

January 20, 2022

Ms. Meghan Kuczka  
Division of Environmental Remediation  
NYSDEC, Region 9  
270 Michigan Avenue  
Buffalo, NY 14203-2999

**Re:   *National Grid Dewey/Kensington Service Center (Site #915144)***  
***PRR***

Dear Ms. Kuczka:

Enclosed for your review is the Periodic Review Report (PRR) for the National Grid Dewey/Kensington Service Center Site (Site No. 915144), with modifications per your email dated December 15, 2022.

The PRR includes information from the period November 1, 2020 – November 1, 2021:

If you have any questions, please feel free to contact me at 315.428.5652.

Sincerely,



for SPS

Steven P. Stucker, C.P.G.  
Lead Environmental Engineer

ecc:   Lisa Montesano – NG  
      Devin Shay- Groundwater & Environmental Services, Inc.

## **Periodic Review Report – National Grid Dewey/Kensington Service Center (Site #915144)**

**Reporting Period – November 01, 2020 to November 01, 2021**

### **I. Introduction**

#### **A. Brief Site Summary –**

The National Grid Dewey/Kensington Service Center Site (#915144) is located in Buffalo, New York. National Grid owns the property and services its customers from the active facility. Service trucks, equipment, and materials are stored and maintained on-site. A mechanic's shop, several administrative buildings, an above ground fuel island, and an employee parking lot are currently located on-site and are part of the service center.

Prior to 1992, the service center also served as a hazardous waste management facility permitted by the New York State Department of Environmental Conservation (NYSDEC) (Part 373 Permit No. 9-1402-00397/00001-0). National Grid stored spent electrical transformers containing polychlorinated biphenyl- (PCB-) laden oil, various solid wastes, and bulk waste oils on-site. Some liquid wastes were stored within underground storage tanks (USTs). The hazardous waste management facility was closed in December 1992, in accordance with a NYSDEC-approved closure plan.

During excavation activities in the mid 1990s, it was discovered that soil and groundwater were contaminated near a UST identified as Solid Waste Management Unit (SWMU) #7. Multiple USTs were subsequently removed, and an investigation including the advancement of soil borings and the installation of groundwater monitoring wells was completed. A remedial action was completed in 2002 and a long-term groundwater monitoring program was implemented.

On October 3, 2011, National Grid received official notification that the site was deleted from the New York State Registry of Inactive Hazardous Waste Disposal Sites (letter from Ms. Kelly Lewandowski, NYSDEC Chief Site Control Section, to Mr. Chuck Willard, NG SIR Director).

**B. Remedial Program Effectiveness** – During the reporting period (November 01, 2020, to November 01, 2021), the long-term remedial objectives were met for the site.

**C. Remedial Program Compliance** - The major elements within the Institutional Control/Engineering Control(s) (IC/EC) Plan are in compliance.

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Reporting Period – November 01, 2020 to November 01, 2021

- D. **Remedial Program Recommendations** - It is recommended that no changes be made to the IC/EC Plan. It is recommended that the Project Review Report (PRR) submittal frequency (annual) remain the same. The next PRR submittal deadline would be December 1, 2022.

## II. Site Overview

### A. Site Location and Boundaries –

The Dewey/Kensington Service Center is an active National Grid facility, encompasses approximately 23 acres, and is generally located within the center of Buffalo, New York in a predominantly residential area. To the west are Delaware Park, Canisius College, and Forest Lawn Cemetery; to the east are Fillmore Junior High School and the Erie County Medical Center; immediately to the west are the St. Mary School and Sisters of Charity Hospital; and to the south is a four lane expressway.

The site is bordered to south by Kensington Avenue and to the north by Dewey Avenue. The New York Central Railroad tracks boarder the site to the east. The expressway runs along the western side of the site.

### B. Regulatory History and Remedy Features –

In September 1992, excavation activities at the facility, in the vicinity of Building #13, revealed petroleum-impacted gravel and a broken vent line connected to an underground waste oil tank. The former waste oil tank was removed and four groundwater monitoring wells (ESI-1, ESI-2, ESI-3, and ESI-4) were installed in the vicinity of the former tank to supplement an existing monitoring well (MW-1) and to facilitate periodic groundwater monitoring in this area.

In February 1994, National Grid agreed to conduct a focused Resource Conservation and Recovery Act (RCRA) Facility Assessment- (RFA-) type soil and groundwater investigation, and a Focused Risk Assessment/ Corrective Measures Study (FRA/CMS) to address the concerns identified by the RFA.

During Fall 1994, National Grid conducted soil and groundwater investigation activities in accordance with the NYSDEC-approved *Soil and Groundwater Investigation Work Plan* (1994). These investigations showed the presence of several volatile organic compounds (VOCs) and polychlorinated biphenyls (PCBs) in groundwater at concentrations above NYSDEC Division of Water Technical and Operational Guidance Series (TOGS) 1.1.1 – *Ambient Water Quality Standards and Guidance Values* (NYSDEC, 1998, amended 2000). Based on these results, NYSDEC requested

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implementation of the quarterly groundwater monitoring program proposed in the *SWMU #7 Soil/Groundwater Investigation Report (1994)*.

The *SWMU #7 Focused Risk Assessment and Corrective Measures Study Report (FRA/CMS Report)* (1995, revised 1996) concluded that the limited action alternative (i.e., implementing a groundwater monitoring program) would adequately meet the corrective measure objective of mitigating the offsite migration of impacted groundwater. Following the initial submittal of the FRA/CMS Report, a *Groundwater Sampling and Analysis Plan (SAP)* (1996) was submitted to NYSDEC in May 1996. The May 1996 SAP was then revised based upon NYSDEC comments, and the revised SAP for the groundwater monitoring program was presented in the revised FRA/CMS Report dated June 1996.

In November 1997, National Grid entered into a Consent Order with NYSDEC to guide future site monitoring and to establish a framework for implementing additional site investigation or remediation. As mandated in the Consent Order, semiannual (spring and fall) groundwater monitoring events are conducted at SWMU #7 monitoring wells. The list of wells sampled during each groundwater monitoring event has been modified through time in response to NYSDEC requirements and the results of investigation/evaluation activities, as agreed to by NYSDEC.

The Consent Order specifies that a contingency plan must be implemented to evaluate additional remedial activities if analytical results from monitoring wells located at the property boundary indicate an exceedance of NYSDEC groundwater quality standards presented in TOGS 1.1.1 for two consecutive monitoring events. The monitoring wells designated as property boundary wells have changed, as new monitoring wells have been installed as part of the contingency plan implementation. For example, monitoring wells MW-7 and MW-9 were designated as property boundary wells in the Consent Order. In 1999, the property boundary wells included monitoring wells MW-6, MW-7, MW-11, MW-12, and MW-14. The current property boundary well arrangement includes monitoring wells MW-6, MW-11, MW-12, MW-20, MW-21, and MW-24 (installed spring 2002).

### III. Evaluate Remedy Performance, Effectiveness, and Protectiveness

- A. **Evaluation of Remedy Performance** - The wells are part of the remedy performance. However, there is no current requirement for a site inspection of the existing facility buildings, fences, or fuel tanks. Based on the well inspections and analytical data, the remedy performance has been effective in protecting facility workers and the public.



#### **IV. IC/EC Plan Compliance Report**

##### **A. IC/EC Requirements and Compliance**

###### **1. IC/EC Controls**

The ICs/ECs included:

- Semi-annual groundwater monitoring well inspections of the following wells: MW-1, MW-2, MW-5, MW-6, MW-7, MW-9, MW-10, MW-11, MW-12, MW-13, MW-15, MW-16, MW-17, MW-19, MW-20, MW-21, MW-24, MW-25, and ESI-1.
- Annual groundwater monitoring well sampling and analysis of the following wells: MW-1, MW-6, MW-9, MW-11, MW-12, MW-20, MW-21, MW-24.

2. **IC/EC Goals** - Each goal is being met and/or working effectively.

3. **IC/EC Corrective Measures** – No deficiencies were noted during the semi-annual inspections.

4. **IC/EC Conclusions/Recommendations** – The program is in compliance and there are no recommendations at this time. During the June 2021 monitoring event, NYSDEC AWQS for PCBs were exceeded in the samples collected at wells MW-1 and MW-9. All monitoring wells downgradient of MW-1 and MW-9 that were sampled (MW-6, MW-11, MW-12, MW-20, MW-21, and MW-24) exhibited concentrations below laboratory detection limits for PCBs.

B. **IC/EC Certification** – Refer to PRR Form - **Attachment 1**, for the certification.

V. **Monitoring Plan Compliance Report** – The Annual Monitoring Report will be submitted to the NYSDEC by November 30, 2020.

VI. **Operation & Maintenance (O&M) Plan Compliance Report** - Not Applicable

#### **VII. Overall PRR Conclusions and Recommendations**

##### **A. Compliance with Site Management Plan (SMP)**

1. **Requirements** - All IC/EC Plan requirements were met during this reporting period.

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Reporting Period – November 01, 2020 to November 01, 2021

2. **Exposure Pathways** – There are no new completed exposure pathways resulting in unacceptable risk.

3. **Proposed Plans and Schedule to Meet Compliance** – No plan proposed.

B. **Performance and Effectiveness of the Remedy** – The remedy as described by the Consent Order and executed by National Grid has been effective in meeting the program goals.

C. **Future PRR Submittals** – The frequency of PRR Submittals should remain annual. Therefore, the next PRR submittal deadline will be December 1, 2022.

**VIII. Additional Guidance** – National Grid completed soil borings and collected soil samples for laboratory analysis to evaluate soil that was planned to be excavated as part of a paving project in the area northwest of the warehouse building (building DK-21). Analytical results for the soil borings identified elevated concentrations of PCBs in shallow subsurface soil. Since the area northwest of building DK-21 was not previously identified as a solid waste management unit (SWMU), National Grid submitted a June 24, 2021 letter to the NYSDEC which provided written notification regarding the discovery of a newly-identified SWMU at the facility. National Grid submitted a Newly-Identified SWMU Assessment Work Plan letter to the NYSDEC on July 27, 2021 and received conditional approval for the proposed SWMU assessment work on October 20, 2021. National Grid plans to implement additional soil investigation activities during 2022 and additional investigation and/or remedial efforts will be proposed, as necessary, based on the investigation results.

National Grid replaced indoor, hydraulic vehicle lift systems in the Fleet maintenance garage (building DK-13) between March and June, 2021. To retire the lifts, concrete floor slab and subsurface soils were excavated to remove lift system equipment and prepare the areas for installation of the new lifts. Four separate lift systems were removed and replaced including bays 10, 6, 5 and 4 (listed in order of construction) (**Figure 1**). To do this, in each bay the eight-inch concrete floor was saw cut and removed in an area measuring approximately 20 feet by 32 feet. Next, an excavation measuring approximately 8 feet by 26 feet was completed to a depth of 6 feet, 8 inches below ground surface. Excavation was performed using conventional earthwork equipment, which was used to stage project concrete and sub-base materials on/within a polyethylene plastic sheeting envelope. Clean fill was imported to backfill around the newly installed hydraulic lifts (**Attachment 2**). In addition, water derived from the excavations was containerized in on-site fractionalization tanks. During waste characterization of soils derived from two of the four excavation areas, low levels of PCBs were detected, despite the absence of

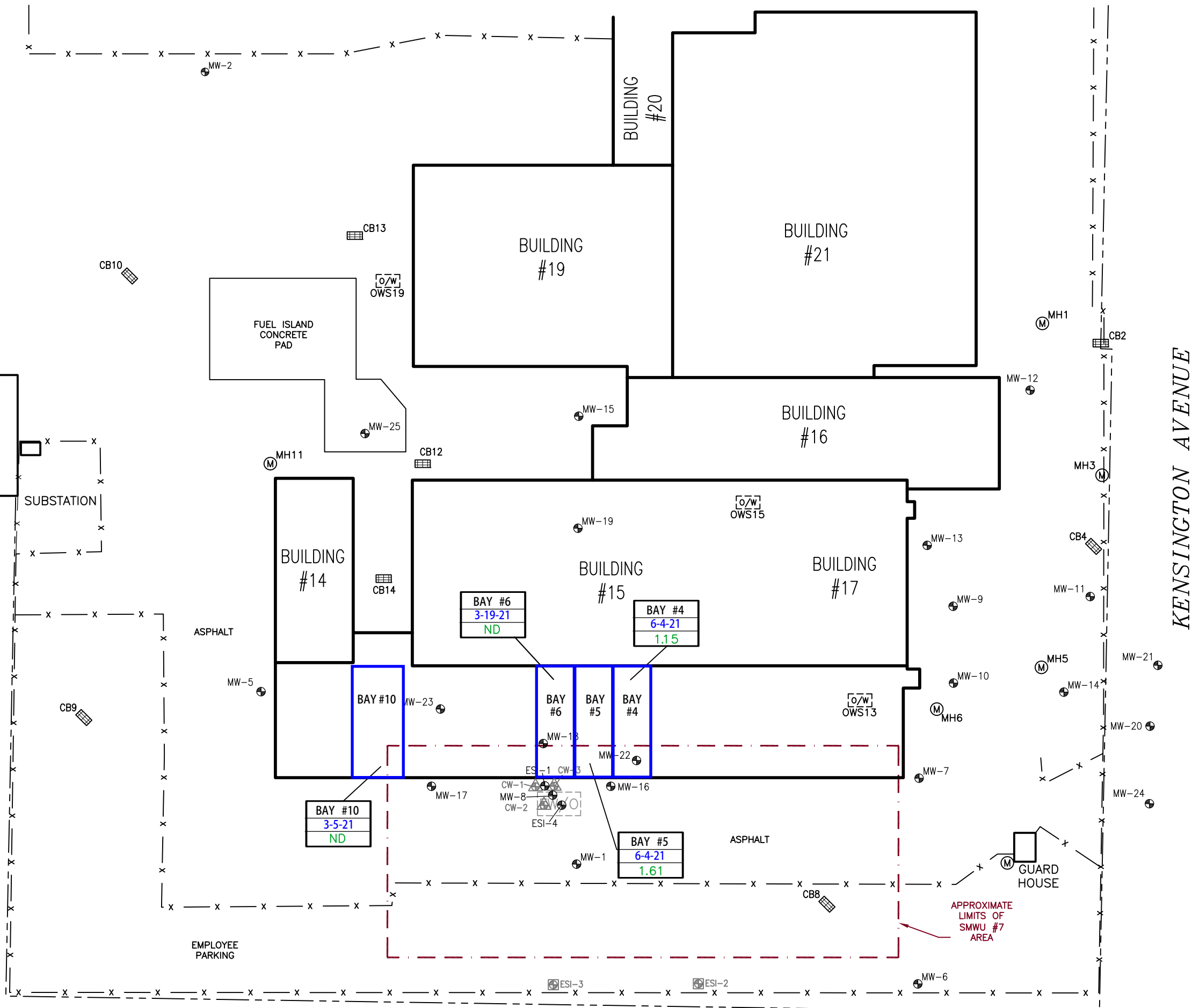
## **Periodic Review Report – National Grid Dewey/Kensington Service Center (Site #915144)**

**Reporting Period – November 01, 2020 to November 01, 2021**

staining, sheen, and odors. Analytical results of the soil are summarized in **Table 1**. Laboratory Analytical Reports are included in **Attachment 3**. Concrete and soils from these areas were shipped for off-site disposal at US Ecology Wayne Disposal, Michigan (**Attachment 4**). Associated water received on-site treatment for discharge to the Buffalo Sewer Authority system in accordance with a temporary discharge permit (**Attachment 5**). Water was pumped to on-site fractionation tanks and treated via granular activated carbon prior to discharge. Spent carbon disposal receipts are included in **Attachment 6**. Following operation of the water treatment system, the fractionation tanks were cleaned. Residue from the tank cleaning was disposed as documented in **Attachment 7**. Soils, concrete and water from the other two excavation areas were not found to be impacted by PCBs and were disposed as non-hazardous waste.

## **Figures**

M:\Graphics\0600-Syracuse\Misc\National Grid\Buffalo (Dewey ave)\Buffalo (dewey ave) SM.dwg, B60 sm, WShea



## LEGEND

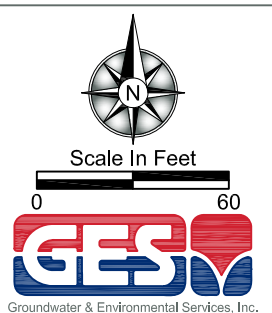
- PROPERTY BOUNDARY
  - FENCE
  - FORMER WASTE OIL TANK
  - OIL/WATER SEPARATOR
  - CATCH BASIN
  - UTILITY MANHOLE
  - MONITORING WELL
  - MONITORING WELL (DECOMMISSIONED APRIL 2004)
  - COLLECTION WELL (DECOMMISSIONED APRIL 2004)
  - BAY LOCATION
- | BAY #10 | SAMPLE LOCATION    |
|---------|--------------------|
| 3-5-21  | SAMPLE DATE        |
| ND      | TOTAL PCBs (mg/kg) |
- mg/kg      micrograms per kilogram  
PCB      polychlorinated biphenyls

## Total PCB Concentration Map

National Grid  
Dewey Avenue Service Center  
93 Dewey Avenue  
Buffalo, New York

Drawn  
W.G.S.  
Designed  
Approved

Date  
8/16/21  
Figure



**Periodic Review Report – National Grid Dewey/Kensington Service Center (Site #915144)**

**Reporting Period – November 01, 2020 to November 01, 2021**

**Tables**

Table 1

Soil Analytical Data

Sample ID	Spoils Pile (Bay 10)	Spoil Pile, 2021-39 (Bay 6)	Spoil Pile - Bay 5, 144 Kensington Ave, 2021-114	Spoil Pile - Bay 4, 2021-122
Sample Date	3/5/2021	3/19/2021	5/28/2021	6/4/2021
<b>Polychlorinated biphenyl (PCBs) - mg/kg</b>				
PCB-1016	ND	ND	ND	ND
PCB-1221	ND	ND	ND	ND
PCB-1232	ND	ND	ND	ND
PCB-1242	ND	ND	ND	ND
PCB-1248	ND	ND	ND	ND
PCB-1254	ND	ND	ND	ND
PCB-1260	ND	ND	1.61	1.15
PCB-1262	ND	ND	ND	ND
PCB-1268	ND	ND	ND	ND
Total PCBs	ND	ND	1.61	1.15
<b>Metals - mg/L</b>				
Arsenic	ND	ND	ND	ND
Barium	ND	ND	0.824	ND
Cadmium	ND	ND	ND	ND
Chromium	ND	ND	ND	ND
Lead	ND	ND	ND	ND
Selenium	ND	ND	ND	ND
Silver	ND	ND	ND	ND

ND = Not Detected above detection limit.  
mg/kg = Milligram per kilogram  
mg/L = Milligram per liter

**Table 1**

**Water Analytical Data**

Sample ID	Frac Tank (Bay 10)	Frac Tank, 2021-115 (Bay 5)	Bay 4 Frac Tank (Tank #518B) 2021-123
Sample Date	3/5/2021	5/28/2021	6/9/2021
<b>Polychlorinated biphenyl (PCBs) - µg/L</b>			
PCB-1016	ND	ND	ND
PCB-1221	ND	ND	ND
PCB-1232	ND	ND	ND
PCB-1242	ND	ND	15.1
PCB-1248	ND	ND	ND
PCB-1254	ND	ND	ND
PCB-1260	ND	1.22	16.6
PCB-1262	ND	ND	ND
PCB-1268	ND	ND	ND
Total PCBs	ND	1.22	31.7

ND = Not Detected above detection limit.  
 NS = Not Sampled.  
 µg/L = Microgram per liter



**Table 1**

**Concrete Analytical Data**

Sample ID	DK-13-CS-TOC	DK-13-CS-BOC
Sample Date	7/2/2021	7/2/2021
<b>Polychlorinated biphenyl (PCBs) - µg/kg</b>		
PCB-1016	ND	ND
PCB-1221	ND	ND
PCB-1232	ND	ND
PCB-1242	ND	ND
PCB-1248	ND	ND
PCB-1254	ND	ND
PCB-1260	358	909
PCB-1262	ND	ND
PCB-1268	ND	ND
Total PCBs	358	909
<b>Total Solids - %</b>		
Total Solids	96.8	97.4

ND = Not Detected above detection limit.  
 µg/kg = Microgram per kilogram  
 % = Percent

**Periodic Review Report – National Grid Dewey/Kensington Service Center (Site #915144)**

**Reporting Period – November 01, 2020 to November 01, 2021**

**Attachment 1 – PRR Checklist**



Enclosure 2  
**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Site Management Periodic Review Report Notice**  
**Institutional and Engineering Controls Certification Form**



**Site Details**

**Box 1**

**Site No.**            **915144**

**Site Name** **Niagara Mohawk Dewey Ave. Service Sta.**

Site Address: 144 Kensington Avenue      Zip Code: 14214  
City/Town: Buffalo  
County: Erie  
Site Acreage: 23.000

Reporting Period: November 01, 2020 to November 01, 2021

YES    NO

1. Is the information above correct? ☒    ☐

If NO, include handwritten above or on a separate sheet.

2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment during this Reporting Period? ☐    ☒

3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))? ☐    ☒

4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period? ☒    ☐

**If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.**

5. Is the site currently undergoing development? ☒    ☐

**Box 2**

YES    NO

6. Is the current site use consistent with the use(s) listed below? ☒    ☐  
Commercial and Industrial

7. Are all ICs in place and functioning as designed? ☒    ☐

**IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.**

**A Corrective Measures Work Plan must be submitted along with this form to address these issues.**

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date

**SITE NO. 915144**

**Box 3**

**Description of Institutional Controls**

Parcel

Owner

Institutional Control

**89.16-1-2**

National Grid

Monitoring Plan  
O&M Plan

**89.16-1-6**

National Grid

Monitoring Plan  
O&M Plan

**Box 4**

**Description of Engineering Controls**

None Required

Not Applicable/No EC's

### Periodic Review Report (PRR) Certification Statements

1. I certify by checking "YES" below that:

a) the Periodic Review report and all attachments were prepared under the direction of, and reviewed by, the party making the Engineering Control certification;

b) to the best of my knowledge and belief, the work and conclusions described in this certification are in accordance with the requirements of the site remedial program, and generally accepted engineering practices; and the information presented is accurate and complete.

YES NO

☒

☐

2. For each Engineering control listed in Box 4, I certify by checking "YES" below that all of the following statements are true:

(a) The Engineering Control(s) employed at this site is unchanged since the date that the Control was put in-place, or was last approved by the Department;

(b) nothing has occurred that would impair the ability of such Control, to protect public health and the environment;

(c) access to the site will continue to be provided to the Department, to evaluate the remedy, including access to evaluate the continued maintenance of this Control;

(d) nothing has occurred that would constitute a violation or failure to comply with the Site Management Plan for this Control; and

(e) if a financial assurance mechanism is required by the oversight document for the site, the mechanism remains valid and sufficient for its intended purpose established in the document.

YES NO

☒

☐

**IF THE ANSWER TO QUESTION 2 IS NO, sign and date below and  
DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.**

**A Corrective Measures Work Plan must be submitted along with this form to address these issues.**

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date

IC CERTIFICATIONS  
SITE NO. 915144

Box 6

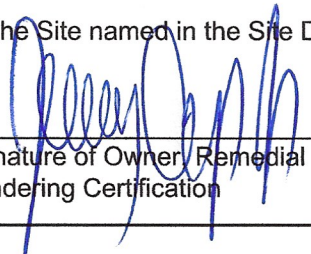
**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

I certify that all information and statements in Boxes 1,2, and 3 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I Gerald Cresap, PE at 6780 Northern Blvd., Suite 100, East Syracuse, NY 13057,  
print name print business address

am certifying as agent for National Grid (Owner or Remedial Party)

for the Site named in the Site Details Section of this form.

  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

11-12-2021  
Date



**Periodic Review Report – National Grid Dewey/Kensington Service Center (Site #915144)**

**Reporting Period – November 01, 2020 to November 01, 2021**

**Attachment 2 – Clean Fill Manifests**



13870 Taylor Hollow Rd, Collins, New York, 14034 - 716-532-3371 - Fax 716-532-9000

3/3/2021

K & R DAY TRUCKING, INC.  
840 BULLIS ROAD

ELMA NY 14059

ATTENTION: Karen Day

Via Email: karen.krdaytrucking@gmail.com

RE: Material Submittal National Grid/Filtrec

Dear Ms. Day,

This is to certify that the NYSDOT Round #1 Gravel proposed for use on the above listed project will be supplied in conformance with the requirements of the NYSDOT and project specifications.

The Round #1 Gravel will be supplied from our NYSDOT approved Gable Thomas, Sardinia Plant.

A Typical mechanical analysis of the proposed material is as follows:

Round #1 Gravel - NYSDOT 605.0901 Type 1 Underdrain - Chaffee Plant

Sieve Size	Percent Passing	Specification
1"	100	100
3/4"	100	-
1/2"	93	30-100
1/4"	11	0-30
#10	1.1	0-10
#20	0.6	0-5

Sincerely,

Gernatt Asphalt Products, Inc.

A handwritten signature in dark ink, appearing to read "Neil Stern", is written over the printed name.

Neil Stern

Sales Representative



**Attachment 3 – Laboratory Analytical Results**



**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

*Analytical Report For*  
**National Response Corporation**

*For Lab Project ID*

**212484**

*Referencing*

**Fleet Garage Dewey Kensington**

*Prepared*

**Thursday, June 10, 2021**

Any noncompliant QC parameters or other notes impacting data interpretation are flagged or documented on the final report or are noted below.

A handwritten signature in black ink, appearing to read "R. R. O'Neil", is positioned above a horizontal line.

Certifies that this report has been approved by the Technical Director or Designee

179 Lake Avenue • Rochester, NY 14608 • (585) 647-2530 • Fax (585) 647-3311 • ELAP ID# 10958



Lab Project ID: 212484

Client: National Response Corporation

Project Reference: Fleet Garage Dewey Kensington

Sample Identifier: Spoil Pile - Bay 4, 2021-122

Lab Sample ID: 212484-01

Date Sampled: 6/4/2021

Matrix: Soil

Date Received: 6/7/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 1.00	mg/Kg		6/8/2021 19:23
PCB-1221	< 1.00	mg/Kg		6/8/2021 19:23
PCB-1232	< 1.00	mg/Kg		6/8/2021 19:23
PCB-1242	< 1.00	mg/Kg		6/8/2021 19:23
PCB-1248	< 1.00	mg/Kg		6/8/2021 19:23
PCB-1254	< 1.00	mg/Kg		6/8/2021 19:23
PCB-1260	<b>1.15</b>	mg/Kg		6/8/2021 19:23
PCB-1262	< 1.00	mg/Kg		6/8/2021 19:23
PCB-1268	< 1.00	mg/Kg		6/8/2021 19:23

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	<b>51.7</b>	16.4 - 99.1		6/8/2021 19:23

Method Reference(s): EPA 8082A

EPA 3546

Preparation Date: 6/8/2021



Lab Project ID: 212484

Client: **National Response Corporation**

Project Reference: Fleet Garage Dewey Kensington

Sample Identifier: Spoil Pile - Bay 4, 2021-122

Lab Sample ID: 212484-01A

Date Sampled: 6/4/2021

Matrix: TCLP Extract

Date Received: 6/7/2021

**TCLP Mercury**

<b>Analyte</b>	<b>Result</b>	<b>Units</b>	<b>Regulatory Limit</b>	<b>Qualifier</b>	<b>Date Analyzed</b>
Mercury	< 0.00200	mg/L	0.2		6/10/2021 10:15
Method Reference(s): EPA 7470A					
EPA 1311					
Preparation Date: 6/9/2021					
Data File: Hg210610A					

**TCLP RCRA Metals (ICP)**

<b>Analyte</b>	<b>Result</b>	<b>Units</b>	<b>Regulatory Limit</b>	<b>Qualifier</b>	<b>Date Analyzed</b>
Arsenic	< 0.500	mg/L	5		6/9/2021 16:26
Barium	< 0.500	mg/L	100		6/9/2021 16:26
Cadmium	<0.025	mg/L	1		6/9/2021 16:26
Chromium	< 0.500	mg/L	5		6/9/2021 16:26
Lead	< 0.500	mg/L	5		6/9/2021 16:26
Selenium	< 0.200	mg/L	1		6/9/2021 16:26
Silver	< 0.500	mg/L	5		6/9/2021 16:26
Method Reference(s): EPA 6010C					
EPA 1311 / 3005A					
Preparation Date: 6/8/2021					
Subcontractor ELAP ID: 10709					



## Analytical Report Appendix

The reported results relate only to the samples as they have been received by the laboratory.

Each page of this document is part of a multipage report. This document may not be reproduced except in its entirety, without the prior consent of Paradigm Environmental Services, Inc.

All soil/sludge samples have been reported on a dry weight basis, unless qualified "reported as received". Other solids are reported as received.

Low level Volatiles blank reports for soil/solid matrix are based on a nominal 5 gram weight. Sample results and reporting limits are based on actual weight, which may be more or less than 5 grams.

The Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt. Sample condition requirements are defined under the 2003 NELAC Standard, sections 5.5.8.3.1 and 5.5.8.3.2.

NYSDOH ELAP does not certify for all parameters. Paradigm Environmental Services or the indicated subcontracted laboratory does hold certification for all analytes where certification is offered by ELAP unless otherwise specified. Aliquots separated for certain tests, such as TCLP, are indicated on the Chain of Custody and final reports with an "A" suffix.

Data qualifiers are used, when necessary, to provide additional information about the data. This information may be communicated as a flag or as text at the bottom of the report. Please refer to the following list of analyte-specific, frequently used data flags and their meaning:

*"<" = Analyzed for but not detected at or above the quantitation limit.*

*"E" = Result has been estimated, calibration limit exceeded.*

*"Z" = See case narrative.*

*"D" = Sample, Laboratory Control Sample, or Matrix Spike Duplicate results above Relative Percent Difference limit.*

*"M" = Matrix spike recoveries outside QC limits. Matrix bias indicated.*

*"B" = Method blank contained trace levels of analyte. Refer to included method blank report.*

*"J" = Result estimated between the quantitation limit and half the quantitation limit.*

*"L" = Laboratory Control Sample recovery outside accepted QC limits.*

*"P" = Concentration differs by more than 40% between the primary and secondary analytical columns.*

*"NC" = Not calculable. Applicable to RPD if sample or duplicate result is non-detect or estimated (see primary report for data flags). Applicable to MS if sample is greater or equal to ten times the spike added. Applicable to sample surrogates or MS if sample dilution is 10x or higher.*

*"\*" = Indicates any recoveries outside associated acceptance windows. Surrogate outliers in samples are presumed matrix effects. LCS demonstrates method compliance unless otherwise noted.*

*"(1)" = Indicates data from primary column used for QC calculation.*

*"A" = denotes a parameter for which ELAP does not offer approval as part of their laboratory certification program.*

*"F" = denotes a parameter for which Paradigm does not carry certification, the results for which should therefore only be used where ELAP certification is not required, such as personal exposure assessment.*

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# GENERAL TERMS AND CONDITIONS

## LABORATORY SERVICES

These Terms and Conditions embody the whole agreement of the parties in the absence of a signed and executed contract between the Laboratory (LAB) and Client. They shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent, or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to the LAB. The invalidity or unenforceability in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. No waiver by LAB of any provision, term, or condition hereof or of any breach by or obligation of the Client hereunder shall constitute a waiver of such provision, term, or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state which services are procured.

### Warranty.

Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings, and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

### Scope and Compensation.

LAB agrees to perform the services described in the chain of custody to which these terms and conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described. LAB will use LAB default method for all tests unless specified otherwise on the Work Order.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1-1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sale, use or other taxes. Such taxes will be added to invoice prices when required.

### Prices.

Compensation for services performed will be based on the current Lab Analytical Fee Schedule or on quotations agreed to in writing by the parties. Turnaround time based charges are determined from the time of resolution of all work order questions. Testimony, court appearances or data compilation for legal action will be charged separately. Evaluation and reporting of initial screening runs may incur additional fees.

### Limitations of Liability.

In the event of any error, omission, or other professional negligence, the sole and exclusive responsibility of LAB shall be to re-perform the deficient work at its own expense and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation, or responsibility of any kind for losses, costs, expenses, or other damages (including but not limited to any special, direct, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients and LAB is in no way responsible for the use of such results by clients or third parties. All reports should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of these reports. Client may not assign the lab report without the written consent of the LAB.

Client covenants and agrees, at its/his/her sole expense, to indemnify, protect, defend, and save harmless the LAB from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements and/or expenses (including, without limitation attorneys' and experts' fees and disbursements) of any kind whatsoever which may at any time be imposed upon, incurred by or asserted or awarded against client relating to, resulting from or arising out of (a) the breach of this agreement by this client, (b) the negligence of the client in handling, delivering or disclosing any hazardous substance, (c) the violation of the Client of any applicable law, (d) non-compliance by the Client with any environmental permit or (e) a material misrepresentation in disclosing the materials to be tested.

### Hazard Disclosure.

Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance that is to be delivered to LAB will be packaged, labeled, transported, and delivered properly and in accordance with applicable laws.

### Sample Handling.

Prior to LAB's acceptance of any sample (or after any revocation of acceptance), the entire risk of loss or of damage to such sample remains with Client. Samples are accepted when receipt is acknowledged on chain of custody documentation. In no event will LAB have any responsibility for the action or inaction of any carrier shipping or delivering any sample to or from LAB premises.

Client authorizes LAB to proceed with the analysis of samples as received by the laboratory, recognizing that any samples not in compliance with all current DOH-ELAP-NELAP requirements for containers, preservation or holding time will be noted as such on the final report.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis unless modified by applicable state or federal laws. Client will be required to give the LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample, which, in the sole judgment of LAB (a) is of unsuitable volume, (b) may be or become unsuitable for or may pose a risk in handling, transport, or processing for any health, safety, environmental or other reason whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) if the condition or sample date make the sample unsuitable for analysis.

### Legal Responsibility.

LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort including negligence.

### Assignment.

LAB may assign its performance obligations under this contract to other parties, as it deems necessary. LAB shall disclose to Client any assignee (subcontractor) by ELAP ID # on the submitted final report.

### Force Majeure.

LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB, which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not limited to, acts of God, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.

### Law.

This contract shall be continued under the laws of the State of New York without regard to its conflicts of laws provision.

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.

Report Prepared Thursday, June 10, 2021

212484 1062

Turnaround Time		Report Supplemental	
Availability contingent upon lab approval; additional fees may apply.			
Standard 5 day	<input type="checkbox"/>	None Required	<input type="checkbox"/>
10 day	<input type="checkbox"/>	Batch QC	<input type="checkbox"/>
Rush 3 day	<input checked="" type="checkbox"/>	Category A	<input type="checkbox"/>
Rush 2 day	<input type="checkbox"/>	Category B	<input type="checkbox"/>
Rush 1 day	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
please indicate date needed:		please indicate package needed:	

Mark Robbins	6/4/21
Sampled By	Date/Time
Jacqui Alessi	6/7/21
Relinquished By	Date/Time
Brian Zuck	6-7-21 12:40
Received By	Date/Time
Miley Kail	6/7/21 1522
Received @ Lab By	Date/Time

**By signing this form, client agrees to Paradigm Terms and Conditions (reverse).**

4°C rec'd 6/7/21 15:06

282



## Chain of Custody Supplement

Client: NRC

Completed by: Moly Nail

Lab Project ID: 212484

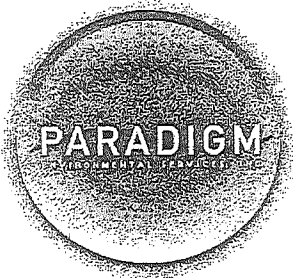
Date: 6/7/21

### Sample Condition Requirements

Per NELAC/ELAP 210/241/242/243/244

Condition	<i>NELAC compliance with the sample condition requirements upon receipt</i>		
	Yes	No	N/A
Container Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Transferred to method-compliant container	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headspace (<1 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Chlorine Absent (<0.10 ppm per test strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Holding Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	4°C		
Compliant Sample Quantity/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			





210609018

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

NEC

**CHAIN OF CUSTODY**

ADIRONDACK: ELAP ID:

## REPORT TO:

## INVOICE TO:

COMPANY: Paradigm Environmental	COMPANY: Same	LAB PROJECT #:	CLIENT PROJECT #:
ADDRESS:	ADDRESS:		
CITY: STATE: ZIP:	CITY: STATE: ZIP:	TURNAROUND TIME: (WORKING DAYS)	
PHONE: FAX:	PHONE: FAX:	STD	
ATTN: Reporting	ATTN: Accounts Payable	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5	
COMMENTS: Please email results to reporting@paradigmenv.com		Date Due: 6/10/21	

## REQUESTED ANALYSIS

DATE	TIME	COMPOSITE	GRAB	SAMPLE LOCATION/FIELD ID	MATRIX	CONTAINER	REMARKS	PARADIGM SAMPLE NUMBER
1 6/4/21		X		212484-01A	dig	1 X	IV 20ml FV 50ml	
2								
3							1 ppm 4 added	
4							as I.S.	
5								
6								
7								
8								
9								
10								

LAB USE ONLY BELOW THIS LINE

Sample Condition: Per NELAC/ELAP 210/241/242/243/244

Receipt Parameter	NELAC Compliance
Container Type: Y <input type="checkbox"/> N <input type="checkbox"/>	
Comments: Not AES. AC 6/9	
Preservation: Y <input type="checkbox"/> N <input type="checkbox"/>	
Comments:	
Holding Time: Y <input type="checkbox"/> N <input type="checkbox"/>	
Comments:	
Temperature: SC Y <input type="checkbox"/> N <input type="checkbox"/>	
Comments:	

## Client

Sampled By	Date/Time	Total Cost:
Relinquished By	Date/Time	
Received By	Date/Time	P.I.F.
Received @ Lab By	Date/Time	



**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

*Analytical Report For*  
**National Response Corporation**

*For Lab Project ID*

**212544**

*Referencing*

**Dewey SC - Fleet Garage**

*Prepared*

**Thursday, June 10, 2021**

Any noncompliant QC parameters or other notes impacting data interpretation are flagged or documented on the final report or are noted below.

A handwritten signature in black ink, appearing to read "RR2011", is positioned above a horizontal line.

Certifies that this report has been approved by the Technical Director or Designee

179 Lake Avenue • Rochester, NY 14608 • (585) 647-2530 • Fax (585) 647-3311 • ELAP ID# 10958



Lab Project ID: 212544

Client: **National Response Corporation**

Project Reference: Dewey SC - Fleet Garage

Sample Identifier: Bay 4 Frac Tank (Tank # 518B) 2021-123

Lab Sample ID: 212544-01

Date Sampled: 6/9/2021

Matrix: Aq Liquid

Date Received: 6/10/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 2.00	ug/L		6/10/2021 12:52
PCB-1221	< 2.00	ug/L		6/10/2021 12:52
PCB-1232	< 2.00	ug/L		6/10/2021 12:52
PCB-1242	<b>15.1</b>	ug/L		6/10/2021 12:52
PCB-1248	< 2.00	ug/L		6/10/2021 12:52
PCB-1254	< 2.00	ug/L		6/10/2021 12:52
PCB-1260	<b>16.6</b>	ug/L		6/10/2021 12:52
PCB-1262	< 2.00	ug/L		6/10/2021 12:52
PCB-1268	< 2.00	ug/L		6/10/2021 12:52

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	<b>139</b>	28.9 - 97.9	*	6/10/2021 12:52

Method Reference(s): EPA 8082A

EPA 3510C

Preparation Date: 6/10/2021



## Analytical Report Appendix

The reported results relate only to the samples as they have been received by the laboratory.

Each page of this document is part of a multipage report. This document may not be reproduced except in its entirety, without the prior consent of Paradigm Environmental Services, Inc.

All soil/sludge samples have been reported on a dry weight basis, unless qualified "reported as received". Other solids are reported as received.

Low level Volatiles blank reports for soil/solid matrix are based on a nominal 5 gram weight. Sample results and reporting limits are based on actual weight, which may be more or less than 5 grams.

The Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt. Sample condition requirements are defined under the 2003 NELAC Standard, sections 5.5.8.3.1 and 5.5.8.3.2.

NYSDOH ELAP does not certify for all parameters. Paradigm Environmental Services or the indicated subcontracted laboratory does hold certification for all analytes where certification is offered by ELAP unless otherwise specified. Aliquots separated for certain tests, such as TCLP, are indicated on the Chain of Custody and final reports with an "A" suffix.

Data qualifiers are used, when necessary, to provide additional information about the data. This information may be communicated as a flag or as text at the bottom of the report. Please refer to the following list of analyte-specific, frequently used data flags and their meaning:

*"<" = Analyzed for but not detected at or above the quantitation limit.*

*"E" = Result has been estimated, calibration limit exceeded.*

*"Z" = See case narrative.*

*"D" = Sample, Laboratory Control Sample, or Matrix Spike Duplicate results above Relative Percent Difference limit.*

*"M" = Matrix spike recoveries outside QC limits. Matrix bias indicated.*

*"B" = Method blank contained trace levels of analyte. Refer to included method blank report.*

*"J" = Result estimated between the quantitation limit and half the quantitation limit.*

*"L" = Laboratory Control Sample recovery outside accepted QC limits.*

*"P" = Concentration differs by more than 40% between the primary and secondary analytical columns.*

*"NC" = Not calculable. Applicable to RPD if sample or duplicate result is non-detect or estimated (see primary report for data flags). Applicable to MS if sample is greater or equal to ten times the spike added. Applicable to sample surrogates or MS if sample dilution is 10x or higher.*

*"\*" = Indicates any recoveries outside associated acceptance windows. Surrogate outliers in samples are presumed matrix effects. LCS demonstrates method compliance unless otherwise noted.*

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*"A" = denotes a parameter for which ELAP does not offer approval as part of their laboratory certification program.*

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LAB shall have no liability, obligation, or responsibility of any kind for losses, costs, expenses, or other damages (including but not limited to any special, direct, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients and LAB is in no way responsible for the use of such results by clients or third parties. All reports should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of these reports. Client may not assign the lab report without the written consent of the LAB.

Client covenants and agrees, at its/his/her sole expense, to indemnify, protect, defend, and save harmless the LAB from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements and/or expenses (including, without limitation attorneys' and experts' fees and disbursements) of any kind whatsoever which may at any time be imposed upon, incurred by or asserted or awarded against client relating to, resulting from or arising out of (a) the breach of this agreement by this client, (b) the negligence of the client in handling, delivering or disclosing any hazardous substance, (c) the violation of the Client of any applicable law, (d) non-compliance by the Client with any environmental permit or (e) a material misrepresentation in disclosing the materials to be tested.

### Hazard Disclosure.

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### Sample Handling.

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Client authorizes LAB to proceed with the analysis of samples as received by the laboratory, recognizing that any samples not in compliance with all current DOH-ELAP-NELAP requirements for containers, preservation or holding time will be noted as such on the final report.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis unless modified by applicable state or federal laws. Client will be required to give the LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample, which, in the sole judgment of LAB (a) is of unsuitable volume, (b) may be or become unsuitable for or may pose a risk in handling, transport, or processing for any health, safety, environmental or other reason whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) if the condition or sample date make the sample unsuitable for analysis.

### Legal Responsibility.

LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort including negligence.

### Assignment.

LAB may assign its performance obligations under this contract to other parties, as it deems necessary. LAB shall disclose to Client any assignee (subcontractor) by ELAP ID # on the submitted final report.

### Force Majeure.

LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB, which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not limited to, acts of God, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.

### Law.

This contract shall be continued under the laws of the State of New York without regard to its conflicts of laws provision.

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.

Report Prepared Thursday, June 10, 2021

212544 1072

Turnaround Time		Report Supplements	
Availability contingent upon lab approval; additional fees may apply.			
Standard 5 day	<input type="checkbox"/>	None Required	<input type="checkbox"/>
10 day	<input type="checkbox"/>	Batch QC	<input type="checkbox"/>
Rush 3 day	<input type="checkbox"/>	Category A	<input type="checkbox"/>
Rush 2 day	<input type="checkbox"/>	Category B	<input type="checkbox"/>
Rush 1 day	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
please indicate date needed		please indicate package needed	

Sampled By <i>Steve Oser</i>		Date/Time <i>6/9/21</i>	Total Cost: <div></div>
Requisitioned By <i>Amie Leach</i>		Date/Time <i>6/9/21</i>	
Received By <i>Brain Zed</i>		Date/Time <i>6-9-21 1:35</i>	P.I.F. <div></div>
Received @ Lab By <i>2P2</i>		Date/Time <i>6/10/21 08:34</i>	

2°C recd 6/10/21 08:15



2 of 2

## Chain of Custody Supplement

Client: NRC  
Lab Project ID: 212544

Completed by: Glenn Pezzulo  
Date: 6/10/21

### **Sample Condition Requirements**

Per NELAC/ELAP 210/241/242/243/244

Condition	NELAC compliance with the sample condition requirements upon receipt		
	Yes	No	N/A
Container Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Transferred to method-compliant container	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headspace (<1 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Chlorine Absent (<0.10 ppm per test strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Holding Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<u>2°C iced</u>		
Compliant Sample Quantity/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			



**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

*Analytical Report For*  
**National Response Corporation**

*For Lab Project ID*

**212349**

*Referencing*

**Fleet Garage Dewey Kensington**

*Prepared*

**Thursday, June 3, 2021**

Any noncompliant QC parameters or other notes impacting data interpretation are flagged or documented on the final report or are noted below.

A handwritten signature in black ink, appearing to read "RR2 Soil", is positioned above a horizontal line.

---

Certifies that this report has been approved by the Technical Director or Designee

179 Lake Avenue • Rochester, NY 14608 • (585) 647-2530 • Fax (585) 647-3311 • ELAP ID# 10958





Lab Project ID: 212349

Client: National Response Corporation

Project Reference: Fleet Garage Dewey Kensington

Sample Identifier: Spoil Pile - Bay 5, 144 Kensington Ave, 2021-114

Lab Sample ID: 212349-01

Date Sampled: 5/28/2021

Matrix: Soil

Date Received: 5/28/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 1.00	mg/Kg		6/2/2021 16:45
PCB-1221	< 1.00	mg/Kg		6/2/2021 16:45
PCB-1232	< 1.00	mg/Kg		6/2/2021 16:45
PCB-1242	< 1.00	mg/Kg		6/2/2021 16:45
PCB-1248	< 1.00	mg/Kg		6/2/2021 16:45
PCB-1254	< 1.00	mg/Kg		6/2/2021 16:45
PCB-1260	<b>1.61</b>	mg/Kg		6/2/2021 16:45
PCB-1262	< 1.00	mg/Kg		6/2/2021 16:45
PCB-1268	< 1.00	mg/Kg		6/2/2021 16:45

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	<b>44.0</b>	16.4 - 99.1		6/2/2021 16:45

Method Reference(s): EPA 8082A

EPA 3546

Preparation Date: 6/1/2021



Lab Project ID: 212349

Client: **National Response Corporation**

Project Reference: Fleet Garage Dewey Kensington

Sample Identifier: Spoil Pile - Bay 5, 144 Kensington Ave, 2021-114

Lab Sample ID: 212349-01A

Date Sampled: 5/28/2021

Matrix: TCLP Extract

Date Received: 5/28/2021

**TCLP Mercury**

Analyte	Result	Units	Regulatory Limit	Qualifier	Date Analyzed
Mercury	< 0.00200	mg/L	0.2		6/2/2021 12:24
Method Reference(s):	EPA 7470A EPA 1311				
Preparation Date:	6/2/2021				
Data File:	Hg210602C				

**TCLP RCRA Metals (ICP)**

Analyte	Result	Units	Regulatory Limit	Qualifier	Date Analyzed
Arsenic	< 0.500	mg/L	5		6/1/2021 15:05
Barium	<b>0.824</b>	mg/L	100		6/1/2021 15:05
Cadmium	< 0.0250	mg/L	1		6/1/2021 15:05
Chromium	< 0.500	mg/L	5		6/1/2021 15:05
Lead	< 0.500	mg/L	5		6/1/2021 15:05
Selenium	< 0.200	mg/L	1		6/1/2021 15:05
Silver	< 0.500	mg/L	5		6/1/2021 15:05
Method Reference(s):	EPA 6010C EPA 1311 / 3005A				
Preparation Date:	6/1/2021				
Data File:	210601B				



## Analytical Report Appendix

The reported results relate only to the samples as they have been received by the laboratory.

Each page of this document is part of a multipage report. This document may not be reproduced except in its entirety, without the prior consent of Paradigm Environmental Services, Inc.

All soil/sludge samples have been reported on a dry weight basis, unless qualified "reported as received". Other solids are reported as received.

Low level Volatiles blank reports for soil/solid matrix are based on a nominal 5 gram weight. Sample results and reporting limits are based on actual weight, which may be more or less than 5 grams.

The Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt. Sample condition requirements are defined under the 2003 NELAC Standard, sections 5.5.8.3.1 and 5.5.8.3.2.

NYSDOH ELAP does not certify for all parameters. Paradigm Environmental Services or the indicated subcontracted laboratory does hold certification for all analytes where certification is offered by ELAP unless otherwise specified. Aliquots separated for certain tests, such as TCLP, are indicated on the Chain of Custody and final reports with an "A" suffix.

Data qualifiers are used, when necessary, to provide additional information about the data. This information may be communicated as a flag or as text at the bottom of the report. Please refer to the following list of analyte-specific, frequently used data flags and their meaning:

*"<" = Analyzed for but not detected at or above the quantitation limit.*

*"E" = Result has been estimated, calibration limit exceeded.*

*"Z" = See case narrative.*

*"D" = Sample, Laboratory Control Sample, or Matrix Spike Duplicate results above Relative Percent Difference limit.*

*"M" = Matrix spike recoveries outside QC limits. Matrix bias indicated.*

*"B" = Method blank contained trace levels of analyte. Refer to included method blank report.*

*"J" = Result estimated between the quantitation limit and half the quantitation limit.*

*"L" = Laboratory Control Sample recovery outside accepted QC limits.*

*"P" = Concentration differs by more than 40% between the primary and secondary analytical columns.*

*"NC" = Not calculable. Applicable to RPD if sample or duplicate result is non-detect or estimated (see primary report for data flags). Applicable to MS if sample is greater or equal to ten times the spike added. Applicable to sample surrogates or MS if sample dilution is 10x or higher.*

*"\*" = Indicates any recoveries outside associated acceptance windows. Surrogate outliers in samples are presumed matrix effects. LCS demonstrates method compliance unless otherwise noted.*

*"(1)" = Indicates data from primary column used for QC calculation.*

*"A" = denotes a parameter for which ELAP does not offer approval as part of their laboratory certification program.*

*"F" = denotes a parameter for which Paradigm does not carry certification, the results for which should therefore only be used where ELAP certification is not required, such as personal exposure assessment.*

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.

# GENERAL TERMS AND CONDITIONS

## LABORATORY SERVICES

These Terms and Conditions embody the whole agreement of the parties in the absence of a signed and executed contract between the Laboratory (LAB) and Client. They shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent, or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to the LAB. The invalidity or unenforceability in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. No waiver by LAB of any provision, term, or condition hereof or of any breach by or obligation of the Client hereunder shall constitute a waiver of such provision, term, or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state which services are procured.

### Warranty.

Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings, and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

### Scope and Compensation.

LAB agrees to perform the services described in the chain of custody to which these terms and conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described. LAB will use LAB default method for all tests unless specified otherwise on the Work Order.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1-1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sale, use or other taxes. Such taxes will be added to invoice prices when required.

### Prices.

Compensation for services performed will be based on the current Lab Analytical Fee Schedule or on quotations agreed to in writing by the parties. Turnaround time based charges are determined from the time of resolution of all work order questions. Testimony, court appearances or data compilation for legal action will be charged separately. Evaluation and reporting of initial screening runs may incur additional fees.

### Limitations of Liability.

In the event of any error, omission, or other professional negligence, the sole and exclusive responsibility of LAB shall be to re-perform the deficient work at its own expense and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation, or responsibility of any kind for losses, costs, expenses, or other damages (including but not limited to any special, direct, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients and LAB is in no way responsible for the use of such results by clients or third parties. All reports should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of these reports. Client may not assign the lab report without the written consent of the LAB.

Client covenants and agrees, at its/his/her sole expense, to indemnify, protect, defend, and save harmless the LAB from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements and/or expenses (including, without limitation attorneys' and experts' fees and disbursements) of any kind whatsoever which may at any time be imposed upon, incurred by or asserted or awarded against client relating to, resulting from or arising out of (a) the breach of this agreement by this client, (b) the negligence of the client in handling, delivering or disclosing any hazardous substance, (c) the violation of the Client of any applicable law, (d) non-compliance by the Client with any environmental permit or (e) a material misrepresentation in disclosing the materials to be tested.

### Hazard Disclosure.

Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance that is to be delivered to LAB will be packaged, labeled, transported, and delivered properly and in accordance with applicable laws.

### Sample Handling.

Prior to LAB's acceptance of any sample (or after any revocation of acceptance), the entire risk of loss or of damage to such sample remains with Client. Samples are accepted when receipt is acknowledged on chain of custody documentation. In no event will LAB have any responsibility for the action or inaction of any carrier shipping or delivering any sample to or from LAB premises.

Client authorizes LAB to proceed with the analysis of samples as received by the laboratory, recognizing that any samples not in compliance with all current DOH-ELAP-NELAP requirements for containers, preservation or holding time will be noted as such on the final report.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis unless modified by applicable state or federal laws. Client will be required to give the LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample, which, in the sole judgment of LAB (a) is of unsuitable volume, (b) may be or become unsuitable for or may pose a risk in handling, transport, or processing for any health, safety, environmental or other reason whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) if the condition or sample date make the sample unsuitable for analysis.

### Legal Responsibility.

LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort including negligence.

### Assignment.

LAB may assign its performance obligations under this contract to other parties, as it deems necessary. LAB shall disclose to Client any assignee (subcontractor) by ELAP ID # on the submitted final report.

### Force Majeure.

LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB, which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not limited to, acts of God, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.

### Law.

This contract shall be continued under the laws of the State of New York without regard to its conflicts of laws provision.

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.

Report Prepared Thursday, June 3, 2021



212349

<i>Ricky Williams</i> <i>5/28/21</i> Sampled By _____ Date/Time _____		Total Cost: <input type="text"/>
<i>Jacine Reed</i> <i>5/28/21</i> Relinquished By _____ Date/Time _____		
<i>Brinzel</i> <i>5/28/21</i> <i>2:25</i> Received By _____ Date/Time _____		P.I.F. <input type="text"/>
<i>Myler</i> <i>5/28/21</i> <i>1555</i> Received @ Lab By _____ Date/Time _____		

10°C at 5/28/21 1445  
started in field

2072



## Chain of Custody Supplement

Client: NRC  
 Lab Project ID: 212349

Completed by: Molyvail  
 Date: 5/28/21

### Sample Condition Requirements Per NELAC/ELAP 210/241/242/243/244

Condition	NELAC compliance with the sample condition requirements upon receipt		
	Yes	No	N/A
Container Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Transferred to method-compliant container	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headspace (<1 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Chlorine Absent (<0.10 ppm per test strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Holding Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Temperature	<input checked="" type="checkbox"/> <u>PCD</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>met</u>
Comments	<u>10°C cool started in field</u>		
Compliant Sample Quantity/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			



**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

*Analytical Report For*  
**National Response Corporation**

*For Lab Project ID*

**212351**

*Referencing*

**Fleet Garage Dewey Kensington**

*Prepared*

**Tuesday, June 8, 2021**

***Report re-issued to meet 0.5ppb reporting limit.***

Any noncompliant QC parameters or other notes impacting data interpretation are flagged or documented on the final report or are noted below.

A handwritten signature in black ink, appearing to read "R. R. D. Oil", is positioned above a horizontal line.

Certifies that this report has been approved by the Technical Director or Designee

179 Lake Avenue • Rochester, NY 14608 • (585) 647-2530 • Fax (585) 647-3311 • ELAP ID# 10958



Lab Project ID: 212351

Client: **National Response Corporation**

Project Reference: Fleet Garage Dewey Kensington

Sample Identifier: Frac Tank, 2021-115

Lab Sample ID: 212351-01

Date Sampled: 5/28/2021

Matrix: Aq Liquid

Date Received: 5/28/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 0.500	ug/L		6/7/2021 14:13
PCB-1221	< 0.500	ug/L		6/7/2021 14:13
PCB-1232	< 0.500	ug/L		6/7/2021 14:13
PCB-1242	< 0.500	ug/L		6/7/2021 14:13
PCB-1248	< 0.500	ug/L		6/7/2021 14:13
PCB-1254	< 0.500	ug/L		6/7/2021 14:13
PCB-1260	<b>1.22</b>	ug/L		6/7/2021 14:13
PCB-1262	< 0.500	ug/L		6/7/2021 14:13
PCB-1268	< 0.500	ug/L		6/7/2021 14:13

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	<b>73.8</b>	28.9 - 97.9		6/7/2021 14:13

Method Reference(s): EPA 8082A

EPA 3510C

Preparation Date: 6/1/2021





## Analytical Report Appendix

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*"J" = Result estimated between the quantitation limit and half the quantitation limit.*

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### Warranty.

Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings, and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

### Scope and Compensation.

LAB agrees to perform the services described in the chain of custody to which these terms and conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described. LAB will use LAB default method for all tests unless specified otherwise on the Work Order.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1-1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sale, use or other taxes. Such taxes will be added to invoice prices when required.

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### Limitations of Liability.

In the event of any error, omission, or other professional negligence, the sole and exclusive responsibility of LAB shall be to re-perform the deficient work at its own expense and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation, or responsibility of any kind for losses, costs, expenses, or other damages (including but not limited to any special, direct, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients and LAB is in no way responsible for the use of such results by clients or third parties. All reports should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of these reports. Client may not assign the lab report without the written consent of the LAB.

Client covenants and agrees, at its/his/her sole expense, to indemnify, protect, defend, and save harmless the LAB from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements and/or expenses (including, without limitation attorneys' and experts' fees and disbursements) of any kind whatsoever which may at any time be imposed upon, incurred by or asserted or awarded against client relating to, resulting from or arising out of (a) the breach of this agreement by this client, (b) the negligence of the client in handling, delivering or disclosing any hazardous substance, (c) the violation of the Client of any applicable law, (d) non-compliance by the Client with any environmental permit or (e) a material misrepresentation in disclosing the materials to be tested.

### Hazard Disclosure.

Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance that is to be delivered to LAB will be packaged, labeled, transported, and delivered properly and in accordance with applicable laws.

### Sample Handling.

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Client authorizes LAB to proceed with the analysis of samples as received by the laboratory, recognizing that any samples not in compliance with all current DOH-ELAP-NELAP requirements for containers, preservation or holding time will be noted as such on the final report.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis unless modified by applicable state or federal laws. Client will be required to give the LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample, which, in the sole judgment of LAB (a) is of unsuitable volume, (b) may be or become unsuitable for or may pose a risk in handling, transport, or processing for any health, safety, environmental or other reason whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) if the condition or sample date make the sample unsuitable for analysis.

### Legal Responsibility.

LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort including negligence.

### Assignment.

LAB may assign its performance obligations under this contract to other parties, as it deems necessary. LAB shall disclose to Client any assignee (subcontractor) by ELAP ID # on the submitted final report.

### Force Majeure.

LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB, which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not limited to, acts of God, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.

### Law.

This contract shall be continued under the laws of the State of New York without regard to its conflicts of laws provision.

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.

Report Prepared Tuesday, June 8, 2021



212351

Ricky Williams 5/28/21		Total Cost:	<input type="text"/>
Sampled By	Date/Time		
Jachie Reed 5/28/21		P.I.F.	<input type="text"/>
Relinquished By	Date/Time		
Brian Zuck 5/28/21 2:25			
Received By	Date/Time		
Matty Nail 5/28/21 1601			
Received @ Lab By	Date/Time		

**By signing this form, client agrees to Paradigm Terms and Conditions (reverse).**

2072



## Chain of Custody Supplement

Client:

NRC

Completed by:

Melykail

Lab Project ID:

212351

Date:

5/28/21

### Sample Condition Requirements

Per NELAC/ELAP 210/241/242/243/244

Condition	NELAC compliance with the sample condition requirements upon receipt		
	Yes	No	N/A
Container Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Transferred to method-compliant container	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headspace (<1 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Chlorine Absent (<0.10 ppm per test strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Holding Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<u>10°C; ice started in field</u>		
Compliant Sample Quantity/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			



**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

*Analytical Report For*  
**National Response Corporation**

*For Lab Project ID*

**211087**

*Referencing*

**DK-13 Fleet Garage**

*Prepared*

**Wednesday, March 24, 2021**

Any noncompliant QC parameters or other notes impacting data interpretation are flagged or documented on the final report or are noted below.

A handwritten signature in black ink, appearing to read "R. R. Gail", is positioned above a horizontal line.

Certifies that this report has been approved by the Technical Director or Designee

179 Lake Avenue • Rochester, NY 14608 • (585) 647-2530 • Fax (585) 647-3311 • ELAP ID# 10958



Lab Project ID: 211087

Client: National Response Corporation

Project Reference: DK-13 Fleet Garage

Sample Identifier: Spoil Pile, 2021-39

Lab Sample ID: 211087-01

Date Sampled: 3/19/2021

Matrix: Soil

Date Received: 3/22/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1221	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1232	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1242	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1248	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1254	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1260	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1262	< 1.00	mg/Kg		3/23/2021 15:23
PCB-1268	< 1.00	mg/Kg		3/23/2021 15:23

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	76.4	18.8 - 97.4		3/23/2021 15:23

Method Reference(s): EPA 8082A

EPA 3546

Preparation Date: 3/23/2021



Lab Project ID: 211087

Client: **National Response Corporation**

Project Reference: DK-13 Fleet Garage

Sample Identifier: Spoil Pile, 2021-39

Lab Sample ID: 211087-01A

Date Sampled: 3/19/2021

Matrix: TCLP Extract

Date Received: 3/22/2021

**TCLP Mercury**

<b>Analyte</b>	<b>Result</b>	<b>Units</b>	<b>Regulatory Limit</b>	<b>Qualifier</b>	<b>Date Analyzed</b>
Mercury	< 0.00200	mg/L	0.2		3/24/2021 07:10
Method Reference(s): EPA 7470A					
EPA 1311					
Preparation Date: 3/23/2021					
Data File: Hg210324A					

**TCLP RCRA Metals (ICP)**

<b>Analyte</b>	<b>Result</b>	<b>Units</b>	<b>Regulatory Limit</b>	<b>Qualifier</b>	<b>Date Analyzed</b>
Arsenic	< 0.500	mg/L	5		3/24/2021 10:26
Barium	< 0.500	mg/L	100		3/24/2021 10:26
Cadmium	< 0.0250	mg/L	1		3/24/2021 10:26
Chromium	< 0.500	mg/L	5		3/24/2021 10:26
Lead	< 0.500	mg/L	5		3/24/2021 10:26
Selenium	< 0.200	mg/L	1		3/24/2021 10:26
Silver	< 0.500	mg/L	5		3/24/2021 10:26
Method Reference(s): EPA 6010C					
EPA 1311 / 3005A					
Preparation Date: 3/23/2021					
Data File: 210324B					



Lab Project ID: 211087

Client: National Response Corporation

Project Reference: DK-13 Fleet Garage

Sample Identifier: Frac Tank, 2021-39

Lab Sample ID: 211087-02

Date Sampled: 3/19/2021

Matrix: Aq Liquid

Date Received: 3/22/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 1000	ug/L		3/22/2021 20:58
PCB-1221	< 1000	ug/L		3/22/2021 20:58
PCB-1232	< 1000	ug/L		3/22/2021 20:58
PCB-1242	< 1000	ug/L		3/22/2021 20:58
PCB-1248	< 1000	ug/L		3/22/2021 20:58
PCB-1254	< 1000	ug/L		3/22/2021 20:58
PCB-1260	< 1000	ug/L		3/22/2021 20:58
PCB-1262	< 1000	ug/L		3/22/2021 20:58
PCB-1268	< 1000	ug/L		3/22/2021 20:58

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	63.2	31.6 - 98.5		3/22/2021 20:58

Method Reference(s): EPA 8082A

EPA 3510C

Preparation Date: 3/22/2021





## Analytical Report Appendix

The reported results relate only to the samples as they have been received by the laboratory.

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All soil/sludge samples have been reported on a dry weight basis, unless qualified "reported as received". Other solids are reported as received.

Low level Volatiles blank reports for soil/solid matrix are based on a nominal 5 gram weight. Sample results and reporting limits are based on actual weight, which may be more or less than 5 grams.

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NYSDOH ELAP does not certify for all parameters. Paradigm Environmental Services or the indicated subcontracted laboratory does hold certification for all analytes where certification is offered by ELAP unless otherwise specified. Aliquots separated for certain tests, such as TCLP, are indicated on the Chain of Custody and final reports with an "A" suffix.

Data qualifiers are used, when necessary, to provide additional information about the data. This information may be communicated as a flag or as text at the bottom of the report. Please refer to the following list of analyte-specific, frequently used data flags and their meaning:

*"<" = Analyzed for but not detected at or above the quantitation limit.*

*"E" = Result has been estimated, calibration limit exceeded.*

*"Z" = See case narrative.*

*"D" = Sample, Laboratory Control Sample, or Matrix Spike Duplicate results above Relative Percent Difference limit.*

*"M" = Matrix spike recoveries outside QC limits. Matrix bias indicated.*

*"B" = Method blank contained trace levels of analyte. Refer to included method blank report.*

*"J" = Result estimated between the quantitation limit and half the quantitation limit.*

*"L" = Laboratory Control Sample recovery outside accepted QC limits.*

*"P" = Concentration differs by more than 40% between the primary and secondary analytical columns.*

*"NC" = Not calculable. Applicable to RPD if sample or duplicate result is non-detect or estimated (see primary report for data flags). Applicable to MS if sample is greater or equal to ten times the spike added. Applicable to sample surrogates or MS if sample dilution is 10x or higher.*

*"\*" = Indicates any recoveries outside associated acceptance windows. Surrogate outliers in samples are presumed matrix effects. LCS demonstrates method compliance unless otherwise noted.*

*"(1)" = Indicates data from primary column used for QC calculation.*

*"A" = denotes a parameter for which ELAP does not offer approval as part of their laboratory certification program.*

*"F" = denotes a parameter for which Paradigm does not carry certification, the results for which should therefore only be used where ELAP certification is not required, such as personal exposure assessment.*

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# GENERAL TERMS AND CONDITIONS

## LABORATORY SERVICES

These Terms and Conditions embody the whole agreement of the parties in the absence of a signed and executed contract between the Laboratory (LAB) and Client. They shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent, or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to the LAB. The invalidity or unenforceability in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. No waiver by LAB of any provision, term, or condition hereof or of any breach by or obligation of the Client hereunder shall constitute a waiver of such provision, term, or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state which services are procured.

### Warranty.

Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings, and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

### Scope and Compensation.

LAB agrees to perform the services described in the chain of custody to which these terms and conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described. LAB will use LAB default method for all tests unless specified otherwise on the Work Order.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1-1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sale, use or other taxes. Such taxes will be added to invoice prices when required.

### Prices.

Compensation for services performed will be based on the current Lab Analytical Fee Schedule or on quotations agreed to in writing by the parties. Turnaround time based charges are determined from the time of resolution of all work order questions. Testimony, court appearances or data compilation for legal action will be charged separately. Evaluation and reporting of initial screening runs may incur additional fees.

### Limitations of Liability.

In the event of any error, omission, or other professional negligence, the sole and exclusive responsibility of LAB shall be to re-perform the deficient work at its own expense and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation, or responsibility of any kind for losses, costs, expenses, or other damages (including but not limited to any special, direct, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients and LAB is in no way responsible for the use of such results by clients or third parties. All reports should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of these reports. Client may not assign the lab report without the written consent of the LAB.

Client covenants and agrees, at its/his/her sole expense, to indemnify, protect, defend, and save harmless the LAB from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements and/or expenses (including, without limitation attorneys' and experts' fees and disbursements) of any kind whatsoever which may at any time be imposed upon, incurred by or asserted or awarded against client relating to, resulting from or arising out of (a) the breach of this agreement by this client, (b) the negligence of the client in handling, delivering or disclosing any hazardous substance, (c) the violation of the Client of any applicable law, (d) non-compliance by the Client with any environmental permit or (e) a material misrepresentation in disclosing the materials to be tested.

### Hazard Disclosure.

Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance that is to be delivered to LAB will be packaged, labeled, transported, and delivered properly and in accordance with applicable laws.

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Client authorizes LAB to proceed with the analysis of samples as received by the laboratory, recognizing that any samples not in compliance with all current DOH-ELAP-NELAP requirements for containers, preservation or holding time will be noted as such on the final report.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis unless modified by applicable state or federal laws. Client will be required to give the LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample, which, in the sole judgment of LAB (a) is of unsuitable volume, (b) may be or become unsuitable for or may pose a risk in handling, transport, or processing for any health, safety, environmental or other reason whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) if the condition or sample date make the sample unsuitable for analysis.

### Legal Responsibility.

LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort including negligence.

### Assignment.

LAB may assign its performance obligations under this contract to other parties, as it deems necessary. LAB shall disclose to Client any assignee (subcontractor) by ELAP ID # on the submitted final report.

### Force Majeure.

LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB, which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not limited to, acts of God, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.

### Law.

This contract shall be continued under the laws of the State of New York without regard to its conflicts of laws provision.

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.

Report Prepared Wednesday, March 24, 2021

**CHAIN OF CUSTODY**

211087

1 of 2

REPORT TO:				INVOICE TO:				LAB PROJECT ID				
COMPANY: NRC				COMPANY: SAME				163291				
ADDRESS: 2525 George Urban Blvd.				ADDRESS: 3500 Sunrise Hwy, Ste 200, Bldg 200								
CITY: Depew STATE: NY ZIP: 14043				CITY: Great River STATE: NY ZIP: ###				Quotation #:				
PHONE: 716-525-1962 FAX:				PHONE: 431-224-914 FAX:				Email: jacqueline.allard@usecology.com, jeffrey.kramarz@nationalgrid.com lisa.montesano@nationalgrid.com linda.parker@nationalgrid.com				
ATTN: Jackie Allard				ATTN: Accounts Payable ap@nrcc.com								
<b>Matrix Codes:</b> AQ - Aqueous Liquid      WA - Water      DW - Drinking Water      SO - Soil      SD - Solid      WP - Wipe      OL - Oil NQ - Non-Aqueous Liquid      WG - Groundwater      WW - Wastewater      SL - Sludge      PT - Paint      CK - Caulk      AR - Air												
REQUESTED ANALYSIS												
DATE COLLECTED	TIME COLLECTED	COMPOSITE	GRAB	SAMPLE IDENTIFIER	MATRIX	CONTAINERS	PCBS	TCLP	RCRA	Metals	REMARKS	PARADIGM LAB SAMPLE NUMBER
19-Mar		X		Spoil Pile	SO	1	X	X			DL=1.0 ppm for both	01A
19-Mar			X	Frac Tank	AQ	1	X					02
											A for TCLP extract.	
											CP 3/22/21	
				2021-39								

Turnaround Time		Report Supplements	
Availability contingent upon lab approval; additional fees may apply.			
Standard 5 day <input type="checkbox"/>	None Required <input type="checkbox"/>	None Required <input type="checkbox"/>	
10 day <input type="checkbox"/>	Batch QC <input type="checkbox"/>	Basic EDD <input type="checkbox"/>	
Rush 3 day <input checked="" type="checkbox"/>	Category A <input type="checkbox"/>	NYSDEC EDD <input type="checkbox"/>	
Rush 2 day <input type="checkbox"/>	Category B <input type="checkbox"/>		
Rush 1 day <input type="checkbox"/>			
Other <input type="checkbox"/> please indicate date needed: _____	Other <input type="checkbox"/> please indicate package needed: _____	Other EDD <input type="checkbox"/> please indicate EDD needed: _____	

Beel Smith 3/19/21  
 Sampled By: Paul Scott Date/Time: 3/19/21  
 Relinquished By: Beel Smith Date/Time: 3/19/21 3:30  
 Received By: JP Date/Time: 3/22/21 16:36  
 Received @ Lab By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Total Cost:

P.I.F.

By signing this form, client agrees to Paradigm Terms and Conditions (reverse).

8°C 3/22/21 16:28



2 of 2

## Chain of Custody Supplement

Client: NRC

Completed by: Glenn Pezzullo

Lab Project ID: 211087

Date: 3/22/21

### Sample Condition Requirements

Per NELAC/ELAP 210/241/242/243/244

Condition	NELAC compliance with the sample condition requirements upon receipt		
	Yes	No	N/A
Container Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<hr/>		
Transferred to method-compliant container	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headspace (<1 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	<hr/>		
Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	<hr/>		
Chlorine Absent (<0.10 ppm per test strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	<hr/>		
Holding Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<hr/>		
Temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> metals
Comments	<u>8°C</u> <hr/>		
Compliant Sample Quantity/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<hr/>		



**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

*Analytical Report For*

**National Grid**

*For Lab Project ID*

**210870**

*Referencing*

**Dewey Fleet Lift Replacement - Job # 163291**

*Prepared*

**Wednesday, March 10, 2021**

Any noncompliant QC parameters or other notes impacting data interpretation are flagged or documented on the final report or are noted below.

A handwritten signature in black ink, appearing to read "R. R. D. Oil", is positioned above a horizontal line.

Certifies that this report has been approved by the Technical Director or Designee

179 Lake Avenue • Rochester, NY 14608 • (585) 647-2530 • Fax (585) 647-3311 • ELAP ID# 10958



Lab Project ID: 210870

Client: National Grid

Project Reference: Dewey Fleet Lift Replacement - Job # 163291

Sample Identifier: Frac Tank

Lab Sample ID: 210870-01

Date Sampled: 3/5/2021

Matrix: Aq Liquid

Date Received: 3/8/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 1000	ug/L		3/8/2021 13:22
PCB-1221	< 1000	ug/L		3/8/2021 13:22
PCB-1232	< 1000	ug/L		3/8/2021 13:22
PCB-1242	< 1000	ug/L		3/8/2021 13:22
PCB-1248	< 1000	ug/L		3/8/2021 13:22
PCB-1254	< 1000	ug/L		3/8/2021 13:22
PCB-1260	< 1000	ug/L		3/8/2021 13:22
PCB-1262	< 1000	ug/L		3/8/2021 13:22
PCB-1268	< 1000	ug/L		3/8/2021 13:22

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	NC	31.6 - 98.5		3/8/2021 13:22

Method Reference(s): EPA 8082A

EPA 3510C

Preparation Date: 3/8/2021



Lab Project ID: 210870

Client: National Grid

Project Reference: Dewey Fleet Lift Replacement - Job # 163291

Sample Identifier: Spoils Pile

Lab Sample ID: 210870-02

Date Sampled: 3/5/2021

Matrix: Soil

Date Received: 3/8/2021

**PCBs**

<b><u>Analyte</u></b>	<b><u>Result</u></b>	<b><u>Units</u></b>	<b><u>Qualifier</u></b>	<b><u>Date Analyzed</u></b>
PCB-1016	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1221	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1232	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1242	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1248	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1254	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1260	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1262	< 1.00	mg/Kg		3/9/2021 01:36
PCB-1268	< 1.00	mg/Kg		3/9/2021 01:36

<b><u>Surrogate</u></b>	<b><u>Percent Recovery</u></b>	<b><u>Limits</u></b>	<b><u>Outliers</u></b>	<b><u>Date Analyzed</u></b>
Tetrachloro-m-xylene	51.4	18.8 - 97.4		3/9/2021 01:36

Method Reference(s): EPA 8082A

EPA 3546

Preparation Date: 3/8/2021



Lab Project ID: 210870

Client: **National Grid**

Project Reference: Dewey Fleet Lift Replacement - Job # 163291

Sample Identifier: Spoils Pile

Lab Sample ID: 210870-02A

Date Sampled: 3/5/2021

Matrix: TCLP Extract

Date Received: 3/8/2021

**TCLP Mercury**

<b>Analyte</b>	<b>Result</b>	<b>Units</b>	<b>Regulatory Limit</b>	<b>Qualifier</b>	<b>Date Analyzed</b>
Mercury	< 0.00200	mg/L	0.2		3/10/2021 09:49
Method Reference(s):	EPA 7470A EPA 1311				
Preparation Date:	3/9/2021				
Data File:	Hg210310A				

**TCLP RCRA Metals (ICP)**

<b>Analyte</b>	<b>Result</b>	<b>Units</b>	<b>Regulatory Limit</b>	<b>Qualifier</b>	<b>Date Analyzed</b>
Arsenic	< 0.500	mg/L	5		3/9/2021 10:48
Barium	< 0.500	mg/L	100		3/9/2021 10:48
Cadmium	< 0.0250	mg/L	1		3/9/2021 10:48
Chromium	< 0.500	mg/L	5		3/9/2021 10:48
Lead	< 0.500	mg/L	5		3/9/2021 10:48
Selenium	< 0.200	mg/L	1		3/9/2021 10:48
Silver	< 0.500	mg/L	5		3/9/2021 10:48
Method Reference(s):	EPA 6010C EPA 1311 / 3005A				
Preparation Date:	3/9/2021				
Data File:	210309A				





## Analytical Report Appendix

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All results provided by LAB are strictly for the use of its clients and LAB is in no way responsible for the use of such results by clients or third parties. All reports should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of these reports. Client may not assign the lab report without the written consent of the LAB.

Client covenants and agrees, at its/his/her sole expense, to indemnify, protect, defend, and save harmless the LAB from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements and/or expenses (including, without limitation attorneys' and experts' fees and disbursements) of any kind whatsoever which may at any time be imposed upon, incurred by or asserted or awarded against client relating to, resulting from or arising out of (a) the breach of this agreement by this client, (b) the negligence of the client in handling, delivering or disclosing any hazardous substance, (c) the violation of the Client of any applicable law, (d) non-compliance by the Client with any environmental permit or (e) a material misrepresentation in disclosing the materials to be tested.

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LAB may assign its performance obligations under this contract to other parties, as it deems necessary. LAB shall disclose to Client any assignee (subcontractor) by ELAP ID # on the submitted final report.

### **Force Majeure.**

LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB, which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not limited to, acts of God, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.

### **Law.**

This contract shall be continued under the laws of the State of New York without regard to its conflicts of laws provision.

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.

Report Prepared Wednesday, March 10, 2021

10F2

### PROJECT REFERENCE

Dewey Fleet List  
Replacement - Bay 10

REPORT TO:			INVOICE TO:		
COMPANY: <b>Niagara Mohawk / National Grid</b>			COMPANY: <b>National Grid</b>		
ADDRESS: <b>144 Kensington Avenue</b>			ADDRESS: <b>300 Erie Blvd. West</b>		
CITY: <b>Buffalo</b> STATE: <b>NY</b> ZIP: <b>14214</b>			CITY: <b>Syracuse</b> STATE: <b>NY</b> ZIP: <b>13202</b>		
PHONE: <b>716-831-7209</b> FAX:			PHONE: FAX:		
ATTN: <b>Lisa Montesano</b>			ATTN: <b>Accounts Payable</b>		
<b>Matrix Codes:</b>			<b>LAB PROJECT ID</b>		
<b>AQ</b> - Aqueous Liquid <b>NQ</b> - Non-Aqueous Liquid			<b>WA</b> - Water <b>WG</b> - Groundwater		
<b>DW</b> - Drinking Water <b>WW</b> - Wastewater			<b>SO</b> - Soil <b>SL</b> - Sludge		
			<b>SD</b> - Solid <b>PT</b> - Paint		
			<b>WP</b> - Wipe <b>CK</b> - Caulk		
			<b>OL</b> - Oil <b>AR</b> - Air		
			<b>Quotation #:</b>  <b>Email:</b> <a href="mailto:lisa.montesano@nationalgrid.com">lisa.montesano@nationalgrid.com</a>  <b>Email:</b> <a href="mailto:jeffrey.kramarz@nationalgrid.com">jeffrey.kramarz@nationalgrid.com</a>  <b>Email:</b> <a href="mailto:linda.parker@nationalgrid.com">linda.parker@nationalgrid.com</a>		

[illegible]

Turnaround Time		Report Supplements	
Availability contingent upon lab approval; additional fees may apply.			
Standard 5 day	<input type="checkbox"/>	None Required	<input type="checkbox"/>
		Batch QC	<input type="checkbox"/>
		Category A	<input type="checkbox"/>
		Category B	<input type="checkbox"/>
Rush 3 day	<input checked="" type="checkbox"/>		
Rush 2 day	<input type="checkbox"/>		
Rush 1 day	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
please indicate date needed:		please indicate package needed:	

Anthony Butera	3-5-21	1430
Sampled By	Date/Time	
Anthony Butera	3-5-21	
Relinquished By	Date/Time	
Brian Zuck	3/5/21	15:45
Received By	Date/Time	
2P2	3/8/21	10:25
Received @ Lab By	Date/Time	

Total Cost:

P.I.F.

**By signing this form, client agrees to Paradigm Terms and Conditions (reverse).**

9°C 3/8/21 10:22

Fra~~R~~Tank  
- Spoils Pile



## Chain of Custody Supplement

Client: National Grid Completed by: Glen Pezzulo  
 Lab Project ID: 210870 Date: 3/8/21

### Sample Condition Requirements

Per NELAC/ELAP 210/241/242/243/244

<i>NELAC compliance with the sample condition requirements upon receipt</i>			
Condition	Yes	No	N/A
Container Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<hr/>		
Transferred to method-compliant container	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headspace (<1 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	<hr/>		
Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	<hr/>		
Chlorine Absent (<0.10 ppm per test strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	<hr/>		
Holding Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<hr/>		
Temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> metals
Comments	<u>9°C</u> <hr/>		
Compliant Sample Quantity/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<hr/>		



## ANALYTICAL REPORT

Lab Number:	L2136096
Client:	Arcadis of New York, Inc. 50 Fountain Plaza Suite 600 Buffalo, NY 14202
ATTN:	Luke Goetz
Phone:	(716) 667-6650
Project Name:	NATIONAL GRID DK-13
Project Number:	30091282
Report Date:	07/08/21

The original project report/data package is held by Alpha Analytical. This report/data package is paginated and should be reproduced only in its entirety. Alpha Analytical holds no responsibility for results and/or data that are not consistent with the original.

Certifications & Approvals: MA (M-MA086), NH NELAP (2064), CT (PH-0574), IL (200077), ME (MA00086), MD (348), NJ (MA935), NY (11148), NC (25700/666), PA (68-03671), RI (LAO00065), TX (T104704476), VT (VT-0935), VA (460195), USDA (Permit #P330-17-00196).

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Eight Walkup Drive, Westborough, MA 01581-1019  
508-898-9220 (Fax) 508-898-9193 800-624-9220 - [www.alphalab.com](http://www.alphalab.com)



**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

<b>Alpha Sample ID</b>	<b>Client ID</b>	<b>Matrix</b>	<b>Sample Location</b>	<b>Collection Date/Time</b>	<b>Receive Date</b>
L2136096-01	DK-13-CS-TOC	CONCRETE	144 KENSINGTON AVE, BUFFALO, NY	07/02/21 12:00	07/02/21
L2136096-02	DK-13-CS-BOC	CONCRETE	144 KENSINGTON AVE, BUFFALO, NY	07/02/21 11:30	07/02/21

**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

### Case Narrative

The samples were received in accordance with the Chain of Custody and no significant deviations were encountered during the preparation or analysis unless otherwise noted. Sample Receipt, Container Information, and the Chain of Custody are located at the back of the report.

Results contained within this report relate only to the samples submitted under this Alpha Lab Number and meet NELAP requirements for all NELAP accredited parameters unless otherwise noted in the following narrative. The data presented in this report is organized by parameter (i.e. VOC, SVOC, etc.). Sample specific Quality Control data (i.e. Surrogate Spike Recovery) is reported at the end of the target analyte list for each individual sample, followed by the Laboratory Batch Quality Control at the end of each parameter. Tentatively Identified Compounds (TICs), if requested, are reported for compounds identified to be present and are not part of the method/program Target Compound List, even if only a subset of the TCL are being reported. If a sample was re-analyzed or re-extracted due to a required quality control corrective action and if both sets of data are reported, the Laboratory ID of the re-analysis or re-extraction is designated with an "R" or "RE", respectively.

When multiple Batch Quality Control elements are reported (e.g. more than one LCS), the associated samples for each element are noted in the grey shaded header line of each data table. Any Laboratory Batch, Sample Specific % recovery or RPD value that is outside the listed Acceptance Criteria is bolded in the report. In reference to questions H (CAM) or 4 (RCP) when "NO" is checked, the performance criteria for CAM and RCP methods allow for some quality control failures to occur and still be within method compliance. In these instances, the specific failure is not narrated but noted in the associated QC Outlier Summary Report, located directly after the Case Narrative. QC information is also incorporated in the Data Usability Assessment table (Format 11) of our Data Merger tool, where it can be reviewed in conjunction with the sample result, associated regulatory criteria and any associated data usability implications.

Soil/sediments, solids and tissues are reported on a dry weight basis unless otherwise noted. Definitions of all data qualifiers and acronyms used in this report are provided in the Glossary located at the back of the report.

**HOLD POLICY** - For samples submitted on hold, Alpha's policy is to hold samples (with the exception of Air canisters) free of charge for 21 calendar days from the date the project is completed. After 21 calendar days, we will dispose of all samples submitted including those put on hold unless you have contacted your Alpha Project Manager and made arrangements for Alpha to continue to hold the samples. Air canisters will be disposed after 3 business days from the date the project is completed.

Please contact Project Management at 800-624-9220 with any questions.

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**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

**Case Narrative (continued)**

Report Submission

All non-detect (ND) or estimated concentrations (J-qualified) have been quantitated to the limit noted in the MDL column.

I, the undersigned, attest under the pains and penalties of perjury that, to the best of my knowledge and belief and based upon my personal inquiry of those responsible for providing the information contained in this analytical report, such information is accurate and complete. This certificate of analysis is not complete unless this page accompanies any and all pages of this report.

Authorized Signature:



Caitlin Walukevich

Title: Technical Director/Representative

Date: 07/08/21



# ORGANICS

# PCBS

**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

**SAMPLE RESULTS**

**Lab ID:** L2136096-01  
**Client ID:** DK-13-CS-TOC  
**Sample Location:** 144 KENSINGTON AVE, BUFFALO, NY

**Date Collected:** 07/02/21 12:00  
**Date Received:** 07/02/21  
**Field Prep:** Not Specified

**Sample Depth:**

**Matrix:** Concrete  
**Analytical Method:** 1,8082A  
**Analytical Date:** 07/05/21 19:21  
**Analyst:** CW  
**Percent Solids:** 97%

**Extraction Method:** EPA 3540C  
**Extraction Date:** 07/03/21 11:41  
**Cleanup Method:** EPA 3665A  
**Cleanup Date:** 07/05/21  
**Cleanup Method:** EPA 3660B  
**Cleanup Date:** 07/05/21

Parameter	Result	Qualifier	Units	RL	MDL	Dilution Factor	Column
Polychlorinated Biphenyls by GC - Westborough Lab							
Aroclor 1016	ND		ug/kg	98.4	8.74	1	A
Aroclor 1221	ND		ug/kg	98.4	9.86	1	A
Aroclor 1232	ND		ug/kg	98.4	20.8	1	A
Aroclor 1242	ND		ug/kg	98.4	13.3	1	A
Aroclor 1248	ND		ug/kg	98.4	14.8	1	A
Aroclor 1254	ND		ug/kg	98.4	10.8	1	A
Aroclor 1260	358		ug/kg	98.4	18.2	1	B
Aroclor 1262	ND		ug/kg	98.4	12.5	1	A
Aroclor 1268	ND		ug/kg	98.4	10.2	1	A
PCBs, Total	358		ug/kg	98.4	8.74	1	B

Surrogate	% Recovery	Qualifier	Acceptance Criteria	Column
2,4,5,6-Tetrachloro-m-xylene	67		30-150	A
Decachlorobiphenyl	72		30-150	A
2,4,5,6-Tetrachloro-m-xylene	70		30-150	B
Decachlorobiphenyl	81		30-150	B

**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

**SAMPLE RESULTS**

**Lab ID:** L2136096-02  
**Client ID:** DK-13-CS-BOC  
**Sample Location:** 144 KENSINGTON AVE, BUFFALO, NY

**Date Collected:** 07/02/21 11:30  
**Date Received:** 07/02/21  
**Field Prep:** Not Specified

**Sample Depth:**

**Matrix:** Concrete  
**Analytical Method:** 1,8082A  
**Analytical Date:** 07/05/21 19:30  
**Analyst:** CW  
**Percent Solids:** 97%

**Extraction Method:** EPA 3540C  
**Extraction Date:** 07/03/21 11:41  
**Cleanup Method:** EPA 3665A  
**Cleanup Date:** 07/05/21  
**Cleanup Method:** EPA 3660B  
**Cleanup Date:** 07/05/21

Parameter	Result	Qualifier	Units	RL	MDL	Dilution Factor	Column
Polychlorinated Biphenyls by GC - Westborough Lab							
Aroclor 1016	ND		ug/kg	100	8.89	1	A
Aroclor 1221	ND		ug/kg	100	10.0	1	A
Aroclor 1232	ND		ug/kg	100	21.2	1	A
Aroclor 1242	ND		ug/kg	100	13.5	1	A
Aroclor 1248	ND		ug/kg	100	15.0	1	A
Aroclor 1254	ND		ug/kg	100	10.9	1	A
Aroclor 1260	909		ug/kg	100	18.5	1	B
Aroclor 1262	ND		ug/kg	100	12.7	1	A
Aroclor 1268	ND		ug/kg	100	10.4	1	A
PCBs, Total	909		ug/kg	100	8.89	1	B

Surrogate	% Recovery	Qualifier	Acceptance Criteria	Column
2,4,5,6-Tetrachloro-m-xylene	37		30-150	A
Decachlorobiphenyl	34		30-150	A
2,4,5,6-Tetrachloro-m-xylene	40		30-150	B
Decachlorobiphenyl	40		30-150	B

**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

### Method Blank Analysis Batch Quality Control

Analytical Method: 1,8082A  
 Analytical Date: 07/05/21 18:57  
 Analyst: CW

Extraction Method: EPA 3540C  
 Extraction Date: 07/03/21 11:41  
 Cleanup Method: EPA 3665A  
 Cleanup Date: 07/05/21  
 Cleanup Method: EPA 3660B  
 Cleanup Date: 07/05/21

Parameter	Result	Qualifier	Units	RL	MDL	Column
Polychlorinated Biphenyls by GC - Westborough Lab for sample(s): 01-02 Batch: WG1520151-1						
Aroclor 1016	ND		ug/kg	84.4	7.50	A
Aroclor 1221	ND		ug/kg	84.4	8.46	A
Aroclor 1232	ND		ug/kg	84.4	17.9	A
Aroclor 1242	ND		ug/kg	84.4	11.4	A
Aroclor 1248	ND		ug/kg	84.4	12.7	A
Aroclor 1254	ND		ug/kg	84.4	9.24	A
Aroclor 1260	ND		ug/kg	84.4	15.6	A
Aroclor 1262	ND		ug/kg	84.4	10.7	A
Aroclor 1268	ND		ug/kg	84.4	8.75	A
PCBs, Total	ND		ug/kg	84.4	7.50	A

Surrogate	%Recovery	Qualifier	Acceptance Criteria	Column
2,4,5,6-Tetrachloro-m-xylene	69		30-150	A
Decachlorobiphenyl	70		30-150	A
2,4,5,6-Tetrachloro-m-xylene	69		30-150	B
Decachlorobiphenyl	73		30-150	B

## Lab Control Sample Analysis

### Batch Quality Control

**Project Name:** NATIONAL GRID DK-13

**Project Number:** 30091282

**Lab Number:** L2136096

**Report Date:** 07/08/21

Parameter	LCS %Recovery	Qual	LCSD %Recovery	Qual	%Recovery Limits	RPD	Qual	RPD Limits	Column
Polychlorinated Biphenyls by GC - Westborough Lab Associated sample(s): 01-02 Batch: WG1520151-2 WG1520151-3									
Aroclor 1016	95		94		40-140	1		50	A
Aroclor 1260	91		90		40-140	1		50	A

Surrogate	LCS %Recovery	Qual	LCSD %Recovery	Qual	Acceptance Criteria	Column
2,4,5,6-Tetrachloro-m-xylene	88		85		30-150	A
Decachlorobiphenyl	82		80		30-150	A
2,4,5,6-Tetrachloro-m-xylene	86		84		30-150	B
Decachlorobiphenyl	89		86		30-150	B

# **INORGANICS & MISCELLANEOUS**

**Project Name:** NATIONAL GRID DK-13**Project Number:** 30091282**Lab Number:** L2136096**Report Date:** 07/08/21**SAMPLE RESULTS****Lab ID:** L2136096-01**Client ID:** DK-13-CS-TOC**Sample Location:** 144 KENSINGTON AVE, BUFFALO, NY**Date Collected:** 07/02/21 12:00**Date Received:** 07/02/21**Field Prep:** Not Specified**Sample Depth:****Matrix:** Concrete

Parameter	Result	Qualifier	Units	RL	MDL	Dilution Factor	Date Prepared	Date Analyzed	Analytical Method	Analyst
General Chemistry - Westborough Lab										
Solids, Total	96.8		%	0.100	NA	1	-	07/03/21 08:14	121,2540G	RI





**Project Name:** NATIONAL GRID DK-13**Project Number:** 30091282**Lab Number:** L2136096**Report Date:** 07/08/21**SAMPLE RESULTS****Lab ID:** L2136096-02**Client ID:** DK-13-CS-BOC**Sample Location:** 144 KENSINGTON AVE, BUFFALO, NY**Date Collected:** 07/02/21 11:30**Date Received:** 07/02/21**Field Prep:** Not Specified**Sample Depth:****Matrix:** Concrete

Parameter	Result	Qualifier	Units	RL	MDL	Dilution Factor	Date Prepared	Date Analyzed	Analytical Method	Analyst
General Chemistry - Westborough Lab										
Solids, Total	97.4		%	0.100	NA	1	-	07/03/21 08:14	121,2540G	RI



**Lab Duplicate Analysis**  
*Batch Quality Control***Project Name:** NATIONAL GRID DK-13**Project Number:** 30091282**Lab Number:** L2136096**Report Date:** 07/08/21

Parameter	Native Sample	Duplicate Sample	Units	RPD	Qual	RPD Limits
General Chemistry - Westborough Lab Associated sample(s): 01-02 QC Batch ID: WG1520075-1 QC Sample: L2135957-01 Client ID: DUP Sample						
Solids, Total	90.6	90.7	%	0		20

**Project Name:** NATIONAL GRID DK-13**Lab Number:** L2136096**Project Number:** 30091282**Report Date:** 07/08/21**Sample Receipt and Container Information**

Were project specific reporting limits specified?

YES

**Cooler Information****Cooler**                      **Custody Seal**

A                                  Absent

**Container Information**

<b>Container ID</b>	<b>Container Type</b>	<b>Cooler</b>	<b>Initial pH</b>	<b>Final pH</b>	<b>Temp deg C</b>	<b>Pres</b>	<b>Seal</b>	<b>Frozen Date/Time</b>	<b>Analysis(*)</b>
L2136096-01A	Plastic 2oz unpreserved for TS	A	NA		5.1	Y	Absent		TS(7)
L2136096-01B	Glass 60mL/2oz unpreserved	A	NA		5.1	Y	Absent		NYTCL-8082-3540C(365)
L2136096-02A	Plastic 2oz unpreserved for TS	A	NA		5.1	Y	Absent		TS(7)
L2136096-02B	Glass 60mL/2oz unpreserved	A	NA		5.1	Y	Absent		NYTCL-8082-3540C(365)

**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

## GLOSSARY

### Acronyms

DL	- Detection Limit: This value represents the level to which target analyte concentrations are reported as estimated values, when those target analyte concentrations are quantified below the limit of quantitation (LOQ). The DL includes any adjustments from dilutions, concentrations or moisture content, where applicable. (DoD report formats only.)
EDL	- Estimated Detection Limit: This value represents the level to which target analyte concentrations are reported as estimated values, when those target analyte concentrations are quantified below the reporting limit (RL). The EDL includes any adjustments from dilutions, concentrations or moisture content, where applicable. The use of EDLs is specific to the analysis of PAHs using Solid-Phase Microextraction (SPME).
EMPC	- Estimated Maximum Possible Concentration: The concentration that results from the signal present at the retention time of an analyte when the ions meet all of the identification criteria except the ion abundance ratio criteria. An EMPC is a worst-case estimate of the concentration.
EPA	- Environmental Protection Agency.
LCS	- Laboratory Control Sample: A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
LCSD	- Laboratory Control Sample Duplicate: Refer to LCS.
LFB	- Laboratory Fortified Blank: A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
LOD	- Limit of Detection: This value represents the level to which a target analyte can reliably be detected for a specific analyte in a specific matrix by a specific method. The LOD includes any adjustments from dilutions, concentrations or moisture content, where applicable. (DoD report formats only.)
LOQ	- Limit of Quantitation: The value at which an instrument can accurately measure an analyte at a specific concentration. The LOQ includes any adjustments from dilutions, concentrations or moisture content, where applicable. (DoD report formats only.)  Limit of Quantitation: The value at which an instrument can accurately measure an analyte at a specific concentration. The LOQ includes any adjustments from dilutions, concentrations or moisture content, where applicable. (DoD report formats only.)
MDL	- Method Detection Limit: This value represents the level to which target analyte concentrations are reported as estimated values, when those target analyte concentrations are quantified below the reporting limit (RL). The MDL includes any adjustments from dilutions, concentrations or moisture content, where applicable.
MS	- Matrix Spike Sample: A sample prepared by adding a known mass of target analyte to a specified amount of matrix sample for which an independent estimate of target analyte concentration is available. For Method 332.0, the spike recovery is calculated using the native concentration, including estimated values.
MSD	- Matrix Spike Sample Duplicate: Refer to MS.
NA	- Not Applicable.
NC	- Not Calculated: Term is utilized when one or more of the results utilized in the calculation are non-detect at the parameter's reporting unit.
NDPA/DPA	- N-Nitrosodiphenylamine/Diphenylamine.
NI	- Not Ignitable.
NP	- Non-Plastic: Term is utilized for the analysis of Atterberg Limits in soil.
NR	- No Results: Term is utilized when 'No Target Compounds Requested' is reported for the analysis of Volatile or Semivolatile Organic TIC only requests.
RL	- Reporting Limit: The value at which an instrument can accurately measure an analyte at a specific concentration. The RL includes any adjustments from dilutions, concentrations or moisture content, where applicable.
RPD	- Relative Percent Difference: The results from matrix and/or matrix spike duplicates are primarily designed to assess the precision of analytical results in a given matrix and are expressed as relative percent difference (RPD). Values which are less than five times the reporting limit for any individual parameter are evaluated by utilizing the absolute difference between the values; although the RPD value will be provided in the report.
SRM	- Standard Reference Material: A reference sample of a known or certified value that is of the same or similar matrix as the associated field samples.
STLP	- Semi-dynamic Tank Leaching Procedure per EPA Method 1315.
TEF	- Toxic Equivalency Factors: The values assigned to each dioxin and furan to evaluate their toxicity relative to 2,3,7,8-TCDD.
TEQ	- Toxic Equivalent: The measure of a sample's toxicity derived by multiplying each dioxin and furan by its corresponding TEF and then summing the resulting values.
TIC	- Tentatively Identified Compound: A compound that has been identified to be present and is not part of the target compound list (TCL) for the method and/or program. All TICs are qualitatively identified and reported as estimated concentrations.

*Report Format: DU Report with 'J' Qualifiers*



**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

## Footnotes

- 1 - The reference for this analyte should be considered modified since this analyte is absent from the target analyte list of the original method.

## Terms

**Analytical Method:** Both the document from which the method originates and the analytical reference method. (Example: EPA 8260B is shown as 1,8260B.) The codes for the reference method documents are provided in the References section of the Addendum.

**Difference:** With respect to Total Oxidizable Precursor (TOP) Assay analysis, the difference is defined as the Post-Treatment value minus the Pre-Treatment value.

**Final pH:** As it pertains to Sample Receipt & Container Information section of the report, Final pH reflects pH of container determined after adjustment at the laboratory, if applicable. If no adjustment required, value reflects Initial pH.

**Frozen Date/Time:** With respect to Volatile Organics in soil, Frozen Date/Time reflects the date/time at which associated Reagent Water-preserved vials were initially frozen. Note: If frozen date/time is beyond 48 hours from sample collection, value will be reflected in 'bold'.

**Initial pH:** As it pertains to Sample Receipt & Container Information section of the report, Initial pH reflects pH of container determined upon receipt, if applicable.

**PAH Total:** With respect to Alkylated PAH analyses, the 'PAHs, Total' result is defined as the summation of results for all or a subset of the following compounds: Naphthalene, C1-C4 Naphthalenes, 2-Methylnaphthalene, 1-Methylnaphthalene, Biphenyl, Acenaphthylene, Acenaphthene, Fluorene, C1-C3 Fluorenes, Phenanthrene, C1-C4 Phenanthrenes/Anthracenes, Anthracene, Fluoranthene, Pyrene, C1-C4 Fluoranthenes/Pyrenes, Benz(a)anthracene, Chrysene, C1-C4 Chrysenes, Benzo(b)fluoranthene, Benzo(j)+(k)fluoranthene, Benzo(e)pyrene, Benzo(a)pyrene, Perylene, Indeno(1,2,3-cd)pyrene, Dibenz(ah)+(ac)anthracene, Benzo(g,h,i)perylene. If a 'Total' result is requested, the results of its individual components will also be reported.

**PFAS Total:** With respect to PFAS analyses, the 'PFAS, Total (5)' result is defined as the summation of results for: PFHpA, PFHxS, PFOA, PFNA and PFOS. In addition, the 'PFAS, Total (6)' result is defined as the summation of results for: PFHpA, PFHxS, PFOA, PFNA, PFDA and PFOS. For MassDEP DW compliance analysis only, the 'PFAS, Total (6)' result is defined as the summation of results at or above the RL. Note: If a 'Total' result is requested, the results of its individual components will also be reported.

The target compound Chlordane (CAS No. 57-74-9) is reported for GC ECD analyses. Per EPA, this compound "refers to a mixture of chlordane isomers, other chlorinated hydrocarbons and numerous other components." (Reference: USEPA Toxicological Review of Chlordane, In Support of Summary Information on the Integrated Risk Information System (IRIS), December 1997.)

**Total:** With respect to Organic analyses, a 'Total' result is defined as the summation of results for individual isomers or Aroclors. If a 'Total' result is requested, the results of its individual components will also be reported. This is applicable to 'Total' results for methods 8260, 8081 and 8082.

## Data Qualifiers

- A** - Spectra identified as "Aldol Condensates" are byproducts of the extraction/concentration procedures when acetone is introduced in the process.
- B** - The analyte was detected above the reporting limit in the associated method blank. Flag only applies to associated field samples that have detectable concentrations of the analyte at less than ten times (10x) the concentration found in the blank. For MCP-related projects, flag only applies to associated field samples that have detectable concentrations of the analyte at less than ten times (10x) the concentration found in the blank. For DOD-related projects, flag only applies to associated field samples that have detectable concentrations of the analyte at less than ten times (10x) the concentration found in the blank AND the analyte was detected above one-half the reporting limit (or above the reporting limit for common lab contaminants) in the associated method blank. For NJ-Air-related projects, flag only applies to associated field samples that have detectable concentrations of the analyte above the reporting limit. For NJ-related projects (excluding Air), flag only applies to associated field samples that have detectable concentrations of the analyte, which was detected above the reporting limit in the associated method blank or above five times the reporting limit for common lab contaminants (Phthalates, Acetone, Methylene Chloride, 2-Butanone).
- C** - Co-elution: The target analyte co-elutes with a known lab standard (i.e. surrogate, internal standards, etc.) for co-extracted analyses.
- D** - Concentration of analyte was quantified from diluted analysis. Flag only applies to field samples that have detectable concentrations of the analyte.
- E** - Concentration of analyte exceeds the range of the calibration curve and/or linear range of the instrument.
- F** - The ratio of quantifier ion response to qualifier ion response falls outside of the laboratory criteria. Results are considered to be an estimated maximum concentration.
- G** - The concentration may be biased high due to matrix interferences (i.e. co-elution) with non-target compound(s). The result should be considered estimated.
- H** - The analysis of pH was performed beyond the regulatory-required holding time of 15 minutes from the time of sample collection.
- I** - The lower value for the two columns has been reported due to obvious interference.
- J** - Estimated value. The Target analyte concentration is below the quantitation limit (RL), but above the Method Detection Limit (MDL) or Estimated Detection Limit (EDL) for SPME-related analyses. This represents an estimated concentration for Tentatively Identified Compounds (TICs).
- M** - Reporting Limit (RL) exceeds the MCP CAM Reporting Limit for this analyte.
- ND** - Not detected at the method detection limit (MDL) for the sample, or estimated detection limit (EDL) for SPME-related analyses.

**Report Format:** DU Report with 'J' Qualifiers



**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

**Data Qualifiers**

- NJ** - Presumptive evidence of compound. This represents an estimated concentration for Tentatively Identified Compounds (TICs), where the identification is based on a mass spectral library search.
- P** - The RPD between the results for the two columns exceeds the method-specified criteria.
- Q** - The quality control sample exceeds the associated acceptance criteria. For DOD-related projects, LCS and/or Continuing Calibration Standard exceedences are also qualified on all associated sample results. Note: This flag is not applicable for matrix spike recoveries when the sample concentration is greater than 4x the spike added or for batch duplicate RPD when the sample concentrations are less than 5x the RL. (Metals only.)
- R** - Analytical results are from sample re-analysis.
- RE** - Analytical results are from sample re-extraction.
- S** - Analytical results are from modified screening analysis.

Report Format: DU Report with 'J' Qualifiers

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**Project Name:** NATIONAL GRID DK-13  
**Project Number:** 30091282

**Lab Number:** L2136096  
**Report Date:** 07/08/21

## REFERENCES

- 1 Test Methods for Evaluating Solid Waste: Physical/Chemical Methods. EPA SW-846. Third Edition. Updates I - VI, 2018.
- 121 Standard Methods for the Examination of Water and Wastewater. APHA-AWWA-WEF. Standard Methods Online.

## LIMITATION OF LIABILITIES

Alpha Analytical performs services with reasonable care and diligence normal to the analytical testing laboratory industry. In the event of an error, the sole and exclusive responsibility of Alpha Analytical shall be to re-perform the work at it's own expense. In no event shall Alpha Analytical be held liable for any incidental, consequential or special damages, including but not limited to, damages in any way connected with the use of, interpretation of, information or analysis provided by Alpha Analytical.

We strongly urge our clients to comply with EPA protocol regarding sample volume, preservation, cooling, containers, sampling procedures, holding time and splitting of samples in the field.



**Alpha Analytical, Inc.**

ID No.:17873

Facility: **Company-wide**

Revision 19

Department: **Quality Assurance**

Published Date: 4/2/2021 1:14:23 PM

Title: **Certificate/Approval Program Summary**

Page 1 of 1

**Certification Information**

The following analytes are not included in our Primary NELAP Scope of Accreditation:

**Westborough Facility****EPA 624/624.1:** m/p-xylene, o-xylene, Naphthalene**EPA 625/625.1:** alpha-Terpineol**EPA 8260C/8260D:** NPW: 1,2,4,5-Tetramethylbenzene; 4-Ethyltoluene, Azobenzene; SCM: Iodomethane (methyl iodide), 1,2,4,5-Tetramethylbenzene; 4-Ethyltoluene.**EPA 8270D/8270E:** NPW: Dimethylnaphthalene, 1,4-Diphenylhydrazine, alpha-Terpineol; SCM: Dimethylnaphthalene, 1,4-Diphenylhydrazine.**SM4500:** NPW: Amenable Cyanide; SCM: Total Phosphorus, TKN, NO<sub>2</sub>, NO<sub>3</sub>.**Mansfield Facility****SM 2540D:** TSS**EPA 8082A:** NPW: PCB: 1, 5, 31, 87, 101, 110, 141, 151, 153, 180, 183, 187.**EPA TO-15:** Halothane, 2,4,4-Trimethyl-2-pentene, 2,4,4-Trimethyl-1-pentene, Thiophene, 2-Methylthiophene,

3-Methylthiophene, 2-Ethylthiophene, 1,2,3-Trimethylbenzene, Indan, Indene, 1,2,4,5-Tetramethylbenzene, Benzothiophene, 1-Methylnaphthalene.

**Biological Tissue Matrix:** EPA 3050B

The following analytes are included in our Massachusetts DEP Scope of Accreditation


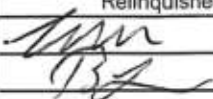
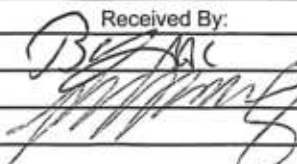
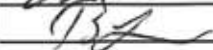
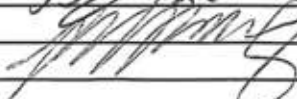
**Westborough Facility:****Drinking Water****EPA 300.0:** Chloride, Nitrate-N, Fluoride, Sulfate; **EPA 353.2:** Nitrate-N, Nitrite-N; **SM4500NO3-F:** Nitrate-N, Nitrite-N; **SM4500F-C, SM4500CN-CE,****EPA 180.1, SM2130B, SM4500CI-D, SM2320B, SM2540C, SM4500H-B, SM4500NO2-B****EPA 332:** Perchlorate; **EPA 524.2:** THMs and VOCs; **EPA 504.1:** EDB, DBCP.**Microbiology:** **SM9215B; SM9223-P/A, SM9223B-Colilert-QT, SM9222D.****Non-Potable Water****SM4500H,B, EPA 120.1, SM2510B, SM2540C, SM2320B, SM4500CL-E, SM4500F-BC, SM4500NH3-BH:** Ammonia-N and Kjeldahl-N, **EPA 350.1:**Ammonia-N, **LACHAT 10-107-06-1-B:** Ammonia-N, **EPA 351.1, SM4500NO3-F, EPA 353.2:** Nitrate-N, **SM4500P-E, SM4500P-B, E, SM4500SO4-E,****SM5220D, EPA 410.4, SM5210B, SM5310C, SM4500CL-D, EPA 1664, EPA 420.1, SM4500-CN-CE, SM2540D, EPA 300:** Chloride, Sulfate, Nitrate.**EPA 624.1:** Volatile Halocarbons & Aromatics,**EPA 608.3:** Chlordane, Toxaphene, Aldrin, alpha-BHC, beta-BHC, gamma-BHC, delta-BHC, Dieldrin, DDD, DDE, DDT, Endosulfan I, Endosulfan II,

Endosulfan sulfate, Endrin, Endrin Aldehyde, Heptachlor, Heptachlor Epoxide, PCBs

**EPA 625.1:** SVOC (Acid/Base/Neutral Extractables), **EPA 600/4-81-045:** PCB-Oil.**Microbiology:** **SM9223B-Colilert-QT; Enterolert-QT, SM9221E, EPA 1600, EPA 1603, SM9222D.****Mansfield Facility:****Drinking Water****EPA 200.7:** Al, Ba, Cd, Cr, Cu, Fe, Mn, Ni, Na, Ag, Ca, Zn. **EPA 200.8:** Al, Sb, As, Ba, Be, Cd, Cr, Cu, Pb, Mn, Ni, Se, Ag, TL, Zn. **EPA 245.1 Hg.****EPA 522, EPA 537.1.****Non-Potable Water****EPA 200.7:** Al, Sb, As, Be, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Mo, Ni, K, Se, Ag, Na, Sr, TL, Ti, V, Zn.**EPA 200.8:** Al, Sb, As, Be, Cd, Cr, Cu, Fe, Pb, Mn, Ni, K, Se, Ag, Na, TL, Zn.**EPA 245.1 Hg.****SM2340B**

For a complete listing of analytes and methods, please contact your Alpha Project Manager.



 <b>NEW YORK CHAIN OF CUSTODY</b> Westborough, MA 01581 8 Walkup Dr. TEL: 508-898-9220 FAX: 508-898-9193		<b>Service Centers</b> Mahwah, NJ 07430: 35 Whitney Rd, Suite 5 Albany, NY 12205: 14 Walker Way Tonawanda, NY 14150: 275 Cooper Ave, Suite 105		Page		Date Rec'd in Lab <b>7/3/21</b>		ALPHA Job # <b>L 2136096</b>				
				1 of 1								
<b>Client Information</b> Client: <b>ARCADIS</b> Address: <b>50 FOUNTAIN PLAZA</b> <b>BUFFALO, NY 14202</b> Phone: <b>(716) 570-5911</b> Fax: Email: <b>luke.goetz@arcadis.com</b>		<b>Project Information</b> Project Name: <b>NATIONAL GRID DK-13</b> Project Location: <b>144 Kensington Ave Buffalo, NY</b> Project # <b>30091282</b> (Use Project name as Project #) <input type="checkbox"/>		<b>Deliverables</b> <input type="checkbox"/> ASP-A <input type="checkbox"/> ASP-B <input type="checkbox"/> EQUIS (1 File) <input type="checkbox"/> EQUIS (4 File) <input type="checkbox"/> Other		<b>Billing Information</b> <input type="checkbox"/> Same as Client Info PO #						
		Project Manager: <b>MICHAEL JONES</b> ALPHAQuote #: Turn-Around Time Standard <input type="checkbox"/> Due Date: Rush (only if pre approved) <input checked="" type="checkbox"/> # of Days: <b>1</b>		<b>Regulatory Requirement</b> <input type="checkbox"/> NY TOGS <input type="checkbox"/> NY Part 375 <input type="checkbox"/> AWQ Standards <input type="checkbox"/> NY CP-51 <input type="checkbox"/> NY Restricted Use <input type="checkbox"/> Other <input type="checkbox"/> NY Unrestricted Use <input type="checkbox"/> NYC Sewer Discharge		<b>Disposal Site Information</b> Please identify below location of applicable disposal facilities. Disposal Facility: <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> Other:						
These samples have been previously analyzed by Alpha <input type="checkbox"/> Other project specific requirements/comments:  Please specify Metals or TAL.						<b>ANALYSIS</b> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 2px;">PCB - 8082</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 2px;">TS - SM 2540</div> </div>		<b>Sample Filtration</b> <input type="checkbox"/> Done <input type="checkbox"/> Lab to do <input type="checkbox"/> Preservation <input type="checkbox"/> Lab to do (Please Specify below) Sample Specific Comments		Total Bottles		
ALPHA Lab ID (Lab Use Only)		Sample ID		Collection		Sample Matrix		Sampler's Initials				
				Date		Time						
36096 - 01		DK-13-CS-TOC		7/2/21		1200		Solid			LG	
-02		DK-13-CS-BOC		7/2/21		1130		Solid			LG	
Preservative Code: A = None B = HCl C = HNO <sub>3</sub> D = H <sub>2</sub> SO <sub>4</sub> E = NaOH F = MeOH G = NaHSO <sub>4</sub> H = Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> K/E = Zn Ac/NaOH O = Other		Container Code P = Plastic A = Amber Glass V = Vial G = Glass B = Bacteria Cup C = Cube O = Other E = Encore D = BOD Bottle		Westboro: Certification No: MA935 Mansfield: Certification No: MA015		Container Type Preservative		A P A A				
				Relinquished By:		Date/Time		Received By:		Date/Time		
						7/2/21 1250				7/2/21 1250		
						7/2/21 13:15				7/2/21 00:15		
Form No: 01-25 HC (rev. 30-Sept-2013)												

Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. BY EXECUTING THIS COC, THE CLIENT HAS READ AND AGREES TO BE BOUND BY ALPHA'S TERMS & CONDITIONS. (See reverse side.)

**Attachment 4 – Waste Disposal Documentation**

Truck 290260 CAN HD 2503  
Towbar 941012

WT 73200

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464422 GBF</b>	
5. Generator Name and Site Address <b>Magnum Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>			Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
Generator's Phone:						
6. Transporter 1 Company Name <b>PAGE, E.T.C., Inc.</b>			U.S. EPA ID Number <b>NYD986989847</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-94 Service Drive Belleville, MI 48111 800-592-5489</b>			U.S. EPA ID Number <b>MID048090633</b>			
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity Est.	12. Unit WL/Vol.	13. Waste Codes	
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>	1 CM	12720	K	B007	PCB L
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information <b>Profile # J170049WDI Job/PO # 163281 OOS Date: 7/20/21 DOC#BAE 852 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 5) ID # DK13-400</b>						
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name <b>Agent Linda Scott</b>		Signature <i>Linda Scott</i>		Month Day Year <b>7 20 21</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Mike Clark</b>		Signature <i>Mike Clark</i>		Month Day Year <b>7 20 21</b>		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. 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:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>H130</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Julia Brewer</b>		Signature <i>Julia Brewer</i>		Month Day Year <b>7 20 21</b>		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD 000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464423 GBF</b>			
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7208 Attn: L. Montesano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>				
6. Transporter 1 Company Name <b>PAGE, E.T.C., Inc.</b>				U.S. EPA ID Number <b>NYD 986969947</b>				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-94 Service Drive Belleville, MI 48111 800-592-5489</b>				U.S. EPA ID Number <b>MID 048090633</b>				
Facility's Phone:								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity Est.	12. Unit WL/Vol.	13. Waste Codes
	X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>		1	CM	10,890	K	B007 PCB L
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information <b>Profile # J170049WDI Job/PO # 183291 OOS Date: 7/20/21 DOC#BAE 853 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 9) ID# DK13-401</b>								
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offendor's Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>[Signature]</i>		Month Day Year <b>7 20 21</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.				Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year <b>7 20 21</b>		
Transporter 2 Printed/Typed Name				Signature		Month Day Year		
18. Discrepancy								
18a. 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:								
18b. Alternate Facility (or Generator) U.S. EPA ID Number								
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H132</b>		2.		3.		4.		
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a								
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year <b>7 20 21</b>		

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464380 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Fidd's Roll-off Page ETC Inc</b>				U.S. EPA ID Number <b>NYR000245508</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number <b>NYD0986969947</b>			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. 104 Service Drive Belle Isle, MI 48111 800-592-5489</b>				U.S. EPA ID Number <b>MID048090833</b>			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
			No.	Type			
	1.	<b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 8, PG III (ERG #171)</b>	1	CM	Est. <b>11,300</b>	K	<b>B007 PCB L</b>
	2.						
	3.						
4.							
14. Special Handling Instructions and Additional Information  <b>Profile # J170048WDI Job/PO # 163291 OOS Date: 6/23/21 DOC#BAE 788 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 4) # DAY-02</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>Linda Scott</i>		Month Day Year <b>6 23 21</b>	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name <b>Tim Walsh</b>				Signature <i>Tim Walsh</i>		Month Day Year <b>6 23 21</b>
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy						
	18a. 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:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. <b>H1B2</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>Julia Beurer</b>				Signature <i>Julia Beurer</i>		Month Day Year <b>6 23 21</b>	

5963

73,860

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464381 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7208 Attn: L. Montecano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Tidd's Roll-off</b>				U.S. EPA ID Number <b>NYR000245506</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-194 Service Drive Livonia, MI 48111 800-592-5480</b>				U.S. EPA ID Number <b>MID048090833</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 0, PG III (ERG #171)</b>	1	CM	Est. 10 <sup>4</sup> 63	K	B007	PCB L
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information <b>Profile # J17004GWDI Job/PO # 163201 OOS Date: 6/21/21 DOC#BAE 781 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 4) ID# DK13-4-20</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 21 21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Debra Leburn</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 21 21</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. 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:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H130</b>	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>[Signature]</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 21 21</b>	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

Tidd's Inbound 65,340 lbs

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2502

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464382 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Tidd's Roll-off</b>				U.S. EPA ID Number <b>NYR000245508</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-84 Service Drive Belleville, MI 48111 800-592-5489</b>				U.S. EPA ID Number <b>MID048090633</b>			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
	X	<b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>	1	CM	Est. 10160.47	K	<b>B007 PCB L</b>
14. Special Handling Instructions and Additional Information  <b>Profile # J170049WDI Job/PO # 163291 OOS Date: 6/21/21 DOC#BAE782 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 4) ID# DK13-4-21</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Agent / Linda Scott</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 21 21</b>	
16. 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	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name <b>Dwight Lach</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 21 21</b>
	Transporter 2 Printed/Typed Name <b>Kenneth R. Tidd</b>				Signature <i>[Signature]</i>		Month Day Year <b>06 21 21</b>
DESIGNATED FACILITY	18. Discrepancy						
	18a. 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						
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____						
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H132</b>		2. _____		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>John Garner</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 22 21</b>	

Tidds +nksonds  
Truck # 23069 63,84 LBS.

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464386 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>			Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>				
6. Transporter 1 Company Name <del>Reg. Trucking</del>			U.S. EPA ID Number <del>NYD986900947</del>				
7. Transporter 2 Company Name <b>TIDD S</b>			U.S. EPA ID Number <b>NYR000245506</b>				
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-19 Service Drive Bellefonte, PA 16811 800-592-5489</b>			U.S. EPA ID Number <b>MID048090833</b>				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>	1	CM	Est. 93440	K	B007 PCB1 L	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information <b>Profile # J17004WDI Job/PO # 183291 OOS Date: 6-23-21 DOC# BAE 789 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay #1) # DAV-01</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Agent Linda Scott</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 23 21</b>			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Tidds Roll-0A</b>		Signature <i>[Signature]</i>		Month Day Year <b>06 23 21</b>			
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
18. Discrepancy							
18a. 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: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H132</b>		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>John Beemer</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 23 21</b>			



Truck 391073

Trail 180521 CAN 802503

WT-74560

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464387 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7208 Attn: L. Montesano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Page Trucking Inc.</b>				U.S. EPA ID Number <b>NYD986969947</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. 194 Service Drive Livonia, MI 48111 800-592-5489</b>				U.S. EPA ID Number <b>MID048090833</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No.	Type	11. Total Quantity Est.	12. Unit WT/Vol.
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>			1	CM	11657	K
	2.						
	3.						
	4.						
13. Waste Codes <b>B007 PCB L</b>							
14. Special Handling Instructions and Additional Information <b>Profile # J17004BWDI Job/PO # 183281 OOS Date: 6/21/21 DOC# BAE 7.83 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay #) 10# DK134-22</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Agent/Linda Scott</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 21 21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Mike Clark</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 21 21</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. 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:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H32</b>		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18c							
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year <b>6 22 21</b>	

TRUCK 21 - 68200

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>		2. Page 1 of <b>7</b>	3. Emergency Response Phone <b>800-424-9300</b>		4. Manifest Tracking Number <b>003464388 GBF</b>	
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7200 Attn: L. Montesano</b>					Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Page Trucking</b>					U.S. EPA ID Number <b>NYD088060947</b>			
7. Transporter 2 Company Name <b>Clear Trucking LLC</b>					U.S. EPA ID Number <b>NYA00237966</b>			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-84 Service Drive Livonia, MI 48111 800-592-5480</b>					U.S. EPA ID Number <b>MID048090833</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, PG III (ERG #171)</b>				1 <b>CM</b>		<b>Est. 10,723</b>	<b>K</b>
	2.							
	3.							
	4.							
13. Waste Codes <b>B007 PCB L</b>								
14. Special Handling Instructions and Additional Information <b>Profile # J17004WDI Job/PO # 183281 OOS Date: 6/21/21 DOC# BAE 784 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay 5) ID# DK13-4-23</b>								
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name <b>Agent Linda Scott</b>					Signature <i>Linda Scott</i>		Month Day Year <b>6 21 21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <b>Linda Ladd</b>					Signature <i>Linda Ladd</i>		Month Day Year <b>6 21 21</b>	
Transporter 2 Printed/Typed Name <b>Sean Cleary</b>					Signature <i>Sean Cleary</i>		Month Day Year <b>6 21 21</b>	
18. Discrepancy								
18a. 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: _____								
18b. Alternate Facility (or Generator)							U.S. EPA ID Number	
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator)							Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>L131</b>		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name <b>Julia Berger</b>					Signature <i>Julia Berger</i>		Month Day Year <b>6 22 21</b>	

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator ID Number  
**NYD000730390**

2. Page 1 of 1

3. Emergency Response Phone

**800-424-9300**

4. Manifest Tracking Number

**003464389 GBF**

5. Generator's Name and Mailing Address

**Niagara Mohawk Power Corp.  
144 Kensington Avenue Buffalo, NY 14214  
716-831-7208 Attn: L. Montesano**

Generator's Site Address (if different than mailing address)

**Dewey Avenue Service Center  
83 Dewey Avenue  
Buffalo, NY 14214**

Generator's Phone:

6. Transporter 1 Company Name

**Page Trucking**

U.S. EPA ID Number

**NYD086969947**

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

**Wayne Disposal Inc.  
49350 N. 194 Service Drive  
Belle Isle, MI 48111 800-592-5489**

U.S. EPA ID Number

**MID048090633**

Facility Name

9a. HM 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

10. Containers

No.

Type

11. Total Quantity

12. Unit Wt./Vol.

13. Waste Codes

1. **RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)**

**1**

**CM**

Est. **9.050**

**K**

**B007**

**PCB**

**L**

14. Special Handling Instructions and Additional Information

**Profile # J170048WDI Job/PO # 163291 OOS Date: 6/21/21 DOC# BAE 785  
DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay 4) ID# DK13-4-24**

15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name

Signature

Month Day Year  
**6 21 21**

16. International Shipments

☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:  
Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year  
**6 21 21**

Transporter 2 Printed/Typed Name

Signature

Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. **H132**

2.

3.

4.

20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

Signature

Month Day Year  
**6 21 21**

Call 2007 11003 210000  
Truck # 26039 66.700

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number			
		NYD000730390	1	800-424-9300	003464364 GBF			
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp.</b> <b>144 Kensington Avenue Buffalo, NY 14214</b> <b>716-831-7209 Attn: L. Montesano</b>			Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center</b> <b>93 Dewey Avenue</b> <b>Buffalo, NY 14214</b>					
6. Transporter 1 Company Name <b>Tidd's Rolloff</b>		U.S. EPA ID Number <b>NYR000245508</b>						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc.</b> <b>49350 N. I-194 Service Drive</b> <b>Belleville, MI 48111 800-592-5489</b>		U.S. EPA ID Number <b>MID048090633</b>						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>	1	CM	<b>Est. 999.03</b>	<b>T K</b>	<b>B007</b>	<b>PCB</b>	<b>L</b>
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information <b>Profile # J170049WDI Job/PO # 163291 OOS Date: 6/8/21 DOC#BAE655</b> <b>DK-13 Fleet Garage-Hydraulic Lift System Replacement</b>								
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name <b>Agent/Linda Scott</b>		Signature <i>Linda Scott</i>		Month Day Year <b>6 9 21</b>				
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <b>Kenneth R. Tidd</b>		Signature <i>Kenneth R. Tidd</i>		Month Day Year <b>06 09 21</b>				
Transporter 2 Printed/Typed Name		Signature		Month Day Year				
18. Discrepancy								
18a. 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: _____								
18b. Alternate Facility (or Generator) U.S. EPA ID Number								
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H132</b>		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name <b>Antonio C...</b>		Signature <i>Antonio C...</i>		Month Day Year <b>6 15 21</b>				

1 TONS Found Can # 2002  
Truck # 26039 75,640 Lbs.

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464365 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>			Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>				
6. Transporter 1 Company Name <b>Tidd's Rolloff</b>			U.S. EPA ID Number <b>NYR000245506</b>				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-84 Service Drive Buffalo, MI 48111 800-592-5489</b>			U.S. EPA ID Number <b>MID048090633</b>				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes	
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture 9, PG III (ERG #171)</b>	1	CM	Est 14,197 K	55 K	B007 PCB L	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information <b>Profile # J170048WDI Job/PO # 163291 OOS Date 6/8/21 DOC# BAE656 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 5)</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Agent/Linde Scott</b>		Signature <i>Linde Scott</i>		Month Day Year <b>6 9 21</b>			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <b>Kenneth R. Tidd</b> Signature <i>Kenneth R. Tidd</i> Month Day Year <b>06 09 21</b> Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____							
18. Discrepancy 18a. 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: _____							
18b. Alternate Facility (or Generator) Facility's Phone: _____			U.S. EPA ID Number _____				
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. <b>H132</b> 2. _____ 3. _____ 4. _____							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <b>Amended McClary</b> Signature <i>Amended McClary</i> Month Day Year <b>06 11 21</b>							

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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464366 GBF</b>	
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>			Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 83 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Tidd's Roll-off</b>			U.S. EPA ID Number <b>NYR000245508</b>			
7. Transporter 2 Company Name <b>Frank's Roll-off</b>			U.S. EPA ID Number <b>NYR000245508</b>			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. 104 Service Drive Livonia, MI 48151 800-592-5489</b>			U.S. EPA ID Number <b>MID048090633</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1.	<b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>	<b>1 CM</b>		<b>15 Est.</b>	<b>T</b>	<b>B007 PCB L</b>
2.				<b>16 329</b>	<b>Kg</b>	
3.						
4.						
14. Special Handling Instructions and Additional Information <b>Profile # J170048WDI Job/PO # 183281 OOS Date: 6/8/21 DOC # BAE057 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay 5)</b>						
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <b>Agent Linda Scott</b>			Signature <b>Linda Scott</b>		Month Day Year <b>6 9 21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Tyler Harbigh</b>			Signature <b>Tyler Harbigh</b>		Month Day Year <b>6 9 21</b>	
Transporter 2 Printed/Typed Name <b>Sean Clear</b>			Signature <b>Sean Clear</b>		Month Day Year <b>6 13 21</b>	
18. Discrepancy						
18a. 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:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
1.	<b>H1132</b>					
20. Designated Facility Owner/Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Mark D. Pardo</b>			Signature <b>Mark D. Pardo</b>		Month Day Year <b>6 14 21</b>	



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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>800-424-9300</b>		4. Manifest Tracking Number <b>003464369 GBF</b>				
		5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>						Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>				
6. Transporter 1 Company Name <b>Tidd's Rolloff</b>		U.S. EPA ID Number <b>NYR000245508</b>										
7. Transporter 2 Company Name <b>Clear Truckin LLC</b>		U.S. EPA ID Number <b>NYR000287966</b>										
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-94 Service Drive Buffalo, MI 48111 800-592-5489</b>		U.S. EPA ID Number <b>MID048090833</b>										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
						No.	Type					
	X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, PG III (ERG #171)</b>				1	CM	Est. 9289	Kg	B007	PCB	L
		2.										
		3.										
	4.											
14. Special Handling Instructions and Additional Information <b>Profile # J170048WDI Job/PO # 183291 OOS Date: 6/14/21 DOC#BAE660 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 5)</b>												
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offor's Printed/Typed Name: <b>Agent Linda Scott</b> Signature: <i>Linda Scott</i> Month: <b>6</b> Day: <b>14</b> Year: <b>21</b>												
TRANSPORTER	16. 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): _____											
DESIGNATED FACILITY	17. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name: <b>Robert Ladd</b> Signature: <i>Robert Ladd</i> Month: <b>6</b> Day: <b>14</b> Year: <b>21</b>					Transporter 2 Printed/Typed Name: <b>Sean Clear</b> Signature: <i>Sean Clear</i> Month: <b>6</b> Day: <b>15</b> Year: <b>21</b>						
18. Discrepancy												
18a. 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: _____												
18b. Alternate Facility (or Generator) U.S. EPA ID Number: _____												
Facility's Phone: _____												
18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____												
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1. <b>H732</b>		2.		3.		4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name: <b>John Beers</b>					Signature: <i>John Beers</i>					Month: <b>6</b> Day: <b>16</b> Year: <b>21</b>		

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464373 GBF</b>	
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>			Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Tidd's Roll-off</b>			U.S. EPA ID Number <b>NYR000245508</b>			
7. Transporter 2 Company Name <b>Clear Trucking LLC</b>			U.S. EPA ID Number <b>NYR000237966</b>			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-94 Service Drive Beaumont, MI 48111 800-592-5489</b>			U.S. EPA ID Number <b>MID048090633</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Vol./Vol.	13. Waste Codes
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, PG III (ERG #171)</b>	1	CM	Est. 10178	Kg	B007 PCB L
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information <b>Profile # J170048WDI Job/PO # 183291 OOS Date 6/14/21 DOC#BAE654 DK-13 Fleet Garage-Hydraulic Lift System Replacement (Bay 5)</b>						
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <b>Agent Linda Scott</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 14 21</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Dwight Ladd</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 14 21</b>		
Transporter 2 Printed/Typed Name <b>Sean Clear</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 17 21</b>		
18. Discrepancy						
18a. 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: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>H132</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Christopher Beurer</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 18 21</b>		



Trk# 0112

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464383 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7200 Attn: L. Montesano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Page Trucking</b>				U.S. EPA ID Number <b>NYD086869947</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-19 Service Drive Dearborn, MI 48111 800-592-5489</b>				U.S. EPA ID Number <b>MID048090633</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture 8, PG III (ERG #171)</b>	1 <b>CM</b>		<b>Est. 15,780</b>	<b>K</b>	<b>B007</b>	<b>PCB1 L</b>
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information <b>Profile # J170048WDI Job/PO # 163291 OOS Date: 6-10-21 DOC#BAE 658 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay 5)</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 10 21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Jeff Smith</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 10 21</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. 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: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H132</b>		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>Julia Barnes</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 10 21</b>	

Please print or type. (Form designed for use on ellipse (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of 1	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464384 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Page Trucking</b>				U.S. EPA ID Number <b>NYD986969947</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-84 Service Drive Bellefonte, MI 48111 800-592-5489</b>				U.S. EPA ID Number <b>MID048090633</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>	1	CM	Est. 10.045	K	B007	PCB1 L
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information <b>Profile # J170049WDI Job/PO # 183291 OOS Date: 6/10/21 DOC# BAE 659 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay 5)</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>[Signature]</i>		Month Day Year <b>6 10 21</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <b>116ph</b> Signature <i>[Signature]</i> Month Day Year <b>6 10 21</b> Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____							
18. Discrepancy 18a. 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: _____							
18b. Alternate Facility (or Generator) Facility's Phone: _____				U.S. EPA ID Number			
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H132</b>	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <b>Adrian D. Peral</b> Signature <i>[Signature]</i> Month Day Year <b>6 11 21</b>							

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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464393 GBF</b>		
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7208 Attn: L. Montesano</b>				Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Page Trucking</b>				U.S. EPA ID Number <b>NYD988969947</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. I-94 Service Drive Detroit, MI 48111 800-592-5489</b>				U.S. EPA ID Number <b>MID048090633</b>			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, 9, PG III (ERG #171)</b>	1	CM	Est. 8730	K	B007	PCB 1
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information: <b>Profile # J170048WDI Job/PO # 163291 OOS Date: 6/14/21 DOC# BAE652 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay 5)</b>							
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>Linda Scott</i>		Month Day Year <b>6 14 21</b>	
16. International Shipment <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <b>Brian Leeburn</b> Signature <i>Brian Leeburn</i> Month Day Year <b>6 14 21</b> Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____							
18. Discrepancy 18a. 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: _____ 18b. Alternate Facility (or Generator) U.S. EPA ID Number _____ Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. <b>H132</b> 2. _____ 3. _____ 4. _____							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <i>Allen D.</i> Signature <i>Allen D.</i> Month Day Year <b>6 15 21</b>							

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYD000730390</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>003464394 GBF</b>	
5. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214 716-831-7209 Attn: L. Montesano</b>			Generator's Site Address (if different than mailing address) <b>Dewey Avenue Service Center 93 Dewey Avenue Buffalo, NY 14214</b>			
6. Transporter 1 Company Name <b>Page Trucking</b>			U.S. EPA ID Number <b>NYD886968047</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Wayne Disposal Inc. 49350 N. 104 Service Drive Babylon, MI 48111 800-592-5489</b>			U.S. EPA ID Number <b>MID048090833</b>			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1.	X	1	CM	Est. 11,200	K
	2.					
	3.					
14. Special Handling Instructions and Additional Information  <b>Profile # J170048WDI Job/PO # 183281 OOS Date: 6/14/21 DOC#BAE 653 DK-13 Fleet Garage Hydraulic Lift System Replacement (Bay 5)</b>						
15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <b>Agent/Linda Scott</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 14 21</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Twbl</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 14 21</b>		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. 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: _____						
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>4132</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Randall Morgan</b>		Signature <i>[Signature]</i>		Month Day Year <b>6 15 21</b>		

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A</b>		Manifest Document No. <b>BAE 376</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				Att: Lisa Montesano <b>Fleet Garage-Dewey SC</b>			
4. Generator's Phone ( 716 ) <b>831-7203</b>				<b>Buffalo NY</b>			
5. Transporter 1 Company Name <b>Pariso #105</b>		6. US EPA ID Number <b>N / A</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>716 875-6168</b>			
9. Designated Facility Name and Site Address <b>Chaffee Landfill 10850 Olean Road Chaffee NY 14030</b>		10. US EPA ID Number <b>Y</b>		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 486-5192</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	14. Unit Wt./Vol.
				No.	Type		
a. <b>NON DOT Regulated Solids, NOS (Spills)</b>				<b>001</b>	<b>DT</b>	<b>21.00</b> <del>00020</del>	<b>T</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above a. Profile # <b>10697844</b> <b>123157NY</b> b. Job/PO # <b>163291</b>				H. Handling Codes for Wastes Listed Above a. L c. b. d.			
15. Special Handling Instructions and Additional Information <b>1)</b>				In Case of an Emergency call 1-800-898-4672.			
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.				Date			
				Printed/Typed Name <b>Agent/Linda Scott</b>			
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			Date			
	Printed/Typed Name <b>Gage V...</b>			Signature <i>[Signature]</i>			
	18. Transporter 2 Acknowledgement of Receipt of Materials			Date			
	Printed/Typed Name			Signature <i>[Signature]</i>			
FACILITY	19. Discrepancy Indication Space						
	20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.						
	Printed/Typed Name			Signature <i>[Signature]</i>			

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N/A</b>		Manifest Document No. <b>377</b> <b>BAE</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp.</b> <b>144 Kensington Ave.</b> <b>Buffalo NY 14214</b>				Attn: Lisa Montessano <b>Fleet Garage-Dewey SC</b>			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>				<b>Buffalo NY</b>			
5. Transporter 1 Company Name <b>Pariso # 112</b>		6. US EPA ID Number <b>N/A</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>716 875-6168</b>			
9. Designated Facility Name and Site Address <b>Chaffee Landfill</b> <b>10360 Olean Road</b> <b>Chaffee NY 14030</b>		10. US EPA ID Number		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 496-5192</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	14. Unit Wt./Vol.
				No.	Type		
a. <b>NON DOT Regulated Solids NOS (Spoils)</b>				<b>001</b>	<b>DT</b>	<b>18.13</b> <b>00020</b>	<b>T</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above a. <b>Profile #105872NY</b> <b>173457NY</b> b. <b>Job/PO # 163291</b>				H. Handling Codes for Wastes Listed Above a. <b>L</b> b.			
15. Special Handling Instructions and Additional Information <b>1)</b>				In Case of an Emergency call 1-800-899-4672.			
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent/Linda Scott</b>				Signature <i>Linda Scott</i>		Date Month <b>04</b> Day <b>02</b> Year <b>21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Alan S Baker</i>		Date Month <b>4</b> Day <b>2</b> Year <b>21</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature		Date Month Day Year	



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>N/A</i>		Manifest Document No. <i>BAE2378</i>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <i>Regis International Corp. 144 Kensington Ave. Buffalo NY 14214</i>				4. Generator's Phone ( <i>716</i> ) <i>831-7208</i>			
5. Transporter 1 Company Name <i>Parso # III</i>		6. <i>N/A</i> US EPA ID Number		A. State Transporter's ID <i>716-876-6169</i>		B. Transporter 1 Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address <i>Charles Landfill 10860 Olsen Road Chester NY 14030</i>		10. US EPA ID Number		E. State Facility's ID		F. Facility's Phone <i>716-496-5192</i>	
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		Unit Wt./Vol.	
a. <i>NON DOT Regulated Solids NOS (Spills)</i>				<i>001 DT</i>		<i>19.63</i> <del><i>00020</i></del>	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above <i>b. Job/PO # 163291</i>				H. Handling Codes for Wastes Listed Above <i>a. L c. b. d.</i>			
15. Special Handling Instructions and Additional Information <i>In Case of an Emergency call 1-800-899-4672.</i>							
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <i>Agnes Linda Scott</i>				Signature <i>Agnes Linda Scott</i>		Date <i>04/02/21</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date			
Printed/Typed Name <i>Kristen B...</i>				Signature <i>[Signature]</i>		Month Day Year <i>04 02 21</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Date			
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date Month Day Year	

NON-HAZARDOUS WASTE

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N/A</b>		Manifest Document No. <b>BAE2379</b>		2. Page 1 1 of	
3. Generator's Name and Mailing Address <b>Allegra Montezuma Power Corp.</b> <b>144 Kensington Ave.</b> <b>Buffalo NY 14214</b> <b>716 831-7209</b>				4. Generator's Phone ( )			
5. Transporter 1 Company Name <b>Parco #105</b>				6. US EPA ID Number <b>N/A</b>		A. State Transporter's ID <b>716 875-6168</b>	
7. Transporter 2 Company Name				8. US EPA ID Number		B. Transporter 1 Phone	
9. Designated Facility Name and Site Address <b>Charles Landon</b> <b>10560 Olean Road</b> <b>Chaffee NY 14030</b>				10. US EPA ID Number		C. State Transporter's ID	
						D. Transporter 2 Phone	
						E. State Facility's ID	
						F. Facility's Phone <b>716 496-5192</b>	
11. WASTE DESCRIPTION						Containers	
						No.	Type
a. <b>NON DOT Regulated Solids NOS (Spills)</b>						<b>001</b>	<b>DT</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above						13. Total Quantity <b>24.54</b> <b>00020</b>	
H. Handling Codes for Wastes Listed Above						14. Unit Wt./Vol. <b>T</b>	
15. Special Handling Instructions and Additional Information						in Case of an Emergency call 1-800-893-4672	
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Linda Scott</b>						Signature <b>Linda Scott</b>	
						Date <b>4/2/21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name <b>George</b>						Signature <b>George</b>	
						Date <b>4/2/21</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name						Signature	
						Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name						Signature	
						Date	

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N/A</b>		Manifest Document No. <b>BAE2 380</b>		2. Page 11 of	
3. Generator's Name and Mailing Address <b>144 Kensington Ave. Buffalo NY 14214 716 831-7209</b>				Attn: Lisa Montecano Fleet Garage-Derby SC <b>Buffalo NY</b>			
4. Generator's Phone ( )		5. Transporter 1 Company Name <b>B Pariso # NZ III</b>		6. US EPA ID Number <b>N/A</b>		A. State Transporter's ID <b>716 875-6189</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address <b>Chaffee Landfill 10860 Olean Road Chaffee NY 14030</b>		10. US EPA ID Number		E. State Facility's ID		F. Facility's Phone <b>716 486-5182</b>	
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No.	Type	14. Unit Wt./Vol.	
a. <b>NON DOT Regulated Solids, NOS (Spills)</b>				<b>001</b>	<b>DT</b>	<b>21.55</b> <del>0-0-0-20</del>	<b>T</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above <b>b. Job/PO # 163281</b>				H. Handling Codes for Wastes Listed Above <b>a. L c. b. d.</b>			
15. Special Handling Instructions and Additional Information				In Case of an Emergency: call 1-800-899-4672.			
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agenda Linda Scott</b>				Signature <i>Linda Scott</i>		Date <b>04/02/21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date <b>4/2/21</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature		Date	
Printed/Typed Name				Signature		Date	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <span style="font-family: monospace;">N / A</span>		Manifest Document No. <span style="font-family: monospace;">BAE381</span>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <span style="font-family: monospace;">Hager's Hardware &amp; Power Corp. 144 Kensington Ave. Buffalo NY 14214 716 831-7208</span>				All Use Montezano Fleet Garage-Dewey SC Buffalo NY			
4. Generator's Phone ( )							
5. Transporter 1 Company Name <span style="font-family: monospace;">Parco #26</span>		6. <span style="font-family: monospace;">N / A</span> US EPA ID Number		A. State Transporter's ID <span style="font-family: monospace;">716 875-8166</span>			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone			
				C. State Transporter's ID			
				D. Transporter 2 Phone			
9. Designated Facility Name and Site Address <span style="font-family: monospace;">Charles Lindahl 10860 Olean Road Cheffee NY 14030</span>		10. US EPA ID Number		E. State Facility's ID			
				F. Facility's Phone <span style="font-family: monospace;">716 496-5192</span>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		Unit Wt./Vol.	
a. <span style="font-family: monospace;">NON DOT Registered Solids NOS (Spoils)</span>				001 DT		<span style="font-family: monospace;">19.73 00020</span> T	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above <span style="font-family: monospace;">c. b. Job/PO # 163281</span>				H. Handling Codes for Wastes Listed Above <span style="font-family: monospace;">a. L c. b. d.</span>			
15. Special Handling Instructions and Additional Information				In Case of an Emergency call 1-800-899-4672.			
<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%; margin: 10px auto;"></div>							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <span style="font-family: monospace;">Agent Linda Scott</span>				Signature <span style="font-family: monospace;">Linda Scott</span>		Date Month Day Year <span style="font-family: monospace;">4 2 21</span>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name <span style="font-family: monospace;">John Burke</span>				Signature <span style="font-family: monospace;">[Signature]</span>		Month Day Year <span style="font-family: monospace;">4 5 21</span>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date Month Day Year	



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>N/A</i>		Manifest Document No. <i>BAE2 382</i>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <i>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</i>				4. Generator's Phone ( ) <i>716 831-7208</i>			
5. Transporter 1 Company Name <i>Parco #210</i>				6. US EPA ID Number <i>N/A</i>		A. State Transporter's ID <i>716 875-6100</i>	
7. Transporter 2 Company Name				8. US EPA ID Number		B. Transporter 1 Phone	
9. Designated Facility Name and Site Address <i>Chaffee Landfill 10860 Olean Road Chaffee NY 14030</i>				10. US EPA ID Number		C. State Transporter's ID	
						D. Transporter 2 Phone	
						E. State Facility's ID	
						F. Facility's Phone <i>716 496-6192</i>	
11. WASTE DESCRIPTION						Containers	
						No.	Type
a. <i>NON DOT Regulated Solids HOS (Spills)</i>						<i>001</i>	<i>DT</i>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above <i>b. Job/PO # 163291</i>						H. Handling Codes for Wastes Listed Above <i>e. L c. b. d.</i>	
15. Special Handling Instructions and Additional Information <i>In Case of an Emergency call 1-800-898-4672.</i>							
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <i>Agencia Linda Scott</i>				Signature <i>Linda Scott</i>		Date Month Day Year <i>04 5 21</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <i>John Bucke</i>		Signature <i>[Signature]</i>	
						Date Month Day Year <i>11 5 21</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
						Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date Month Day Year	





# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A</b>		Manifest Document No. <b>BAE307</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				AE Lisa Montessano <b>Fleet Garage-Dewey BC</b>			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>				<b>Buffalo NY</b>			
5. Transporter 1 Company Name <b>Pariso #32</b>		6. US EPA ID Number <b>N / A</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>716 875-8168</b>			
9. Designated Facility Name and Site Address <b>Chaffee Landfill 10860 Olean Road Chaffee NY 14030</b>		10. US EPA ID Number		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 496-5182</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	14. Unit Wt./Vol.
				No.	Type		
a. <b>NON DOT Regulated Solids NOS (Spills)</b>				<b>001</b>	<b>DT</b>	<b>22.50</b> <del>00020</del>	<b>T</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # <del>106378NY</del> <b>123457NY</b>				a. L c.			
b. Job/PO # 163291				b. d.			
15. Special Handling Instructions and Additional Information <b>1)</b>							
In Case of an Emergency call 1-800-893-4672.							
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent/Linda Scott</b>				Signature <i>Linda Scott</i>		Date Month <b>03</b> Day <b>15</b> Year <b>21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month <b>3</b> Day <b>15</b> Year <b>21</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date Month Day Year	

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A</b>		Manifest Document No. <b>BAE708</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				Att: Lisa Montesano <b>Fleet Garage-Dewey SC</b>			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>				<b>Buffalo NY</b>			
5. Transporter 1 Company Name <b>Parise</b>		6. US EPA ID Number <b>N / A</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>716 875-6168</b>			
9. Designated Facility Name and Site Address <b>Chaffee Landfill 10860 Olean Road Chaffee NY 14030</b>		10. US EPA ID Number		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 496-5192</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No.	Type		
a. <b>NON DOT Regulated Solids, NOS (Spills)</b>				<b>001</b>	<b>DT</b>	<b>22.91</b> <del>00020</del>	<b>T</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above a. Profile # <b>105878NY</b> <b>123457NY</b> b. Job/PO # <b>163281</b>				H. Handling Codes for Wastes Listed Above a. <b>L</b> b. c. d. 			
15. Special Handling Instructions and Additional Information <b>1)</b>				In Case of an Emergency call 1-800-899-4672			
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent/Linda Scott</b>				Signature <b>Linda Scott</b>		Date Month <b>03</b> Day <b>15</b> Year <b>21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <b>[Signature]</b>		Date Month <b>3</b> Day <b>15</b> Year <b>21</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature		Date	
Printed/Typed Name				Signature		Month Day Year	

NON-HAZARDOUS WASTE

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A</b>		Manifest Document No. <b>BAE309</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				Attn: Lisa Montesano <b>Fleet Garage-Dewey SC</b>			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>				<b>Buffalo NY</b>			
5. Transporter 1 Company Name <b>Pariso #32</b>		6. US EPA ID Number <b>N / A</b>		A. State Transporter's ID		B. Transporter 1 Phone <b>716 875-6168</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address <b>Chaffee Landfill 10860 Clean Road Chaffee NY 14030</b>		10. US EPA ID Number		E. State Facility's ID		F. Facility's Phone <b>716 486-5192</b>	
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		Unit Wt./Vol.	
a. <b>NON DOT Regulated Solids NOS (Spills)</b>				<b>001 D T</b>		<b>22.20 00020 T</b>	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # <b>105938NY</b> <b>123457NY</b>				a. L c.			
b. Job/PO # <b>163291</b>				b. d.			
15. Special Handling Instructions and Additional Information				In Case of an Emergency call 1-800-888-4672.			
<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%;"></div>							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent/Linda Scott</b>				Signature <i>Linda Scott</i>		Date <b>03/15/01</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name <b>John Wilson</b>				Signature		Date <b>3/15/01</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date	
Printed/Typed Name				Signature		Date	



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A</b>		Manifest Document No. <b>BAE2310</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				Att: Lisa Montasano <b>Fleet Garage-Dewey SC</b>			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>				<b>Buffalo NY</b>			
5. Transporter 1 Company Name <b>Parise #111</b>		6. US EPA ID Number <b>N / A</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>716 875-6168</b>			
9. Designated Facility Name and Site Address <b>Chaffee Landfill 10860 Olean Road Chaffee NY 14030</b>		10. US EPA ID Number		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 496-5192</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No.	Type		
a. <b>NON DOT Regulated Solids, NOS (Spoils)</b>				<b>001</b>	<b>DT</b>	<b>20.06</b> <del>00020</del>	<b>T</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # <b>105978NY</b> <b>123457NY</b>				a. <b>L</b>			
b. Job/PO # <b>163281</b>				b.			
c.				c.			
d.				d.			
15. Special Handling Instructions and Additional Information <b>1</b>				In Case of an Emergency call 1-800-893-4672.			
<b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>Linda Scott</i>		Date <b>03/15/21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Mark Brown</i>		Date <b>3/15/21</b>	
Printed/Typed Name <b>Mark Brown</b>				Signature		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date	

NON-HAZARDOUS WASTE



Waste Management Chaffee LF  
10860 Olean Rd  
Chaffee, NY, 14030  
Ph: (716) 496-5000

Reprint  
Ticket# 671647

Customer Name NRCOPTECHENVIRONMENTAL-123457 Carrier PARISO PARISO TRUCKING  
Ticket Date 03/16/2021 Vehicle# 13 Volume  
Payment Type Credit Account Container  
Manual Ticket# Driver  
Hauling Ticket# Check#  
Route Billing # 0005004  
State Waste Code Gen EPA ID NOT REQUIRED  
Manifest BAE311  
Destination ~~146163291~~ Kensington Fleet  
PO 1) ~~162211~~ 2) ~~162211~~ 3) ~~162211~~  
Profile 123457NY (CONTAMINATED SOIL)  
Generator 190-NIMO93DEWEY NIAGARA MOHAWK POWER CORP

	Time	Scale	Operator	Inbound	Gross	
In	03/16/2021 10:21:56	INBOUND	JChapma7		57720 lb	
Out	03/16/2021 10:51:56	OUTBOUND	JChapma7		Tare 27960 lb	
					Net 29760 lb	
					Tons 14.88	

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Cont Soil Pet-RGC-	100	14.88	Tons				ERI
2 EVF-P-Standard Env	100		%				
3 RCR-P-Regulatory C	100		%				

Total Fees  
Total Ticket

Driver's Signature \_\_\_\_\_ OL1P2I7-1580

BAE 311



# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A . . . . .</b>		Manifest Document No. <b>BAE2311</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				Att: Lisa Montesano <b>Fleet Garage-Dewey SC Buffalo NY</b>			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>							
5. Transporter 1 Company Name <b>Pariso</b>		6. US EPA ID Number <b>N / A . . . . .</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>716 875-6168</b>			
9. Designated Facility Name and Site Address <b>Chaffee Landfill 10860 Olean Road Chaffee NY 14030</b>		10. US EPA ID Number		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 496-5192</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No.	Type		
a. <b>NON DOT Regulated Solids,NOS(Spills)</b>				<b>001</b>	<b>DT</b>	<b>00020</b>	<b>T</b>
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # <b>105970NY</b> <b>1234570NY</b>				a. <b>L</b> c.			
b. Job/PO # <b>163291</b>				b. d.			
15. Special Handling Instructions and Additional Information				In Case of an Emergency call 1-800-899-4672.			
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent Linda Scott</b>						Signature <i>Linda Scott</i>	
						Date Month <b>3</b> Day <b>16</b> Year <b>21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name <i>Harvey Washington</i>						Signature <i>Harvey Washington</i>	
						Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name						Signature	
						Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name						Signature	
						Date Month Day Year	

# NON-HAZARDOUS WASTE MANIFEST

50189473

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N/A		Manifest Document No. BAE331		2. Page 1 of 1	
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214				A/E Lisa Mordeano Buffalo NY			
4. Generator's Phone (716) 831-7209							
5. Transporter 1 Company Name NRC East Environmental Services, Inc.		6. US EPA ID Number MAC300098399		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone 978-465-1635			
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304		10. US EPA ID Number NYD986930543		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone 716-298-5297			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		14. Unit Wt./Vol.	
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)				001 TT		T	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above a. From # NRC191A06A b. Job/PO # 163291				H. Handling Codes for Wastes Listed Above a. T c. b. d.			
15. Special Handling Instructions and Additional Information ER CONTACT: US Ecology- 24 HOURS - 800-899-4672							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Agent/Linda Scott				Signature Linda Scott		Date 3/27/21	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Mark Robbins		Date 3/27/21	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name Lester Pierce				Signature Lester Pierce		Date 3/29/21	

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

50189603

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A</b>		Manifest Document No. <b>BAE332</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp.</b> <b>144 Kensington Ave.</b> <b>Buffalo NY 14214</b>				Alt Use Montezano <b>Buffalo NY</b>			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>							
5. Transporter 1 Company Name <b>NRC East Environmental Services, Inc.</b>		6. US EPA ID Number <b>MAC300098399</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>978 465-1595</b>			
9. Designated Facility Name and Site Address <b>Covanta Environmental Solutions, LLC</b> <b>8335 Quarry Road</b> <b>NIAGARA FALLS NY 14304</b>		10. US EPA ID Number <b>NYD988930543</b>		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 298-6297</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		14. Unit Wt./Vol.	
a. <b>NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)</b>				<b>001 TT</b>		<b>11 T</b>	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above a. <b>Profile # NRC181406A</b> b. <b>Job/PO # 163291</b>				H. Handling Codes for Wastes Listed Above a. <b>T</b> b. <b></b> c. <b></b> d. <b></b>			
15. Special Handling Instructions and Additional Information <b>ER CONTACT: US Ecology- 24 HOURS - 800-899-4672</b>							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent Linda Scott</b>				Signature <i>Linda Scott</i>		Date <b>3/29/21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Mark R. 66-145</i>		Date <b>3/29/21</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name <b>Deather Pierce</b>				Signature <i>Deather Pierce</i>		Date <b>3/29/21</b>	

NON-HAZARDOUS WASTE

# NON-HAZARDOUS WASTE MANIFEST

50190144

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N / A		Manifest Document No. BAE333		2. Page 1 of 1	
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214				Att: Lisa Montesano			
4. Generator's Phone (716) 831-7209				Huttenberg Buffalo NY			
5. Transporter 1 Company Name NRC East Environmental Services, Inc.		6. US EPA ID Number MAC300098399		A. State Transporter's ID		B. Transporter 1 Phone 978 465-1595	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304		10. US EPA ID Number NYD986930543		E. State Facility's ID		F. Facility's Phone 716 298-5297	
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		14. Unit Wt./Vol.	
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)				001 TT		11 T	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above a. Profile # NRC181406A b. Job/PO # 163291				H. Handling Codes for Wastes Listed Above a. T c. b. d.			
15. Special Handling Instructions and Additional Information				ER CONTACT: US Ecology- 24 HOURS - 800-899-4672			
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Agent/Linda Scott				Signature [Signature]		Date 3/31/21	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature [Signature]		Date 3/31/21	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature [Signature]		Date 3/31/21	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature [Signature]		Date 3/31/21	



# NON-HAZARDOUS WASTE MANIFEST

50190206

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N/A	Manifest Document No. BAE 334	2. Page 1 of 1
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214		Att: Lisa Montesano		
4. Generator's Phone (716) 831-7209		Fleet Garage Drury SC Buffalo NY		
5. Transporter 1 Company Name NRC East Environmental Services, Inc.	6. US EPA ID Number MAC300098399	A. State Transporter's ID		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter 1 Phone 978 455-1595		
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304	10. US EPA ID Number NYD986930543	C. State Transporter's ID		
		D. Transporter 2 Phone		
		E. State Facility's ID		
		F. Facility's Phone 716 298-5297		
11. WASTE DESCRIPTION		Containers No. Type	13. Total Quantity	14. Unit Wt./Vol.
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)		001 TT	11	T
b.				
c.				
d.				
G. Additional Descriptions for Materials Listed Above a. Profile # NRC181406A b. Job/PO # 163291		H. Handling Codes for Wastes Listed Above a. T c. b. d.		
15. Special Handling Instructions and Additional Information		ER CONTACT: US Ecology- 24 HOURS - 800-833-4672		
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.				
Printed/Typed Name Agent/Linda Scott		Signature Linda Scott (Agent)	Date 3/31/21	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name Mark Robbins		Signature Mark Robbins	Month Day Year 3/31/21	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name		Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				
Printed/Typed Name Heather Pierce		Signature Heather Pierce	Date 3/31/21	

NON-HAZARDOUS WASTE

# NON-HAZARDOUS WASTE MANIFEST

50190281

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N / A		Manifest Document No. BAE335		2. Page 1 of 1	
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214				Att: Lisa Montesano			
4. Generator's Phone (716) 831-7209				Hest Garage Dewey St Buffalo NY			
5. Transporter 1 Company Name NRC East Environmental Services, Inc.		6. US EPA ID Number MAC300098399		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone 978 465-1595			
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304		10. US EPA ID Number NYD986930543		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone 716 298-5297			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		14. Unit WL/Vol.	
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)				001 T T		11 T	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # NRC181406A				a. T c.			
b. Job/PO # 163291				b. d.			
15. Special Handling Instructions and Additional Information				ER CONTACT: US Ecology- 24 HOURS - 800-899-4672			
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Agent/Linda Scott				Signature Linda Scott		Date 3/31/21	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Mark Robbins		Date 3/31/21	
Printed/Typed Name Mark Robbins				Signature Mark Robbins		Date 3/31/21	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name Deborah Pierce				Signature Deborah Pierce		Date 3/31/21	

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

50190566

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N / A</b>		Manifest Document No. <b>BAE-336</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				Att: Lisa Montesano			
4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>				Fleet Garage Dewey SC Buffalo NY			
5. Transporter 1 Company Name <b>NRC East Environmental Services, Inc.</b>		6. US EPA ID Number <b>MAC300098399</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>978 465-1595</b>			
9. Designated Facility Name and Site Address <b>Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304</b>		10. US EPA ID Number <b>NYD986930543</b>		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone <b>716 298-5297</b>			
<b>GENERATOR</b>		11. WASTE DESCRIPTION		Containers		13. Total Quantity	
				No. Type		14. Unit Wt./Vol.	
		a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)		001 T T		9 T	
		b.					
		c.					
		d.					
		G. Additional Descriptions for Materials Listed Above		H. Handling Codes for Wastes Listed Above			
		a. Profile # <b>NRC181406A</b>		a. T c.			
		b. Job/PO # <b>163291</b>		b. d.			
		c.					
		d.					
		15. Special Handling Instructions and Additional Information		ER CONTACT: US Ecology- 24 HOURS - 800-899-4672			
		16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.					
		Printed/Typed Name <b>Agent/Linda Scott</b>		Signature <i>Linda Scott</i>		Date Month <b>4</b> Day <b>1</b> Year <b>21</b>	
<b>TRANSPORTER</b>		17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>William R Smith</i>		Date Month <b>4</b> Day <b>1</b> Year <b>21</b>	
		Printed/Typed Name <b>William R Smith</b>		Signature <i>William R Smith</i>		Date Month <b>4</b> Day <b>1</b> Year <b>21</b>	
		18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
		Printed/Typed Name		Signature		Date	
<b>FACILITY</b>		19. Discrepancy Indication Space					
		20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.					
		Printed/Typed Name <i>Heather Pierce</i>		Signature <i>HP</i>		Date Month <b>4</b> Day <b>1</b> Year <b>21</b>	

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>N/A</b>		Manifest Document No. <b>BAE301</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address <b>Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214</b>				4. Generator's Phone ( <b>716</b> ) <b>831-7209</b>			
5. Transporter 1 Company Name <b>NRC East Environmental Services, Inc.</b>				6. US EPA ID Number <b>MAC300098399</b>		A. State Transporter's ID	
7. Transporter 2 Company Name				8. US EPA ID Number		B. Transporter 1 Phone <b>978 465-1695</b>	
9. Designated Facility Name and Site Address <b>Covanta Environmental Solutions, LLC 8935 Quarry Road NIAGARA FALLS NY 14304</b>				10. US EPA ID Number <b>NYD986930543</b>		C. State Transporter's ID	
						D. Transporter 2 Phone	
						E. State Facility's ID	
						F. Facility's Phone <b>716 298-5297</b>	
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		14. Unit Wt./Vol.	
a. <b>NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)</b>				<b>001 TT</b>		<b>2900 YG</b>	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. <b>Phone # NRC 161406A</b>				a. <b>T</b>			
b. <b>Job/PO # 46224</b>				b.			
c.				c.			
d. <b>163291</b>				d.			
15. Special Handling Instructions and Additional Information							
<p>ER CONTACT, US Ecology- 24 HOURS - 800-899-4672</p>							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent Linda Scott</b>				Signature <b>Linda Scott</b>		Date <b>3/10/21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <b>William R. Smith</b>		Date <b>3/10/21</b>	
Printed/Typed Name <b>William Smith</b>				Signature		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name <b>Leather Perez</b>				Signature <b>[Signature]</b>		Date <b>3/10/21</b>	

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

50185454

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N / A		Manifest Document No. BAF302		2. Page 1 of 1	
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214				Att: Lisa Montesano		Bewey DK-8 Fleet Garage Buffalo NY	
4. Generator's Phone (716) 831-7209				6. US EPA ID Number MAC300098399		A. State Transporter's ID	
5. Transporter 1 Company Name NRC East Environmental Services, Inc.				8. US EPA ID Number		B. Transporter 1 Phone 978 465-1595	
7. Transporter 2 Company Name				10. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304				13. Total Quantity		D. Transporter 2 Phone	
				14. Unit Wt./Vol.		E. State Facility's ID	
				F. Facility's Phone 716 298-5297			
11. WASTE DESCRIPTION				Containers			
				No. Type			
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)				001 T T		/0 T	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # NRC181406A				a. T c.			
b. Job/PO # 162244 163241				b. d.			
15. Special Handling Instructions and Additional Information				ER CONTACT: US Ecology- 24 HOURS - 800-899-4672			
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Agent/Linda Scott				Signature Linda Scott		Date 3/10/21	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature William Smith		Date 3/10/21	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature Leather Pence		Date 3/10/21	

NON-HAZARDOUS WASTE

# NON-HAZARDOUS WASTE MANIFEST

50185514

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N / A		Manifest Document No. BAE303		2. Page 1 of 1	
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214				Att: Lisa Montesano		Dewey DK 6 Fleet Garage	
4. Generator's Phone ( 716 ) 831-7209				Buffalo NY			
5. Transporter 1 Company Name NRC East Environmental Services, Inc.		6. US EPA ID Number MAC300098399		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone 978 465-1595			
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304		10. US EPA ID Number NYD986930543		C. State Transporter's ID			
				D. Transporter 2 Phone			
				E. State Facility's ID			
				F. Facility's Phone 716 298-5297			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No. Type		14. Unit Wt./Vol.	
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)				001 T T		10 T	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # NRC181406A				a. T c.			
b. Job/PO # 462244 163291				b. d.			
15. Special Handling Instructions and Additional Information				ER CONTACT: US Ecology- 24 HOURS - 800-899-4672			
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Agent/Linda Scott				Signature Linda Scott		Date 3/10/21	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature William Smith		Date 3/10/21	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature Heather Pierce		Date 3/10/21	

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

50185983

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N / A	Manifest Document No. BAE304	2. Page 1 of 1
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214		Att: Lisa Montesano Delivery Dkt-8 Fleet Garage Buffalo NY		
4. Generator's Phone (716) 831-7209				
5. Transporter 1 Company Name NRC East Environmental Services, Inc.	6. US EPA ID Number MAC300098399	A. State Transporter's ID		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter 1 Phone 978 485-1895		
		C. State Transporter's ID		
		D. Transporter 2 Phone		
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304		10. US EPA ID Number NYD988830543	E. State Facility's ID	
		F. Facility's Phone 716 298-5297		
11. WASTE DESCRIPTION		Containers No. Type	13. Total Quantity	14. Unit Wt./Vol.
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)		001 TT	10	T
b.				
c.				
d.				
G. Additional Descriptions for Materials Listed Above a. Profile # NRC181406A b. Job/PO # 16224 163291		H. Handling Codes for Wastes Listed Above a. T c. b. d.		
15. Special Handling Instructions and Additional Information		ER CONTACT: US Ecology- 24 HOURS - 800-899-4672		
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.				
Printed/Typed Name Agent/Linda Scott		Signature Linda Scott	Date Month Day Year 3 10 01	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name William Smith		Signature William R. Smith	Month Day Year 3 10 01	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name		Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				
Printed/Typed Name Deather Piero		Signature DR.	Date Month Day Year 3 12 01	

# NON-HAZARDOUS WASTE MANIFEST

50K86068

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. N / A	Manifest Document No. BAE 305	2. Page 1 of 1
3. Generator's Name and Mailing Address Niagara Mohawk Power Corp. 144 Kensington Ave. Buffalo NY 14214		Att. Lisa Montesano Dewey DK-8 Fleet Garage Buffalo NY		
4. Generator's Phone (716) 831-7209				
5. Transporter 1 Company Name NRC East Environmental Services, Inc.	6. US EPA ID Number MAC 300098399	A. State Transporter's ID		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter 1 Phone 978 465-1595		
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304	10. US EPA ID Number NYD 986930543	C. State Transporter's ID		
		D. Transporter 2 Phone		
		E. State Facility's ID		
		F. Facility's Phone 716 298-5297		
11. WASTE DESCRIPTION		Containers	13. Total Quantity	14. Unit Wt./Vol.
a. NON DOT, NON RCRA REGULATED LIQUID, NOS (Contaminated Water/Sludge)		No. Type		
		001 T T	10	T
b.				
c.				
d.				
G. Additional Descriptions for Materials Listed Above		H. Handling Codes for Wastes Listed Above		
a. Profile # NRC181406A		a. T c.		
b. Job/PO # 162211 163291		b. d.		
15. Special Handling Instructions and Additional Information		ER CONTACT: US Ecology- 24 HOURS - 800-899-4672		
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.				
Printed/Typed Name Agent/Linda Scott		Signature Linda Scott	Date 3/12/21	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name MARK Robbins		Signature Mark Robbins	Month Day Year 3/12/21	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name		Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				
Printed/Typed Name Heather Pierce		Signature Heather Pierce	Date 3/12/21	

NON-HAZARDOUS WASTE



# NON-HAZARDOUS WASTE MANIFEST

50186115

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. <b>BA2306</b>		2. Page 1 of 1	
3. Generator's Name and Mailing Address Niagara Mohawk 144 Kensington Ave Buffalo NY 14214 4. Generator's Phone ( )							
5. Transporter 1 Company Name <b>NRC East Environmental Services, Inc.</b>		6. US EPA ID Number <b>MAC300098399</b>		A. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>978 465-1595</b>			
				C. State Transporter's ID			
				D. Transporter 2 Phone			
9. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC 8335 Quarry Road NIAGARA FALLS NY 14304		10. US EPA ID Number <b>NYD986930543</b>		E. State Facility's ID			
				F. Facility's Phone <b>716 298-5297</b>			
11. WASTE DESCRIPTION				Containers		13. Total Quantity	
				No.	Type		
a. Non-RCRA, non-DOT regulated Liquid, NOS (Contaminated Water/Sludge)				001	TT	4	T
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
a. Profile # NRC181406A		c.		a.		c.	
b. Job/PO 163291		d.		b.		d.	
15. Special Handling Instructions and Additional Information 1)							
ER CONTACT: NRC EAST ENV. SERVICES, INC. - 24 HOURS - 800-899-4672							
<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%;"></div>							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Agent/ Linda Scott</b>				Signature <i>Linda Scott</i>		Date <b>3/12/21</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Mark Robbins</i>		Date <b>3/12/21</b>	
Printed/Typed Name <b>Mark Robbins</b>				Signature <i>Mark Robbins</i>		Date <b>3/12/21</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name <b>Heather Pierce</b>				Signature <i>Heather Pierce</i>		Date <b>3/12/21</b>	

NON-HAZARDOUS WASTE

**Periodic Review Report – National Grid Dewey/Kensington Service Center (Site #915144)**

**Reporting Period – November 01, 2020 to November 01, 2021**

**Attachment 5 – Buffalo Sewer Authority – Temporary Discharge Permit**

*From the Desk of ...*

**TRASERRA ADAMS**

*Legal Investigator*

Date: 10-22-21

Referred to: Michael C. Jones

Regarding: Arcadis Temp Permit

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> For Your Attention | <input type="checkbox"/> Please Initial & Return |
| <input type="checkbox"/> For Your Information          | <input type="checkbox"/> Please Review & Respond |
| <input checked="" type="checkbox"/> For Your Files     | <input type="checkbox"/> Please Reply by _____   |
| <input type="checkbox"/> For Your Approval/Signature   | <input type="checkbox"/> _____                   |
| <input type="checkbox"/> As Requested                  |  |

Remarks: Enclosed, please find  
the Temporary Discharge Permit  
for Arcadis. Any questions,  
please call.

Thank you.



**Buffalo Sewer Authority Wastewater Treatment Plant**

**Industrial Waste Section**

90 W. Ferry St., Buffalo, NY 14213-1799

Phone: (716) 851-4664 ext. 5255; Fax: (716) 883-9016

E-mail: [tadams@sa.ci.buffalo.ny.us](mailto:tadams@sa.ci.buffalo.ny.us)



Permit No.: 21-10-TP284

EPA CATEGORY 40 CFR 403

Expiration Date: September 29, 2022

Date Paid: September 29, 2021

**BUFFALO SEWER AUTHORITY**  
**TEMPORARY DISCHARGE PERMIT**

**Permittee: ARCADIS OF NEW YORK, INC.**

**Location Address: 110 W. Fayette Street, Suite 300, Syracuse, New York 13202**

The above-named Permittee is hereby approved to discharge **treated excavation derived water** to the BSA Wastewater Treatment Plant only, from:

**National Grid Dewey/Kensington Service Center  
144 Kensington Avenue, Buffalo, New York 14214**

to the Buffalo Sewer Authority facilities in accordance with the Buffalo Sewer Authority Regulations, Article VI, Section 14, and subject to the following conditions:

**ARTICLE 1 CONDITIONS OF ACCEPTANCE**

The discharge of the approved waste by the Permittee shall be subject to the following conditions:

a. Times, Location & Rate

The following location is designated for discharge during the hours listed and subject to the limit for rate of discharge specified:

Location: **144 Kensington Avenue, Buffalo, New York 14214**  
**(see attached site map)**

Time Discharge is Permitted: **8:00 am to 5:00 pm**

Limit on Rate of Discharge: **60 gallons per minute**, Buffalo Sewer Authority  
Wastewater Treatment Plant only, **dry weather only.**

b. Operations

The Permittee shall maintain cleanliness, minimize odors, ensure necessary sediment control measures are in place and maintained to protect the Buffalo Sewer Authority facilities during the permittee's operations. The Permittee shall not permit any condition to arise which may pose a threat to public health or safety.



c. Samples and Analyses

The Buffalo Sewer Authority may from time to time, require the Permittee to sample and analyze its waste discharges. Such sampling and analyses shall be performed and results submitted by a New York State Dept. of Health certified laboratory. The analyses required shall be as specified by the Buffalo Sewer Authority, which also reserves the right, at its convenience, to sample wastes discharged by the Permittee.

d. Refusal to Discharge

The Buffalo Sewer Authority may refuse the Permittee permission to discharge wastes at any time and for any reason whatsoever, for the protection of sewer facilities against damage or flooding; to assure the proper operation and maintenance of said facilities; or to protect public health, safety or welfare.

e. Local Limits

Except as otherwise specified in this permit, the permit holder shall comply with all specific prohibitions, limits on pollutants or pollutant parameters set forth in the Buffalo Sewer Authority Sewer Use Regulations, as amended from time to time, and such prohibitions, limits and parameters shall be deemed pretreatment standards for purposes for the Clean Water Act.

## ARTICLE 2 REGULATIONS

The Permittee must conform to all Buffalo Sewer Authority regulations and appropriate Federal, State and County Statutes, rules, mandates, directives, and orders concerning the collection, transportation, treatment and disposal of wastewaters.

## ARTICLE 3 INSURANCE AND INDEMNIFICATION

The Permittee, agrees to indemnify and hold harmless the Buffalo Sewer Authority and its agents and employees against any and all claims resulting from work performed under this permit. The permittee shall be solely responsible for any and all injury or damage to its employees or property arising from use of Buffalo Sewer Authority facilities under this permit.

In the event of any alteration, non-renewal or cancellation of these policies, at least (45) forty-five days advance notice shall be given to the Industrial Waste Section, Bird Island Treatment Plant, 90 West Ferry Street, Buffalo, New York 14213 - before such change shall be effective.

**ARTICLE 4 TERMINATION FOR VIOLATION OF AGREEMENT**

In the event of a violation of any of the terms and conditions of this permit by the Permittee or upon the failure to pay the charges herein specified, the Buffalo Sewer Authority shall terminate the permit by service of notice of termination by registered mail at the Permittee's office address as set forth above.

**ARTICLE 5 PERMITTEE APPROVAL**

Official: Michael C. Jones Title: Vice President/Technical Expert  
Print Name Print

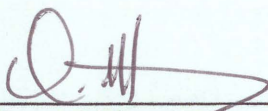
Signature:  Date: October 20, 2021

**ARTICLE 6 BUFFALO SEWER AUTHORITY APPROVAL**

Approved as to Content:

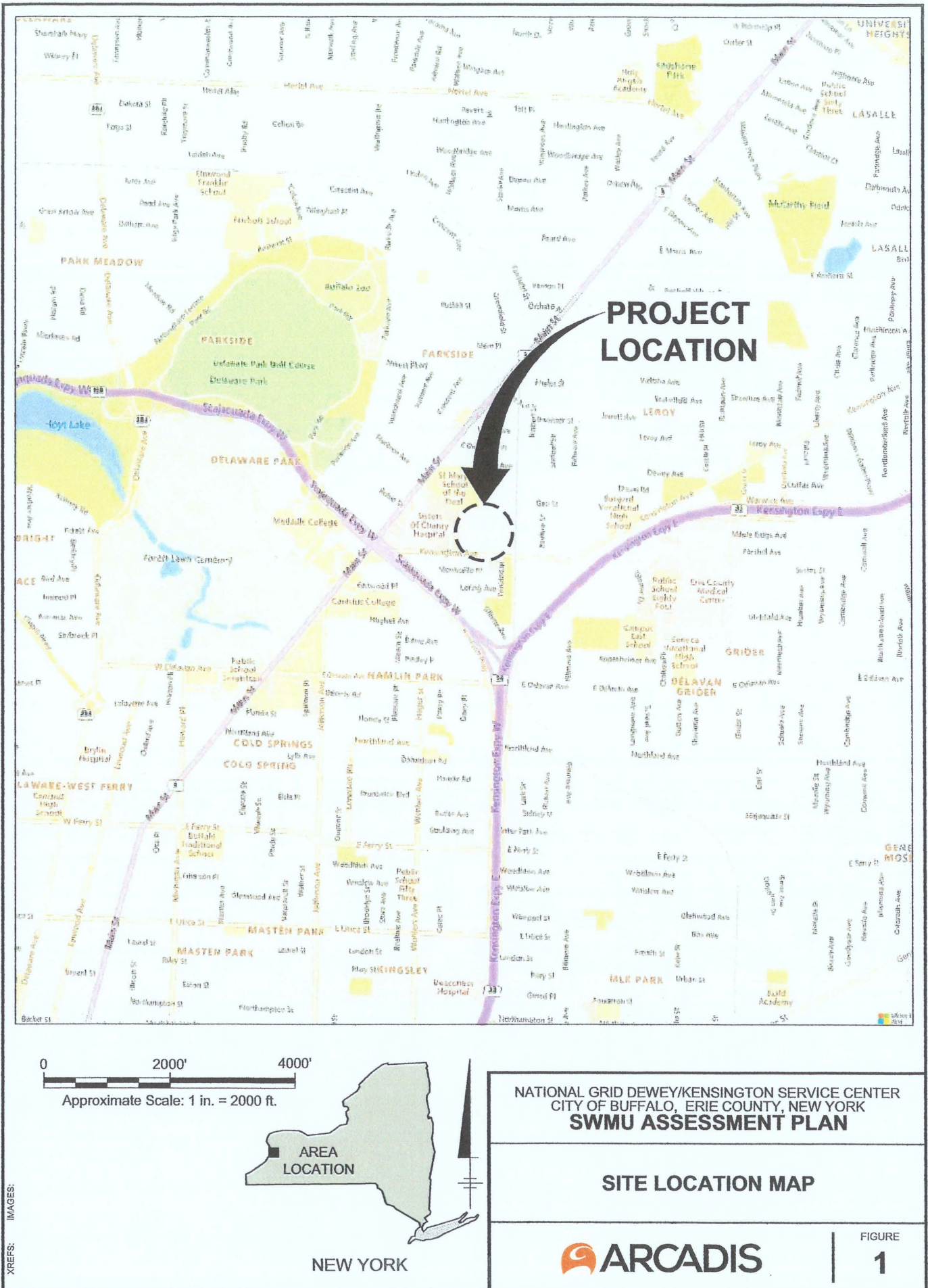
Signature:  Date: 10/21/21  
Industrial Waste Administrator

Effective this 22<sup>nd</sup> day of OCTOBER, 20 21

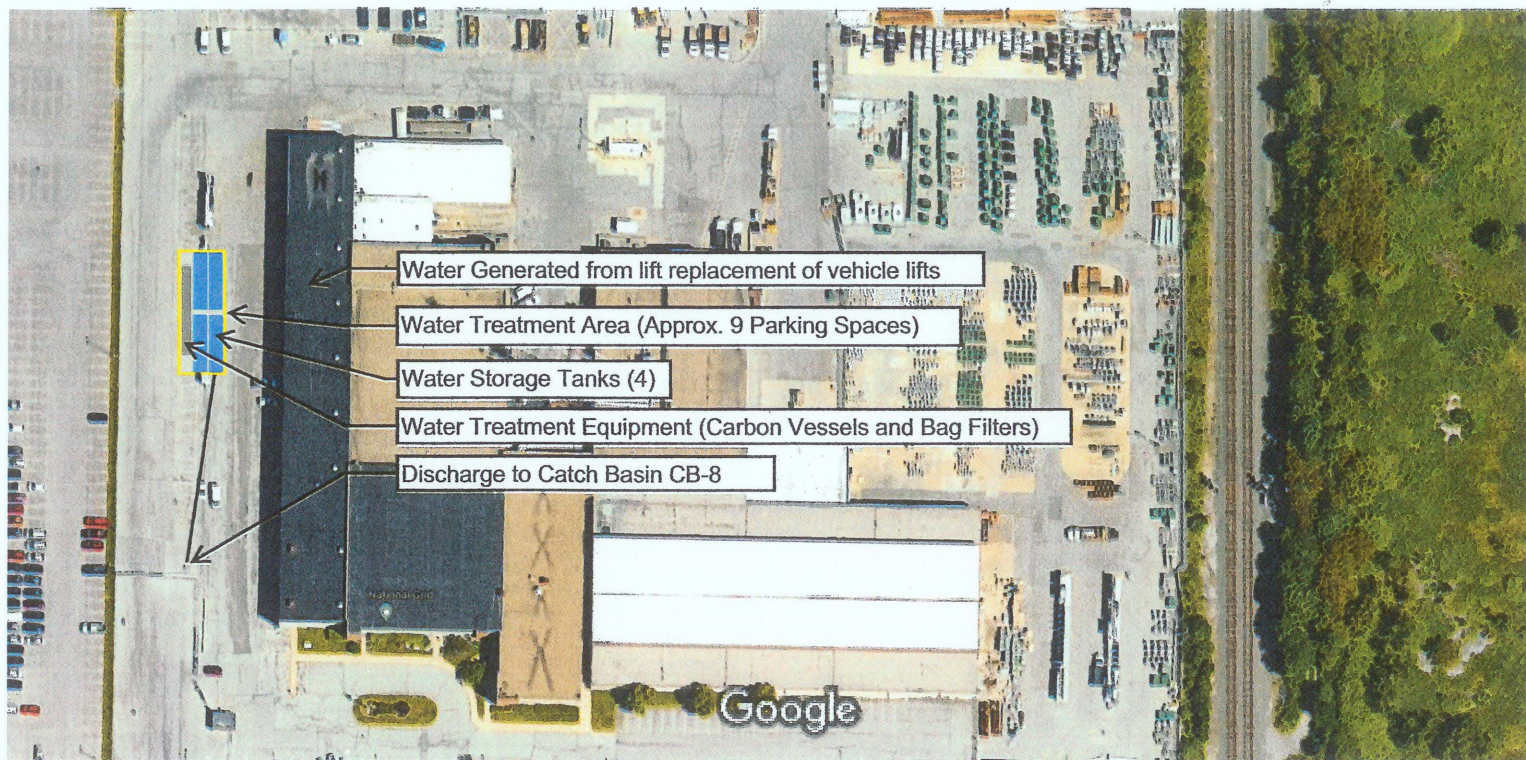
  
General Manager  
Buffalo Sewer Authority



C:\Users\Ksarton\ACCDocs\Arcadis\AUS-NATIONAL GRID-KENSINGTON AVE-BUFFALO NEW YORK\Project Files\2021-10-11 Progress\01-DWGB-SWP-F01-SLM.dwg LAYOUT: 1 SAVED: 7/22/2021 12:41 PM ACADVER: 24.05 (LMS TECH) PAGES: 1 PLOT: PLT:FULLCTB PLOTTED: 7/22/2021 12:44 PM BY: SARTORI, KATHERINE







Imagery ©2021 Maxar Technologies, New York GIS, U.S. Geological Survey, Map data ©2021 50 ft

**Attachment 6 – Spent Carbon Disposal Documentation**

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator ID Number: **NYD000730390**

2. Page 1 of 1

3. Emergency Response Phone: **800-424-9300**

4. Manifest Tracking Number: **003039755 FLE**

5. Generator's Name and Mailing Address: **Niagara Mohawk Power Corp. 144 Kensington Avenue Buffalo, NY 14214**  
Generator's Phone: **716-831-7209** Attn: **L. Montesano**

Generator's Site Address (if different than mailing address): **Dewey SC-03 Dewey Ave. DK-13 Buffalo, NY 14214**

6. Transporter 1 Company Name: **NRC East Environmental Services, Inc.** U.S. EPA ID Number: **MAC300098399**

7. Transporter 2 Company Name: **Tidds** U.S. EPA ID Number: **NYR000645506**

8. Designated Facility Name and Site Address: **Wayne Disposal Inc. 49350 N. 184 Service Drive Belleville, MI 48111 800-592-5489** U.S. EPA ID Number: **MID048000833**

Facility's Phone:

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. <b>RQ, UN3432, Polychlorinated Biphenyl Solid Mixture, PG III (ERG #171)</b>	21	DM	1st. 5706	K	B007	PCB6	L
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information: **a.) Profile # J17004@WDI Job/PO # 171450 OOS Date: 11/2/21 DOC # BAE1170**

15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name: **Agent/Kinda Scott** Signature: **Kinda Scott** Month: **11** Day: **10** Year: **21**

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **William Smith** Signature: **William Smith** Month: **11** Day: **10** Year: **21**

Transporter 2 Printed/Typed Name: **Tyler Herlich / Ken Tidd** Signature: **Ken Tidd** Month: **12** Day: **17** Year: **21**

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:

Facility's Phone:

18c. Signature of Alternate Facility (or Generator) Month: Day: Year:

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. **H132** 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: **Amanda McElaine** Signature: **Amanda McElaine** Month: **11** Day: **20** Year: **21**

**Attachment 7 – Tank Cleaning Disposal Documentation**

Printed by: (Unit designed for use on 6 1/8" (12-pin) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: NYD000730390

2. Page 1 of 3

3. Emergency Response Phone: 800-424-9300

4. Manifest Tracking Number: 003039771

5. Generator's Name and Mailing Address: Niagara Mohawk Power Corp., 144 Kensington Avenue, Buffalo, NY 14214, 716-831-7209, Attn: L. Montesano

6. Generator's Phone: (blank)

7. Transporter 1 Company Name: NRC East Environmental Services

8. Transporter 2 Company Name: Vedica ES Tech. Solutions

9. Designated Facility Name and Site Address: Vedica ES Technical Solutions, LLC, 1 Eden Lane, Flanders, NJ 07836, 873-347-7111

10. U.S. EPA ID Number: NJD080631369

11. U.S. EPA ID Number: NJD980530593

12. U.S. EPA ID Number: (blank)

13. U.S. EPA ID Number: (blank)

14. Special Handling Instructions and Additional Information: a) PO # 1603867, Approval # PTA001065867, QOS: 11/02/21, Job/ PO # 171456

15. 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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.

16. International Shipments: ☐ Import to U.S., ☐ Export from U.S.

17. Transporter Acknowledgment of Receipt of Materials: Transporter 1 Printed/Typed Name: Alex Solvang, Signature: (signature), Date leaving U.S.: 11/23/21

18. Discrepancy: 18a. Discrepancy Indication: ☐ Quantity, ☐ Type, ☐ Residue, ☐ Partial Rejection, ☐ Full Rejection

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems): 1. H111, 2. (blank), 3. (blank), 4. (blank)

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a. Printed/Typed Name: Michael, Signature: (signature), Date: 12/14/21



Please print or type.

Form Approved, OMB No. 2050-0039

**UNIFORM HAZARDOUS WASTE MANIFEST**  
(Continuation Sheet)

21. Generator ID Number

NYD000730790

22. Page

2

23. Manifest Tracking Number

003093271FLR

24. Generator's Name

Musara Mohank

25. Transporter Company Name

Freehold Cartage Inc

U.S. EPA ID Number

WSP054266Y

26. Transporter Company Name

U.S. EPA ID Number

27a. HM

27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

28. Containers

No.

Type

29. Total Quantity

30. Unit Wt./Vol.

31. Waste Codes

GENERATOR

32. Special Handling Instructions and Additional Information

for Transporter 26

TRANSPORTER

33. Transporter Acknowledgment of Receipt of Materials

Printed/Typed Name

Ken Franks

Signature

Month Day Year  
12/13/21

34. Transporter Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

DESIGNATED FACILITY

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)