Phone: 7c. Signature of Alternate Facility (or Generator)					***	Month	Day
	4000	=<-7			4		
		X				1	
		/ N	A		1	j K	

· 	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking No	umber
	5. Generator's Name and Mailir	ng Address		Generator's Site Address (if differen		
	Generator's Phone 200-7255-7	Fairfield Board of Educatio 501 Kings Highway Fairfield CT	s 	Osbom Elementary S 760 Sillison Avenus Fairfield, GT		
	6. Transporter 1 Company Nam				U.S. EPA ID Number	
		SRP National			. Id	iA
	7. Transporter 2 Company Nam	ne			U.S. EPA ID Number	
	8. Designated Facility Name an	ADS - Greentree Land 635 Tody Road Kersey, PA 15845	głi		U.S. EPA ID Number	574. ****
	Facility's Phone: 814-265-17	7.4.4				<. ·
	9. Waste Shipping Name			10. Containers No. Type	11. Total 12. Unit Quantity Wt./Vol.	
GENERATOR	Non Hazaroous Non RCRA reg	s waste solid, Non DOT, sulared		901 CM	10,000	
GENE	2.					
	3.				i	
DAY.	4.					
	13. Special Handling Instruction *pproval #259395 Weight Is estimated PCE Bulk Product v					90
	14. GENERATOR'S/OFFEROR	'S CERTIFICATION: I hereby declare that the	contents of this consignment a	re fully and accurately described abor	ve by the proper shipping nam	e, and are classified, packaged,
		ed, and are in all respects in proper condition to		able international and national govern	mental regulations.	Month Day Year
	Generator's/Offeror's Printed/Ty	ped warne	oly .	Halufe	2	World Day Teal
Y	15. International Shipments			and the state of t	Section of the Contract of the	
INT'L	,	Import to U.S.	Export from U			
1	Transporter Signature (for export 16. Transporter Acknowledgmer			Date leaving U.S.:		
RTER	Transporter 1 Printed/Typed Nar	The state of the s	Sig	nature		Month Day Year
TRANSPORTER	Transporter 2 Printed/Typed Nar	me /	Sig	nature	Andrew Control of the	Month Day Year
TR/			a			
A	17. Discrepancy					
	17a. Discrepancy Indication Spa	ice Quantity	Туре	Residue Manifest Reference Number:	Partial Rejection	Full Rejection
ACILITY -	17b. Alternate Facility (or General	ator)		Midniest Meletence Multipet.	U.S. EPA ID Number	
ANATED FACILITY	Facility's Phone: 17c. Signature of Alternate Facili	ity (or Generator)				Month Day Year
التونيد						
	18. Designated Facility Owner or	r Operator: Certification of receipt of materials	covered by the manifest except	t as noted in Item 17a		
\bigvee	Printed/Typed Name		Sig:	nature		Month Day Year

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NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Respons	e Phone	4. Waste	Tracking Nu	ımber
5. Generator's Name and N	ailing Address Fairfield Board of Educani 501 Mings Highway Fairfield, CT	oct .	Generator's Site Address Osporn Eter 750 Stiffeun Falmeid, CT	neman So Sema	_	lress)	
Generator's Phone: 6. Transporter 1 Company I			CARMEN, C.		U.S. EPA II	Number	
7. Transporter 2 Company I	SRS National				U.S. EPA ID		é st.
7. Fransporter 2 Company I	ате				U.S. EPA IL	Number	
8. Designated Facility Name	ADS - Greenitee Land 635 Toby Road Kersey IPA 15846	ត្តវ			U.S. EPA IC		<i>8</i> .5
Facility's Phone: 514-355			10. Cont	ainers	11. Total	12. Unit	
			No.	Туре	Quantity	Wt./Vol.	White part of the green significant
1. Non Harard	ous easte solld Hon DOT, Non PC	.v satiloger & FR	Ů.	ÇM.		ŕř	
2.							
3.							
4.							
14. GENERATOR'S/OFFER marked and labeled/plac	DR'S CERTIFICATION: I hereby declare that the treded, and are in all respects in proper condition	contents of this consignment ar	e fully and accurately deable international and nat	scribed above b	by the proper sh	nipping name	e, and are classified, packaged,
Generator's/Offeror's Printed	Typed Name	Sig:	nature //	100			Month Day Y
15. International Shipments	Import to U.S.	Export from U			<i>p</i> .		3 0 7 2
Fransporter Signature (for ex 16. Transporter Acknowledgr		<u> </u>	Date leav	ring U.S.:			
Fransporter 1 Printed/Typed	Name	Sign	nature	(Month Day Y
Fransporter 2 Printed/Typed		Sign	nature	- AND THE COLUMN			Month Day Yo
17. Discrepancy				,			4
7a. Discrepancy Indication S	pace Quantity	Туре	Residue		Partial Rej	ection	Full Rejection
7b. Alternate Facility (or Ger	perator)		Manifest Reference I	Number:	U.S. EPA ID	Number	
facility's Phone:							
7c. Signature of Alternate Fa	cility (or Generator)						Month Day Yi
			4,				
9. Decimated Ferriting	On Operator Coalification of the Coalification of t				4		4 / / /
8. Designated Facility Owne rinted/Typed Name	or Operator: Certification of receipt of materials		as noted in Item 17a ature		<u>/ / </u>	, , , , , , , , , , , , , , , , , , ,	Month Day Ye
		Jigit	RAPA VI	UM V	Long	1	worth Day Ye

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		NON-HAZARDOUS	Generator ID Number		2. Page 1 of	3. Emerg	ency Respons	e Phone	4. Waste	Tracking Nu	ımber	
1		WASTE MANIFEST	[a/a									
	5. G	Generator's Name and Maili				Generator	's Site Addres	s (if different t	han mailing add	lress)		
	Gen	nerator's Phone\$68-1/58-	Fairleid Board of Edi SOF Kings Highway Fairleid GT -6077	ur giton		Q 76		nemary Sic Assinge	profession of the second of th			
	6. Tr	ransporter 1 Company Nan	me SKS National						U.S. EPA ID			
	7. T	ransporter 2 Company Nan							U.S. EPA ID	Mumber	<i>(4.</i>	
		and portor a company man							U.S. EPA IL	Number		
		esignated Facility Name an	ADS - Greeninge 635 Toby Road Kareey P.s. 1554						U.S. EPA ID	Number	ř.	
	Facil	llity's Phone: 814-285-10	744				10.01	· · · · · · · · · · · · · · · · · · ·		T	\$	
		9. Waste Shipping Name	e and Description				10. Conta	Type	 Total Quantity 	12. Unit Wt./Vol.		
GENERATOR -		1. Non Harandeu	ss were sold han DOT No	n HOBA rédataisa			304	CM	10	×		
GEN GEN		2.										
		3.				·		·				
	10.0	4.	ns and Additional Information						and the second of the second o			
	14. GE	ENERATOR'S/OFFEROR'	Nash Property declare the	hat the contents of this con	nsignment are	e fully and a	accurately dès	cribed above b	by the proper shi		and are classified nack	hans
	ma	arked and labeled/placarde	ed, and are in all respects in proper cond	dition for transport accordi	ling to applicat	ble internat	ional and nati	onal governme	ntal regulations.	pping name,	ario are ciacomou, pacis	ayeu,
\forall	Gener	rator's/Offeror's Printed/Typ درستمهد است	*		Signa 		/			-	Month Day	Year
<u>'</u>	15. Int	ternational Shipments	ALER OF BOUCK				0 s · (7.			1110	11)
ᇦᅵ		porter Signature (for export	Import to U.S.	LJ E)	Export from U.S	S.	Port of en Date leavi		Manual Residence of the second of			
		ansporter Acknowledgment	41				Date leave	ng 0.0				
HO.		porter 1 Printed/Typed Nam	ne		Signa	ature		,			Month Day	Year
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IHANSPORTER	ransp	porter 2 Printed/Typed Nam	ne		Signa 	ature					Month Day	Year I
	17. Dis	screpancy						b				
	7a. Di	discrepancy Indication Spac	ce Quantity	Туре			Residue		Partial Reje	ction	Full Reject	ction
<u> </u>	7b. Al	Iternate Facility (or General	ator)			Manifest	t Reference N	umber:	U.S. EPA ID N	umbor		
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Ž F		r's Phone:					i,	7				
A HIGH A PARISH	7c. Siç	ignature of Alternate Facility	y (or Generator)		I					4	Month Day	Year
								X	1			
1	B. Des	signated Facility Owner or	Operator: Certification of receipt of mate	erials covered by the man	ifest except a	s noted in	Item 17a	·	7 /7	1 11	/ 	****
		Typed Name	•		Signat			<u> </u>		<u> </u>	Month Day	Year

A	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number		2. Page 1 of	3. Emergency Resp	onse Phone	4. Waste	Tracking No	umber	
	5. Generator's Name and Maili	ng Address Families Board of Ed S01 Kings Highway Families C1	gozden	,	Generator's Site Ad	lementary 90 on Agenda		ress)		
	Generator's Phone: 5. Transporter 1 Company Nan	ne			· carress.	· ·	U.S. EPA ID			
7	'. Transporter 2 Company Nan	SAS Mational				· · · · · · · · · · · · · · · · · · ·	U.S. EPA ID	Number	3,0	
8	B. Designated Facility Name ar	nd Site Address ADS - Greedinge 635 Toby Road Kersey PA 156	3		· · · · · · · · · · · · · · ·		U.S. EPA ID	Number	84.	
F	Facility's Phone: \$14-265-1					Containers	11. Total	12. Unit		
	9. Waste Shipping Nam		W. C. W.		No.	Туре	Quantity	Wt./Vol.	3000000000	
GENERATOR	Non Hazaraou 	र स्थापन १८४० स्थापन १५८८ मि	er ROFCA regulate	\$ 	705	£, };;	·	*		
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	3.						anne general			
	4. 3. Special Handling Instituction		à	i de la companya de l		//	Market and the second of	pr.		<u> </u>
14	1. GENERATOR'S/OFFEROR	প্রবাধ খালা লগে গাঁওটাথ রকচ্ছন 'S CERTIFICATION: I hereby declare	that the contents of this	consignment ar	e fully and accurately	v described above	by the proper sh	nipping name	e, and are classified	d, packaged,
G	marked and labeled/placard enerator's/Offeror's Printed/Ty	ed, and are in all respects in proper co ped Name	ndition for transport acco		able international and nature	national governm	ental regulations	* ************************************	Month	Day Year
₹ Tr	5. International Shipments ansporter Signature (for exports.) 5. Transporter Acknowledgmer			Export from U		of entry/exit: leaving U.S.:				
	ansporter 1 Printed/Typed Na		· · · · · · · · · · · · · · · · · · ·	Sigr	nature	e e e e e e e e e e e e e e e e e e e	an hard water o ground of the little grown and a		Month	Day Year
Tr	ansporter 2 Printed/Typed Nar	me	3	Sign	ature.		p. (Month	Day Year
4 ⊢	. Discrepancy a. Discrepancy Indication Spa	ce Quantity	Type	,	, Residue		Partial Rej	ection	Пе	ull Rejection
		•	77		Manifest Referer	nce Number:				
	b. Alternate Facility (or General cility's Phone:	ator)					U.S. EPA ID I	Number		
170	c. Signature of Alternate Facili	ity (or Generator)					1		Month	Day Year
					\mathcal{N}		(\)		1)	
	Designated Facility Owner or nted/Typed Name	Operator: Certification of receipt of ma	aterials covered by the m		as noted in Item 17a ature			9,	Month	Day Year

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	NON-HAZARDOUS 1. Generator ID Number WASTE MANIFEST	2. f	Page 1 of 3. Eme	**************************************		4. Waste T	one nos	umber	
1	5. Generator's Name and Mailing Address Falcheta Board of Ed SC1 Wings Highway Falcheta CT	ueston	Genera	tor's Site Address Osporn Eten 750 Stillson Earneid, CT	remary Go	_	ess)		
	Generator's Phone: 12.25.25.25.25.25.25.25.25.25.25.25.25.25					U.S. EPA ID	Number		
	2E5 National 7. Transporter 2 Company Name					U.S. EPA ID		1/x-	
	7. Transporter 2 Company Name		`~			U.S, EPA IU	Number		
	8. Designated Facility Name and Site Address + OS + Gregatives REC Toby Foad Kersey PA 159					U.S. EPA ID		(Ng	
	Facility's Phone: 514-265-1744		·	10. Conta	iners	11 Tatal	10 11=3		
	9. Waste Shipping Name and Description			No.	Туре	 Total Quantity 	12. Unit Wt./Vol.		
GENERATOR	1. Non Haramous waste evila Non DOT Bo	on RCRA regulation		601	OM.	30	\$4 ²		
H GEN	2.								
	3.								
	4.								
	PCE Bulk Product Warte with non figure aspect 14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare marked and labeled/placarded, and are in all respects in proper co	that the contents of this consi	gnment are fully ar	nd accurately des	cribed above I	by the proper shi		e, and are classified, packa	aged,
	Generator's/Offeror's Printed/Typed Name		Signature		g L	Mr. M		Month Day	Year
7	15. International Shipments Import to U.S.	Ехр	ort from U.S.	Port of en	ry/exit:				1.3
	Transporter Signature (for exports only): 16. Transporter Acknowledgment of Receipt of Materials			Date leavi	ng U.S.:				
בו ב	Transporter 1 Printed/Typed Name		Signature					Month Day	Year
INANSPORIER	WILLIAM De Con	2 4 G	4:		e je	·		1 . 1/-	1 32
2	Transporter 2 Printed/Typed Name		Signature					Month Day	Year
	17. Discrepancy								1
1	17a. Discrepancy Indication Space Quantity	Туре		Residue		Partial Reje	ction	Full Rejec	ction
	17b. Alternate Facility (or Generator)		Man	fest Reference N	umber:	U.S. EPA ID N	umber		
1300	Facility's Phone:								
	17c. Signature of Alternate Facility (or Generator)				·			Month Day	Year
7			1						
	18. Designated Facility Owner or Operator: Certification of receipt of ma	aterials covered by the manife	st except as noted	in Item 17a	· · · · · · · · · · · · · · · · · · ·				
	Printed/Typed Name		Signature	/	and the second			Month Day	Year-



15 Mullen Road Enfield, CT 06082 (860) 746-3200 Fax (860) 741-5927 ☐ 184 Municipal Road Waterbury, CT 06708 (203) 596-8913 Fax (203) 753-6614

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Nº 7523

vaste is asbestos waste, complete sections I, III, and IV.

**RC#-00/204-00//

31129

If waste is NOT asbestos waste, complete only S		# 263854	7		
Section I	GENERATOR (Genera	ator completes all of section I)		1.3	
a. Generator Name Sennanni	<u>ionstruction</u>	b. Generating Location:_	<u> Usba</u>	orue 14:11	Loenso I
c. Address		d. Address — 740	JEAN.	<u>son Rd</u>	
<u> Brogrephit Ut</u>	80110	7AIEI	<u> Sield</u>	<u>(T </u>	
e. Phone No. : (203) 3 loto - 295	and a financial control of the contr	f. Phone No:			
If owner of the generating facility differs from t	the generator provide:	i. County Service Code:_			
j. Description of Waste		Waste Code		Qty (%/#)	Shipped In:
1. VA por Darrier paper	SKAN 21-WOM	100 70	195	5.00	
2.			<u> </u>		Fiber Dru
3.					
4.	edaren bis erregeren erregen erregen i. Berentat eta eta eta erregen erregen erregen i.a. eta				Truck
5					Other
Generators certification; I hereby certify that the abostate law, has been properly described, classified an AND, if the waste is a treatment residue of a previou that the waste has been treated in accordance with the longer a hazardous waste as defined by 40 CFR F	nd packaged, and is in proper co sly restricted hazardous waste s the requirements of 40 CFR Part	ndition for transportation accordance to the Land Disposal Res 268 and is	ding to applications, I c	cable regulations: ertify and warrant	Truck Weight (Tons)
Generator Authorized Agent Name	Signature /	Sh	nipment Dat	0	
Section II TRANSPORTER (Generator completes a-d. Tran	sporter I completed e-g; Transp	orter II comp	leted h-n)	
TRANSPORTER I	TRANS	SPORTER II		TRANSPOR	TER III
a. Name: <u>457</u>		<u>C 1 fron 1 21 - 2</u>	o. Name: _		
b. Address: 184 Illinia Rd CT 00708	i. Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	p. Address:) 44,6 21 6 22 - Challe 2 22 2 24,2 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Driver Name/Title: (Print/Type)	j. Driver Name/Title: (Print/	Type) / Nil was	a Driver Na	me/Title: (Print/Type	<u></u>
Phone No.: 043) 596-8913	k. Phone No.:	CIC 9-71-70		.:	A CONTRACTOR OF THE PROPERTY OF A STATE OF THE PROPERTY OF THE
e. Truck No.:	I. Truck No.:		s. Truck No.		
f. Vehicle License No./State: S5096	and the state of the state of the contract of the state o	and the second the training and the effect of the first training and the second training and the second of the	t. Vehicle Lie	cense No./State:	
Acknowledgement of Receipt of Materialss.	Acknowledgement of Rece	ipt of Materials.	Acknowledg	ement of Receipt of	Materials.
g. Chillen 032615	n. <u>/ / / / / / / / / / / / / / / / / / /</u>	620 41/1 24/15 -	u		
Driver Signature Snipment Date	Driver Signature	Shipment Date	Driver Sig		Shipment Date
Section III		rator completes a-d. Destination		Carrier and the control of the contr	
a. Site : KENTUK ! (c. Site DALINE	The second secon	e. Site] <u>:</u>	
b. Mailing) 134 (141) +	a. waning	<u> Lipyria Ra</u>	f. Mailing		
Address: 11 (1) (1) (1)	Address: 1/1/1/10	1) D/1/21 (U) +1 744 (B) (Addres	s:	
Phone: 3/(0) 3/10/10/10/10/10	Phone: (5) (III	4-3-435	Phone		
g. Discrepancy Indication Space:					
I hereby certify that the above named material I	has been accepted and to the	best of my knowledge the fore	going is tru	e and accurate.	
h. // al. / h.c	K(I).	$\alpha \beta$		SINTEN/	C
Name of Authorized Agent	Signature			/ F- /	
			CONTROL OF THE PARTY OF THE PAR	ceipt Date	
Section IV	ASBESTOS (Generator o	ompletes a-d, f, g. Operator coi	mpletes e)		
a. Operator's* Name: <u> </u>		a. Operator's* Phone No.:	[2/3]	<u> 154. 595</u>	39
c. Operator's* Address: <u>ドロ・どんメージ/-5</u>	4 Materby	101-17-06723			
d. Special Handling Instructions and additional info	ormation:				
OPERATOR'S CERTIFICATION: I hereby declare the packed, marked, and labeled, and are in all respects	at the contents of this consignme in proper condition for transport t	nt are fully and accurately describ by highway according to applicable	ed above by e internation	proper shipping na al and government r	me and are classified, regulations.
The state of the s	27.1 1 (2)	976.		7. K	
e. Operator's Name & Title: Camma L. K	yobichaud, YYlan	Ker E. Kabud	and (4.4.)	<u> 1911 411 5</u>
Print/Type /		Operator's Signatu	ıre		Date
			*** <u>*</u>		
. vame and Address					
of Responsible Agency: U.S E.P.A., Region	1, JFK Bldg: Boston, MA	A 02203			
. 🗌 Friable 🔲 Non-friable 🔲 Both 🔙	% friable	% non-friable			

* Operator refers to the company which owns, operates, controls, or supervises the facility being demolished or renovated, or demolition or renovation operation, or both.

635 TOBY ROAD KERSEY, PA 15846 SITE CELL TICKET # **OPERATOR** 8142651744 6263 966293 01 40049 TRUCK CONTAINER LICENSE 202382 **VEOLIA TECH SOLUTIONS** FCI897T30 AM549R NJ 136 ROCKWELL RD NEWINGTON, CT 06111 REFERENCE IN OUT INVOICE 10/1/14 10/1/14 **INBOUND** 003 365302 8:26 am 9:38 am **GROSS** 64,800.00 LBS Scale In CONTRACT: 259395 **TARE** 42,140.00 LBS Scale Out BOL: 22,660.00 LBS NET UNIT DESCRIPTION QTY ORIGIN % **RATE** TAX TOTAL 11.33 ASBN tn CB 100.00 MC69935, RC61268, GC68619, BP17086, AR64954 Tax Total Total Paid I hereby certify that this load does not contain any unauthorized hazardous waste. Change Check# Recpt # SIGNATURE: **VOID - DO NOT ACCEPT - FACILITY** GREENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 CELL SITE TICKET # **OPERATOR** 8142651744 6263 01 966293 40049 TRUCK CONTAINER LICENSE 202382 FCI897T30 AM549R NJ **VEOLIA TECH SOLUTIONS** 136 ROCKWELL RD REFERENCE IN OUT NEWINGTON, CT 06111 INVOICE 10/1/14 10/1/14 003 365302 INBOUND 8:26 am 9:38 am **GROSS** 64,800.00LBS Scale In CONTRACT: 259395 TARE NET 42,140.00LBS Scale Out 22,660.00 LBS BOL: QTY UNIT DESCRIPTION ORIGIN % RATE TAX TOTAL 11.33 tn **ASBN** CB 100.00 AC69935, RC61268, GC68619, BP17086, AR64954 Total Paid I hereby certify that this load does not contain any unauthorized hazardous waste. Change Check#

CICNATIIDE

GREEN I KEE DANDFILL, LLC

CHETOMER CONV

Recpt #

KERSEY, PA 8142651744	15846			SITE	CELL	TICKET #	#	OPERAT	OR
, , , , , , , , , , , , , , , , , , , ,			A	01	6263	966317	•	40049	9
202382 VEOLIA TECI		s			TRUCK CI888T30		NTAINER		ENSE 4G NJ
136 ROCKWE WINGTON	ELL RD I, CT 06111					REFERENCE	•	IN	OUT
			NVOICE NBOUND	002 36	57028			10/1/14 8:50 am	10/1/14 10:33 am
CONTRACT			GROSS TARE , NET	39,		LBS Scale In LBS Scale Out LBS			
QTY	UNIT	DESCRIPTION	ORIG		%	RATE	TAX	TC	TAL
12.38	tn	ASBN	СВ		100.00				
-		519, BP17086, AR64954 es not contain any unauthorized hazardous waste.				Tax Tota	l Tota Paid Chan Chec Recp	ge k#	
SIGNATUR			-			VOID -	- DO NOT A	CCEPT - FAC	CILITY
GREENTREE L	ANDFILL, LI								
TOBY RO NEWSEY, PA 1 8142651744				SITE	CELL	TICKET #		OPERATO	DR .
				01	6263	966317		40049	
202382					ruck		NTAINER	LICE	NSE
VEOLIA TECH 136 ROCKWEL				FC	1888T30			AA234	T
NEWINGTON,			VOICE BOUND	002 367		REFERENCE		IN 10/1/14 8:50 am	OUT 10/1/14 10:33 am
CONTRACT: 2	259395		GROSS TARE NET	39.		BS Scale In BS Scale Out BS			
QTY	UNIT	DESCRIPTION	ORIGI		%	RATE	TAX	TO	ΓAL
12.38	tn	ASBN	СВ		100.00				
чС69935, RC612	268, GC6861	9, BP17086, AR64954		e j		/	Total		
		s not contain any unauthorized hazardous waste.					Paid Chang Check Recpt	#	
IGNATURE:								CUSTOMER	COPY

635 TOBY ROAD KERSEY, PA 15846 SITE CELL TICKET # **OPERATOR** 8142651744 6263 966455 01 40049 TRUCK CONTAINER LICENSE 202382 OLIA TECH SOLUTIONS FCI888T20 AA234G NJ 6 ROCKWELL RD NEWINGTON, CT 06111 REFERENCE IN ... OUT INVOICE 10/2/14 10/2/14 001 365301 **INBOUND** 7:40 am 7:40 am 72,740.00 LBS Scale In **GROSS** CONTRACT: 259395 40,980.00 LBS Tare Out TARE BOL: NET 31,760.00 LBS UNIT QTY DESCRIPTION ORIGIN % **RATE** TAX TOTAL 15.88 **ASBN** TN CB 100.00 MC69935, RC61268, GC68619, BP17086, AR64954 Tax Total Total Paid I hereby certify that this load does not contain any unauthorized hazardous waste. Change Check# Recpt # SIGNATURE:_ **VOID - DO NOT ACCEPT - FACILITY** ENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 SITE CELL TICKET # **OPERATOR** 8142651744 01 6263 966455 40049 TRUCK CONTAINER LICENSE 202382 FCI888T20 AA234G NJ VEOLIA TECH SOLUTIONS 136 ROCKWELL RD REFERENCE IN OUT NEWINGTON, CT 06111 INVOICE 10/2/14 10/2/14 INBOUND 001 365301 7:40 am 7:40 am GROSS 72,740.00LBS Scale In CONTRACT: 259395 40,980.00LBS Tare Out 31,760.00LBS TARE BOL: NET QTY UNIT DESCRIPTION ORIGIN RATE TAX TOTAL 15.88 TN **ASBN** CB 100.00 35, RC61268, GC68619, BP17086, AR64954 Total Paid hereby certify that this load does not contain any unauthorized hazardous waste. Change Check# Recpt # SIGNATURE: **CUSTOMER COPY**

202382 **EOLIA TECH SOLUTIONS** 136 ROCKWELL RD NEWINGTON, CT 06111

						/		
SITE	CELL TICKET #			OPERATOR				
01	6224	(971231	40036				
TRUCK CONT			CONTAINE	R	LICENSE			
SRS	XXLT33E	3		52630A CN				
REFERENCE					IN	OUT		
					11/7/14 6:48 am	11/7/14 6:48 am		

INVOICE INBOUND

DNTRACT: 259395 BOL:			GROSS 60,020.00LBS Scale In TARE 35,360.00LBS Tare Out NET 24,660.00 LBS					
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL	
12.33	TN	ASBN	СВ	100.00				

MC69935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Paid Change Check#

Total

Recpt #

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GREENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 **VEOLIA TECH SOLUTIONS** 136 ROCKWELL RD NEWINGTON, CT 06111

INVOICE INBOUND

SITE	CELL	Ĺ	TICKET # OPER			OR	
01	6227	,	973001	40036			
TRUCK CONTAINE			R	LICENSE			
FC	I892T30)			AA273	BG NJ	
	REFERENCE				IN	OUT	
111714					11/21/14 10:05 am	11/21/14 10:45 am	

CONTRACT: 2 BOL:	259395		GROSS TARE NET	TARE 36,440.00LBS Scale Out					
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL		
8.55	tn	ASBN	СВ	100.00					

935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total

Paid

Change

Check#

Recpt #

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2382 VEOLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

REPRINT

SITE CE TICKET # **OPERATOR** 6242 977754 01 40036 TICEN/2E TRUCK CONTAINER SRSXXLT20 52630A CN REFERENCE IN OUT 1/5/15 1/5/15 10:35 am

INVOICE INBOUND

CONTRACT: : BOL:	259395		GROSS TARE NET	57,680.00 L 42,660.00 L 15,020.00 L	BS Tare Out		
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
7.51	TN	ASBN	СВ	100.00			

MC69935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Tax Total Total

Paid

Change

10:35 am

Check#

Recpt #

STGNATURE:_

VOID - DO NOT ACCEPT - FACILITY

GREENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 **VEOLIA TECH SOLUTIONS** 136 ROCKWELL RD NEWINGTON, CT 06111

REPRINT

SITE **CELL** TICKET # **OPERATOR** 6242 977754 01 40036 TRUCK CONTAINER LICENSE 52630A CN SRSXXLT20 REFERENCE IN OUT 1/5/15 1/5/15 10:35 am 10:35 am

INVOICE INBOUND

CONTRACT: 2 BOL:	259395		GROSS TARE NET	57,680.00LBS Scale In 42,660.00LBS Tare Out 15,020.00LBS				
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL	
7.51	TN	ASBN	СВ	100.00				
Meo9935, RC61	Total							

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total Paid

Change

Check#

Recpt #

SIGNATURE:

CUSTOMER COPY Dann.

2382 **LOLIA TECH SOLUTIONS** 136 ROCKWELL RD NEWINGTON, CT 06111

SITE CELL TICKET # **OPERATOR** 01 6225 977979 40049 TRUCK CONTAINER LICENSE SRSXXLT20 52630A CN REFERENCE IN OUT 1/6/15 1/6/15 259395 2:03 pm 2:03 pm

INVOICE **INBOUND**

CONTRACT: BOL:		GROSS TARE NET	TARE 42,660.00 LBS Tare Out				
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
9.20	TN	ASBN	CB	100.00			

MC69935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Tax Total Total

Paid

Change Check#

Recpt #

SIGNATURE:

VOID - DO NOT ACCEPT - FACILITY

GREENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 **VEOLIA TECH SOLUTIONS** 136 ROCKWELL RD NEWINGTON, CT 06111

INVOICE INBOUND

SITE	CELL	TICKET #			OPERATOR			
01	6225	9	977979	40049				
	TRUCK CONTAINE			R	LICENSE			
SR	SXXLT20)			52630A CN			
		REFER	ENCE		IN	OUT		
259395					1/6/15 2:03 pm	1/6/15 2:03 pm		

ONTRACT: 25939 BOL:		GROSS TARE NET		BS Scale In BS Tare Out BS			
QTY L	TINL	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
9.20	TN	ASBN	СВ	100.00			

935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total

Paid

Change Check#

Recpt #

SIGNATURE:_____

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2382
VEOLIA TECH SOLUTIONS
136 ROCKWELL RD
NEWINGTON, CT 06111

 01
 6242
 978327

 TRUCK
 CONTAINER

 SCB56T20
 REFERENCE

TICKET #

OPERATOR

40049

IN

1/8/15

2:35 pm

LICENS

50957A CN

ruo

1/8/15

3:46 pm

SITE

NONE

CELL

INVOICE INBOUND

CONTRACT: 259395 BOL:		GROSS 61,820.00 LBS Scale In TARE 43,220.00 LBS Scale Out NET 18,600.00 LBS					
QTY UNIT	DESCRIPTION	ORIGIN % RATE	TAX	TOTAL			
9.30 tn	ASBN	CB 100.00					

MC69935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Tax Total Total Paid Change

Check# Recpt #

VOID - DO NOT ACCEPT - FACILITY

STGNATURE:___

GREENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 VEOLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

INVOICE INBOUND

[
SITE	CELL	7	TCKET #		OPERATOR			
01	6242		978327		40049			
TRUCK CONTA			CONTAINE	R	LICENSE			
SC	CB56T20				50957A CN			
		REFER	ENCE		IN	OUT		
NONE					1/8/15 2:35 pm	1/8/15 3:46 pm		

CONTRACT: 2 BOL:	CONTRACT: 259395 BOL:		GROSS TARE NET		BS Scale In BS Scale Out BS		
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
·9.30	tn	ASBN	СВ	100.00			

39935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total

Paid

Change

Check#

Recpt #

CUSTOMER COPY

SIGNATURE:

Homin

02382 OLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

[
SITE	CELL TICKET #			OPERATOR				
01	6226		979360		40049			
7	TRUCK CONTAINER				LICENSE			
SR	SXXLT20)			52630A CN			
		REFER	ENCE		IN	OUT		
2092					1/19/15 1:56 pm	1/19/15 1:56 pm		

INVOICE INBOUND

CONTRACT: BOL:			GROSS TARE NET		LBS Scale In LBS Tare Out LBS	The state of the s	
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
9.56	TN	ASBN	СВ	100.00			

MC69935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Tax Total Total

Paid

Change Check#

Recpt #
VOID - DO NOT ACCEPT - FACILITY

SIGNATURE:____

CAEENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 VEOLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

SIGNATURE:

INVOICE INBOUND

SITE	CELL	TICKET #			OPERATOR			
01	6226		979360	40049				
-	TRUCK		CONTAINER		LICENSE			
SR	SXXLT20)			52630	A CN		
		REFER	ENCE		IN	OUT		
2092					1/19/15 1:56 pm	1/19/15 1:56 pm		

CONTRACT: 2 BOL:			GROSS TARE NET		BS Scale In BS Tare Out BS		2000
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
9.56	TN	ASBN	СВ	100.00			

935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total

Paid

Change

Check#

Recpt #

CUSTOMER COPY

XXX _

GREENTREE LANDFILL, LLC 635 TOBY ROAD · KERSEY, PA 15846 8142651744 ·

12382 OLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

SITE **CELL** TICKET # **OPERATOR** 6262 980284 01 40049 TRUCK CONTAINER LICENS SRSXXLT20 52630A REFERENCE IN 1/28/15 1)28/15 NONE 12:57 pm 12.57 pm

INVOICE INBOUND

CONTRACT: 2 BOL:	259395		GROSS TARE NET		LBS Scale In LBS Tare Out LBS		
QTY	UNIT	DESCRIPTION	ORIGI	۱ %	RATE	TAX	TOTAL
7.65	TN	ASBN	СВ	100.00			

MC69935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Tax Total

Total

Paid

Change Check#

Recpt #

VOID - DO NOT ACCEPT - FACILITY

SIGNATURE:_

CKEENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 VEOLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

SIGNATURE:

INVOICE INBOUND

SITE	CELL	TICKET #			OPERATOR			
01	6262	!	980284		40049			
7	TRUCK		CONTAINER		LICENSE			
SR	SXXLT20)			52630A CN			
		REFER	ENCE		IN	OUT		
NONE					1/28/15 12:57 pm	1/28/15 12:57 pm		

CONTRACT: 25 BOL:	59395		GROSS TARE NET		BS Scale In BS Tare Out BS		
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
7.65	TN	ASBN	СВ	100.00			

935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total

Paid

Change Check#

Recpt #

CUSTOMER COPY X XL

2382 OLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

(· 					
SITE	CELL	7	ICKET #		OPERATOR			
01	6226		979495		40049			
	TRUCK CONTAIN			R	R LICENSE			
SR	SXXLT20)			52630A CN			
REFERENCE					IN	OUT		
NONE					1/20/15 12:43 pm	1/20/15 12:43 pm		

INVOICE INBOUND

CONTRACT: 259395 BOL:		GROSS TARE NET		.BS Scale In .BS Tare Out .BS		
QTY UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
7.65 TN	ASBN .	СВ	100.00			

MC69935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Tax Total Total

Paid

Change Check#

Recpt #

SIGNATURE:____

VOID - DO NOT ACCEPT - FACILITY

EENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 **VEOLIA TECH SOLUTIONS** 136 ROCKWELL RD NEWINGTON, CT 06111

INVOICE INBOUND

SITE	CELL	٦	TCKET #		OPERATOR			
01	6226	(979495		40049			
	TRUCK		CONTAINER		LICE	NSE		
SR	SXXLT20)			52630	A CN		
		REFER	ENCE		IN	OUT		
NONE					1/20/15 12:43 pm	1/20/15 12:43 pm		

NTRACT: 2	59395		GROSS		BS Scale In		
BOL:		TARE NET	42,660.00L 15,300.00L	BS Tare Out BS			
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
7.65	TN	ASBN	СВ	100.00			

935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total

Paid

Change Check#

Recpt #

CUSTOMER COPY

SIGNATURE:

2382 OLIA TECH SOLUTIONS 136 ROCKWELL RD NEWINGTON, CT 06111

SITE **CELL** TICKET # OPERATOR 10B4 01 982133 40036 **TRUCK** CONTAINER LICENSE SRSXXLT20 52630A CN REFERENCE IN OUT 2/18/15 2/18/15 259395-021615 10:56 am 10:56 am

INVOICE **INBOUND**

CONTRACT: BOL:	259395		GROSS TARE NET		LBS Scale In LBS Tare Out LBS	TO THE PARTY OF TH	
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
4.90	TN	ASBN	СВ	100.00			
59935, RC61268, GC68619, BP17086, AR64954				Tax Total	Total		

I hereby certify that this load does not contain any unauthorized hazardous waste.

Paid

Change

Check#

Recpt #

SIGNATURE:___

VOID - DO NOT ACCEPT - FACILITY

GREENTREE LANDFILL, LLC 635 TOBY ROAD KERSEY, PA 15846 8142651744

202382 **VEOLIA TECH SOLUTIONS** 136 ROCKWELL RD NEWINGTON, CT 06111

INVOICE **INBOUND**

SITE	CELL	TICKET #			OPERATOR		
01	10B4	982133			40036		
TRUCK			CONTAINE	R LICENSI		NSE	
SRSXXLT20					52630A CN		
REFERENCE					IN	OUT	
259395-021615					2/18/15 10:56 am	2/18/15 10:56 am	

CONTRACT: 25 BOL:	9395		GROSS TARE NET		3S Scale In 3S Tare Out BS		
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
4.90	TN	ASBN	СВ	100.00			

🧦 935, RC61268, GC68619, BP17086, AR64954

I hereby certify that this load does not contain any unauthorized hazardous waste.

Can #1

Total Paid

Change Check#

Recpt #

SIGNATURE:

CUSTOMER COPY



Superior Industries LLC

SUPERIOR INDUSTRIES L.L.C.



Certificate of Completion
Awarded to

Stanley Plisner

(SSN XXX-XX-5155) (DOB 01/24/1953)

Has completed a 8 Hour 1 day Approved Course of Instruction in Hazardous Waste Operations & Emergency Response (HAZWOPER)

HAZWOPER Refresher Training

August 2, 2013Required by 29 CFR 1910.120

SUPERIOR INDUSTRIES LLC 342 Carter Lane Southington, Ct. 06489 860-620-1133 (voice) 860-620-1134 (fax)

Examination Date: Expiration Date: Certificate Number:

August 2, 2013 August 2, 2014 HWR-SP-01-24-53-13

Earl Clark, Training Coordinator

WALLET CARD

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME
STANLEY PUSNER
CERTIFICATION NO. CURRENT THROUGH
002633 01/31/15
PROFESSION

ASBESTOS ABATEMENT SUPERVISOR

SIGNATURE

VALIDATION NO. 03-721069



TRAINING CERTIFICATE

STANLEY PLISNER

094-50-5155

D.O.B. 01/24/53

417 Eddy Glover Blvd., New Britain, CT 06053

Has successfully completed an 8 (eight) hour ASBESTOS SUPERVISOR/CONTRACTOR REFRESHER COURSE

December 21, 2013

This training is approved & given in accordance with the Department of Health Standards required as per Section 19a-332 of the Connecticut General Statutes, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94

Presented By

ENCO Environmental Training 70 West Liberty Street, Waterbury, CT P.O. Box 2654 Waterbury, CT 06723 1-(203)-754-5959

Certificate No: ASR 130506

Exam Date: 12/21/2013 EXPIRATION DATE: 12/21/2014

Exam Grade: 94 %

Training Director

Ø 1998 GOLS 3520 All Hights Passived



HAS SUCCESSFULLY COMPLETED THE OSHA
HAZARDOUS WASTE OPERATIONS AND EMERGENCY
RESPONSE 40-HOUR INITIAL TRAINING IN
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013 CERTIFICATION#: ALO1

TRAINING PROVIDER:

DOUGLAS J. RHOADS, CHMM

RHOADS ENVIRONMENTAL CONSULTING, LLC



Asbestos and Lead Abatement Training

44-01 21st St, Long Island City, NY 11101 Tel: (718) 349-3235; fax: (718) 349-3238 HEREBY CERTIFIES THAT

Stanley Plisner

HAS SUCCESSFULLY COMPLETED N.Y.S. D.O.H./ US E.P.A / A.H.E.R.A. 40 Hour Course Entitled

FOR THE PURPOSE OF ICR 10 N.Y.C.P.R. PART 73 AND E.P.A.-40 CFR Part 763 THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION OF THIS COURSE IS THE DOH 2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING

On This 15th Day of April, 2005 Date(s) of course: 04/11/05 to 04/15/05 Certificate #: 041505ASCNYSC-07

Director: Tomasz Chabowski

Exp. Date: 04/15/06

Exam Date: 04/15/05

Exam Grade:

OSHA

002324611



U.S. Department of Labor Occupational Safety and Health Administration

Stanley Plisner

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

QUALITATIVE FIT TEST

RESPIRATOR INSTRUCTION CERTIFICATE OF ATTENDANCE

NAME STANLEY PLIBNER	
DATE 4-14-14 SS=	<u> 1727</u>
LICENSE # <u>vol633</u>	
TYPE OF RESPITATOR 1/2 FACE	
MANUFACTURER NORTH NIOSH No	
MODEL NoSIZES_(<u>W</u> L
TEST AGENT <u>Irritant Smoke</u> PASS V	FAIL
ADMINISTERED BY Cluis Hisner Signature 2	lustres
The training administered covered the following:	• 1
 Respirator types, their function, capabilities, and limitation Daily inspection procedures, and cleaning methods Performing the negative and positive USER SEAL CHEC Proper cartridge (filter) selection Various protection factors and MUL's Proper methods of donning and doffing Maintenance and proper storage Proper selection for oxygen deficient atmospheres 	

The undersigned has attended and successfully completed a respirator Training class and a qualitative fit test.

EMPLOYEE SIGNATURE

ENCO Environmental Training

P.O. Box 2654 Waterbury, CT, 06723 Phone (203) 754-5959

70 West Liberty Street Waterbury, Ct. 06706 Fax (203) 757-5979

New York City Department of Environmental Protection Asbestos Control Program 59-17 Junction Boulevard, 8th Floor Flushing, New York 11373

Application for Asbestos

Appe	ndix A
Medical Examination for As Applicant Name: Stanley Plicant Name: Stanley Plicant Home Address: 417 Eddy Glov City, State and Zip Code: New Britain Telephone Number: 860, 466-974 Date of Birth: 01-24-1953 Social Security Number: 51 Based upon the medical examination which includes (FVC) and forced expiratory volume at one second (roentgenogram, it is my opinion that the above named	or Blvd. n. C.+: 06053 d pulmonary function tests of vital capacity FEV.) and an evaluation of a recent chest
) is not
Dr Rozo Alberto Print Name of Physician Signal-sea Mysician	April 12 2014 Date of Examination 40 46 74 St

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Abatis Rozo 4048 74th St Elmhurst, N.Y. 11373 License \$187886