



Volume II Phase II Close-Out Report Road Right-of-Way East Rome Business Park Rome, New York

Prepared by:

**RETEC Engineering, P.C.
ThermoRetec Consulting Corporation
1001 West Seneca Street, Suite 204
Ithaca, New York 14850-3342**

and

**Buck Engineering
3821 Buck Drive
Cortland, New York 13045**

Subcontractors to:

**The Saratoga Associates
443 Broadway
Saratoga Springs, New York**

ThermoRetec Project No.: TSA20-03594

Prepared for:

**Department of Planning and Community Development
City Hall
Rome, New York**

June 30, 2000

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City Hall
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Prepared by:

Phillip W. Shaffner, Project Manager - Buck Engineering

June 30, 2000

Introduction

This volume is Volume II of the Closeout Report for Phase II of the East Rome Business Park project. Volume I (contained in a separate document) provides a narrative description of the work performed during Phase II of the project, along with summaries of the analytical results of the various laboratory testing performed during Phase II. This document (Volume II) contains copies of the asbestos related documentation and copies of the various hazardous and non-hazardous waste disposal manifests.

Section 1

Asbestos Related Documentation



DIVISION OF SAFETY AND HEALTH
ASBESTOS CONTROL BUREAU
State Office Campus
Building 12 - Room 454
Albany, N.Y. 12240

a. Date of Request

b. Time of Day

c. Name of Person Granting Request

WITHIN TWO WORKING DAYS OF
EMERGENCY APPROVAL, you must sub-
duplicate copies of this form with
appropriate fee to the Asbestos Con-
trol Bureau at the address shown.

AMENDED NOTIFICATION

Postponed ☐ Cancelled ☐
New Start Date 6-21-99
c. New End Date 8-31-99
d. Submitted By JOE WATROBA

Refer to Information Sheet or Code
Rule 56 for Time Deadlines

ASBESTOS PROJECT NOTIFICATION

CS-9811

1. NAME AND ADDRESS OF CONTRACTOR

Ciminelli Services Corp.
170 Cooper Ave, Suite 112
Tonawanda, NY 14150

2. FEDERAL EMPLOYER IDENTIFICATION NO.

16-1511659

3. ASBESTOS LICENSE NO.

98-0499

4. MAILING ADDRESS, (if different than listed in ITEM 1)

5. NAME AND ADDRESS OF PARTY FOR WHOM THE PROJECT IS BEING PERFORMED

City of Rome, NY
City Hall; Rome, NY 13440

6. a. NAME AND TITLE OF DULY AUTHORIZED REPRESENTATIVE

Jeffery M. Rodino

b. TELEPHONE NO.

(716) 447-5684

PROJECT INFORMATION

PROVIDE ALL INFORMATION REQUESTED FOR THE BUILDING/SITE AT WHICH THE ASBESTOS PROJECT WILL BE CONDUCTED.

7. ADDRESS (INCLUDE NAME OF BUILDING, ROOM NO., CITY, TOWN, VILLAGE)

Bldg. 9 East Rome Business Park

8. NAME OF BUILDING OWNER

City of Rome, NY

9. COUNTY

Oneida

10. CURRENT USE OF BUILDING

Condemned/Vacant

11. AGE OF BUILDING

+ 70 yrs.

12. TOTAL CONTRACT AMOUNT

\$787,882

PROJECT DATE(S) - List
used project dates in
REMARKS (Item 28)

a. ACTUAL STARTING DATE

4/06/99

b. PROJECTED ENDING DATE

5/14/99

14. TYPE OF ASBESTOS WORK (CHECK
ALL WHICH APPLY)

- ☒ Pipe Related
☐ Sprayed on Insulation
☐ Roofing/Flashing
☒ Vessel Covering
☐ Siding
☐ VAT
☒ Demolition
☐ Other (Specify)

15. WILL WORK ON THE PROJECT BE CONDUCTED UNDER A VARIANCE? If
yes, specify the type of variance:

☒ APPLICABLE VARIANCE - NO.: AV 106

☐ INDIVIDUAL VARIANCE - PETITION NO.: _____

16. WILL SUBCONTRACTORS BE USED ON THE PROJECT? ☒ NO ☐ YES

If yes, please list name and federal employer identification number of each
subcontractor in REMARKS (Item 28) on reverse of form.

17. ASBESTOS PROCEDURE(S) TO BE USED
(CHECK ALL WHICH APPLY)

- ☐ REMOVAL ☒ DEMOLITION
☐ ENCLOSURE ☐ DISTURBANCE
☐ ENCAPSULATION ☐ HANDLING
☐ OTHER (Specify)

18. TYPE OF ASBESTOS
MATERIAL

- ☒ FRIABLE
☒ NON-FRIABLE

19. AMOUNT OF ASBESTOS INVOLVED - CHECK ALL APPLICABLE BOX(ES)

- LINEAR FEET 5500 SQUARE FEET 5500
☐ Less than 260 (Specify) ☐ Less than 160 (Specify)
☐ (\$100) 260-429 ☐ (\$100) 160-259
☐ (\$200) 430-824 ☐ (\$200) 260-499
☐ (\$500) 825-1649 ☐ (\$500) 500-999
☐ (\$1000) 1650 OR MORE ☒ (\$1000) 1000 OR MORE

20. METHODS TO BE USED AT PROJECT SITE TO PREVENT ASBESTOS DISSEMINATION (INCLUDING TYPE OF EQUIPMENT AND VENTILATION SYSTEMS USED)

AV 106

21. I verify that the information specified on this notification is true and accurate and that the project will be conducted in compliance with the requirements of Code Rule 56.

Signature of the Contractor or Duly Authorized Representative

3/22/99
b. Date

PREPARE THIS APPLICATION IN TRIPLICATE AND SUBMIT:

- An original and one copy (with an ink signature on both copies) to the New York State Department of Labor, Division of Safety and Health, Asbestos Control Bureau, State Office Campus, Building 12-Room 454, Albany, NY 12240; retain one copy for your records.
- A certified check or money order, made payable to the Commissioner of Labor, for the fee due based on the project size as shown in item 19. This notification must be submitted at least 10 days prior to the starting date of the asbestos project.

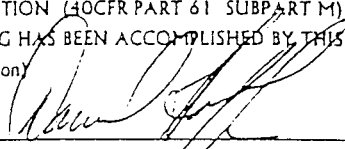
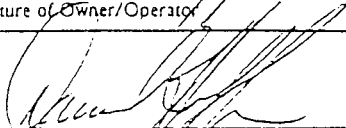
NOTIFICATION OF DEMOLITION AND RENOVATION

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)																																
OWNER: City of Rome, NY																																
Address: City Hall																																
City:	Rome	State:	NY	ZIP: 13440																												
Contact:	Brian Thomas	Tel: 315/339-7643																														
REMOVAL CONTRACTOR: Ciminelli Services Corp.																																
Address: 170 Cooper Ave, Suite 112																																
City:	Tonawanda	State:	NY	ZIP: 14150																												
Contact:	Jeff Rodino	Tel: 716/447-5684																														
OTHER OPERATOR: Ciminelli Services Corp.																																
Address: 170 Cooper Ave, Suite 112																																
City:	Tonawanda	State:	NY	ZIP: 14150																												
Contact:	Dan Hoffner	Tel: 716/447-5684																														
II. TYPE OF NOTIFICATION (O = Original / R = Revised): Original																																
III. TYPE OF OPERATION (D = Demolition / R = Renovation): Demolition																																
IV. IS ASBESTOS PRESENT? (Yes/No) Yes																																
V. FACILITY DESCRIPTION (Include building name, number and floor or room numbers:																																
Building Name: Building 9 - Old Boiler House																																
Address: East Rome Business Park																																
Address: 401 Mill Street																																
City:	Rome	State:	NY	County: Oneida																												
Site Location:																																
Building Size	SqMeter:	SqFt: 12,000	# of Floors: 1	Age In Years: $\pm$ 70																												
Present Use: Vacant			Prior Use: Boiler House																													
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:																																
Bulk Sampling by Owner																																
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:																																
Non-Friable Asbestos Material - Not to be removed																																
<table border="1"> <thead> <tr> <th></th> <th>RACM to be Removed</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes - Linear Feet</td> <td>1300</td> <td></td> <td></td> </tr> <tr> <td>Pipes - Linear Meters</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area - Square Feet</td> <td>275</td> <td></td> <td></td> </tr> <tr> <td>Surface Area - Square Meters</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Volume RACM off Facility Component - Cubic Feet</td> <td>8100</td> <td></td> <td></td> </tr> <tr> <td>Volume RACM off Facility Component - Cubic Meters</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RACM to be Removed	Category I	Category II	Pipes - Linear Feet	1300			Pipes - Linear Meters				Surface Area - Square Feet	275			Surface Area - Square Meters				Volume RACM off Facility Component - Cubic Feet	8100			Volume RACM off Facility Component - Cubic Meters			
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Volume RACM off Facility Component - Cubic Meters																																
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)			Start: 4/06/99	Completion: 5/14/99																												
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)			Start: 4/06/99	Completion: 5/14/99																												

START DATE POSTPONED 6-21-99

8-31-99

COMPLETION EXTENDED

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Mechanical demolition using wet methods. NYS Code Rule 56, AV 106			
XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet Methods			
XII. WASTE TRANSPORTER #1: Name: ~~Earthwatch Waste Systems~~ FRANK'S VACUUM TRUCK SERVICE Address: ~~4950 Genesee St, Suite 170~~ 4500 ROYAL AVE. City: ~~Buffalo~~ NIAGARA FALLS State: NY ZIP: ~~14225~~ 14303 Contact Person: ~~Chris McCune~~ PIER MASELLI Telephone: ~~716/681-6433~~ WASTE TRANSPORTER #2: # 1800-443-1803			
XIII. WASTE DISPOSAL SITE: Name: ~~CID Landfill~~ MODERN DISPOSAL Address: ~~10860 Olean Road~~ 4746 MODEL CITY RD. City: ~~Chaffee~~ MODEL CITY State: NY ZIP: ~~14030~~ 14107 Telephone:			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A			
XV. FOR EMERGENCY RENOVATIONS: N/A			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Keep material wet; notify Owner			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	 Signature of Owner/Operator 3/22/99 (Date)  Signature of Owner/Operator 3/22/99 (Date)		

MODERN DISPOSAL
4746 MODEL CITY RD.
MODEL CITY, N.Y. 14107 N/A

23. NAME AND ADDRESS OF WASTE DISPOSAL SITE, IF ANY

~~High Acres Landfill & Recycling Center~~
~~425 Perinton Parkway~~
~~Fairport, NY 14450~~

24. NAME AND ADDRESS OF WASTE HAULER/TRANSPORTER, IF ANY

~~Pago Transportation, Inc.~~
~~P.O. Box 920~~
~~Weedsport, NY 13166~~

FRANKS VACUUM TRUCK SERVICE
4500 ROYAL AVE.

NIAGARA FALLS, N.Y. 14303

25. METHOD(S) TO BE USED AT WASTE DISPOSAL SITE (IF APPLICABLE)

ACM to be landfilled

26. LIST ALL EQUIPMENT TO BE USED FOR THIS ASBESTOS PROJECT, e.g. NEGATIVE AIR FILTRATION UNITS, RESPIRATORS, WETTING DEVICES, HEPA VACUUMS, ETC. DO NOT INCLUDE NON-ASBESTOS RELATED EQUIPMENT OR EXPENDABLE SUPPLIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

DESCRIPTION OF EQUIPMENT	MANUFACTURER	MODEL NUMBER	QUANTITY
Full-Face Respirator	MSA, Wilson, Glendale		

27. LABORATORY ANALYSIS TO BE PERFORMED BY:

a. NAME

Buck Engineering

b. ELAP REGISTRATION NUMBER

10795

28. REMARKS

STATE OF NEW YORK
DEPARTMENT OF LABOR
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240-0100

In the Matter of

Part 56 of Title 12 of the Official Compilation
of Codes, Rules and Regulations
of the State of New York

(Cited as 12NYCRR 56)

(As Amended Effective November 9, 1994)

Code Rule Section 56-1.9 Subdivision (a):

Section 56-6.1;

Section 56-8.1, Subdivision (j);

Section 56-9.1; Section 56-10.1;

Section 56-11.1, Subdivision (b);

Section 56-12.1, Subdivision (c);

Section 56-15.2, Subdivision (b),(c),(d) and (e).

COMMISSIONER'S
DECISION

APPLICABLE
VARIANCE
(AV 106) *

ASBESTOS

DEMOLITION OF
CONDEMNED
BUILDINGS OR
STRUCTURES

DATED
JUNE 3, 1997

Pursuant to Section 30 of the Labor Law, The Commissioner of Labor has reviewed the aforementioned provisions of Industrial Code Rule 56, as they relate to the felling of structurally unsound asbestos containing buildings or structures and the imminent danger said buildings or structures present to the public, were they to collapse due to fire, rain, snow loads, or other unpredictable natural disasters.

The Commissioner of Labor has also reviewed numerous petitions for variance or other relief relative to condemned buildings or structures and the decisions rendered relative to these petitions.

APPLICABLE VARIANCE 106
DEMOLITION OF CONDEMNED
BUILDINGS OR STRUCTURES

The Commissioner of Labor finds that the issuance of an APPLICABLE VARIANCE from the aforesaid provisions of Industrial Code Rule 56, as such pertain to felling structurally unsound buildings that contain asbestos or asbestos materials which meet the aforesaid qualifications, would not violate the spirit and purpose of the said rules and would secure the public safety as contemplated by the said rules.

For the purposes of this variance, a building may be determined to be structurally unsound only by a building official of the local municipality or by a currently registered New York State Licensed Professional Engineer or Registered Architect who has deemed the building condemned due to its being unsafe and in imminent danger of collapse.

APPLICABLE VARIANCE

A VARIANCE from the aforesaid provisions of Industrial Code Rule (ICR) 56 is hereby granted, relative to felling a structurally unsound asbestos containing building, which has been inspected and condemned by a local building official or a currently registered New York State Professional Engineer or Registered Architect licensed in the State of New York after the building was deemed structurally unsound/unsafe as a

APPLICABLE VARIANCE 106
DEMOLITION OF CONDEMNED
BUILDINGS OR STRUCTURES

result of damage incurred from fire, rain, snow loads or other unpredictable natural disaster. Pursuant to this variance, the condemned building may be felled without surveying the building for the quantity and locations of asbestos and without remediating the asbestos and asbestos containing materials prior to proceeding with building demolition, subject to the following conditions:

THE CONDITIONS

Letter of Condemnation:

1. A copy of the letter of condemnation issued by either a local building official or a currently registered New York State Licensed Professional Engineer or Registered Architect shall be received by the New York State Department of Labor, Division of Safety and Health, Engineering Services Unit prior to commencing the demolition. A copy of the Letter of Condemnation shall be posted with this Applicable Variance at the work site.

Notification Fee:

1. Unless the size of the project can be positively quantified, the

project shall be deemed to be a large project with the appropriate notification fee of \$2000.00.

Work Area Notification:

1. The entire demolition area shall be enclosed within a barrier or fence (example: orange construction fence or snow fence). The intent of this barrier is to define the work area, alert the public to the asbestos work and associated hazards and to prevent unauthorized entry into the work area.
2. The work area shall be vacated as per ICR Section 56-8.1(a) and secured against unauthorized entry/exit. The building/structure shall be secured by sealing and/or boarding up all doors, windows and other openings to the maximum extent possible.
3. Signage in accordance with the requirements of ICR 56-8.1 (b) shall be posted on the exterior of the work areas barrier warning the public of the asbestos hazard.

Unauthorized Individuals:

1. Uncertified persons shall be prohibited from the work area during the entirety of the asbestos project; that is, prior to preparation

of the work area and until satisfactory clearance air monitoring results have been achieved.

Personnel:

1. Entry/exit of all persons and equipment shall be through one designated and secured "doorway" in the barrier or fence which shall provide an adequate and appropriate means of egress from the work area.
2. Personal protective equipment as required by ICR Section 56-4.1(d) shall be provided and used by all persons within the work area.
3. Only persons who are directly involved with the project and who have the required certification shall be permitted within the barrier.

Plasticizing:

1. Fire-resistant six-mil polyethylene shall be used to plasticize dumpsters and to cover debris and contain waste water.

Decontamination Areas:

1. A personal decontamination enclosure system that complies with Subpart 56-9 shall be utilized. It shall be located in close

proximity to the work area. This personal decontamination system shall be removed only after satisfactory clearance air monitoring results have been achieved.

2. An equipment decontamination area shall be cordoned off within the worksite for cleaning of heavy equipment, i.e., backhoes, excavators, loaders, etc. The ground surface in this decontamination area shall be banked on the sides to confine the contaminated waste water.
3. Equipment shall be decontaminated utilizing a pressure wash system, after which all exposed surfaces of the equipment shall be manually wet wiped. Upon completion of the decontamination procedures, the interior of the equipment decontamination area shall be wet wiped.
4. The earth surface below the equipment decontamination area shall be scraped and any residual asbestos contamination shall be removed and disposed of as asbestos contaminated material.

Waste Water:

1. The demolition waste shall be wetted on a continuous basis prior to, during and subsequent to its actual collection and removal. Fog nozzles, or similar type equipment, shall be used to perform the wetting.

2. Waste water shall be confined to within the controlled demolition area. All waste water shall be collected by means of trenching or ditches and directed into a holding tank. Disposal of such waste water shall be in accordance with all applicable laws, regulations, etc.
3. After the waste water has dissipated, the earth surface below the trenches and holding tank shall be scraped and any residual asbestos contamination shall be removed and disposed of as asbestos contaminated material.

Demolition Debris:

1. All debris, structural members, barrier components, used filters and similar items shall be considered to be asbestos containing materials/asbestos contaminated waste unless fully decontaminated as per this Rule.
2. No dry disturbance or removal of asbestos material shall be permitted.
3. All material being removed shall be kept completely saturated at all times. This shall be accomplished by misting debris prior to and during removal. Until each disposal container is sealed for

removal from the site, each container shall be continually misted.

4. Pending disposal, all demolition waste shall be placed in hardwall, closed containers or vehicles with at least six-mil plastic draped loosely over the sides and top so as to facilitate being wrapped over the top of the load and sealed prior to transport from the site.
5. The earth surface below the rubble shall be scraped and any residual asbestos contamination shall be removed and disposed of as asbestos contaminated material.

Air Monitoring:

1. Air monitoring shall be conducted in accordance with the requirements of Industrial Code Rule Subpart 56-17.7,
2. In addition to the requirements of Industrial Code Rule Subpart 56-17.7, air monitoring of the entire work area shall be conducted daily. If air sample results indicate any airborne asbestos fiber concentration(s) at or above 0.01 fibers per cubic centimeter, or the background level, whichever is greater, work shall be stopped immediately, methods shall be altered to reduce the airborne asbestos fiber concentration(s) to the aforementioned level and work shall not resume until that level is attained.

APPLICABLE VARIANCE 106
DEMOLITION OF CONDEMNED
BUILDINGS OR STRUCTURES

3. Work area perimeter air sampling shall be conducted during the project in accordance with ICR Subpart 56-17.
4. Final air clearance shall be obtained in accordance with ICR Subpart 56-17.

General Conditions:

1. A copy of this APPLICABLE VARIANCE shall be conspicuously posted at the entrance to the personal decontamination enclosure.
2. This APPLICABLE VARIANCE is limited in its applicability to the demolition project involving the demolition and removal of waste from the subject premises.
3. The Petitioner shall perform inspections of the worksite at least daily to ensure that the provisions of the APPLICABLE VARIANCE are being complied with.
4. The Petitioner shall comply with all other applicable provisions of Industrial Code Rule Subparts 56-1 through 56-18.

This VARIANCE shall apply and shall be applied by all enforcement

APPLICABLE VARIANCE 106
DEMOLITION OF CONDEMNED
BUILDINGS OR STRUCTURES

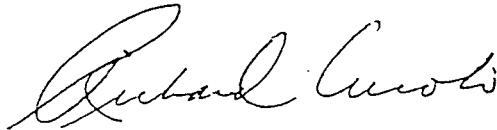
officials to all persons and in all places to which the aforecited provisions of Industrial Code Rule 56 apply to the demolition of condemned buildings with the same force and effect as if this VARIANCE were duly granted upon separate petition for the use and benefit of every person affected by the aforecited provisions of Industrial Code Rule 56.

DATED: JUNE 3, 1997

JOHN E. SWEENEY

COMMISSIONER OF LABOR

BY



RICHARD CUCOLO, DIRECTOR

DIVISION OF SAFETY AND HEALTH

* This DECISION supersedes APPLICABLE VARIANCE 100, COMMISSIONER'S DECISION dated December 1, 1994.

CODE ENFORCEMENT OFFICE

DEPARTMENT OF INSPECTION

CITY HALL - ROME, NEW YORK 13440

(315) 339-7542

RICHARD J. CAROLLO
Code Enforcement Officer
and Building Inspector



JOSEPH A. GRIFFO
Mayor

June 2, 1998

Bianchi Trison Corporation
Attn: Dan
300 Longbranch Road
Syracuse, NY 13209

Re: Former General Cable Site

Dear Dan:

An inspection was made on 6/1/98 at the former General Cable site off East Dominick Street, Rome, New York. It was determined at that time that the following buildings Nos. 4, 9, 10, 11, 13, 14, 15, 16, 21, 35, 38 and 53 were structurally unsafe as per Sec. 10-40 of the Rome Code of Ordinances.

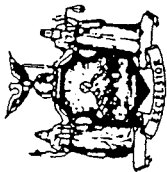
Additionally these buildings should not be occupied or entered for any reason due to the advanced state of disrepair and decay. The buildings have been abandoned and vandalized over the last 25 years and are in imminent danger of collapse.

I hope this satisfies your concerns. If you have any questions please don't hesitate to call.

Sincerely,

Ron Carollo
Code Enforcement Officer

Joe West



STATE OF NEW YORK - DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
License and Certificate Unit
BUILDING 12, STATE CAMPUS
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

Contractor:	Ciminelli Services Corp.	LICENSE NUMBER:	99-0465
Address:	170 Cooper Ave. Tonawanda NY 14150	DATE OF ISSUE:	5/25/99
		EXPIRATION DATE:	5/31/00

Duly Authorized Representative: Jeffery M. Rodino

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. The licensee verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

DOSH 432 (1-98)

A handwritten signature in dark ink, appearing to read "Richard Cucolo".

Richard Cucolo, Director
FOR THE COMMISSIONER OF LABOR

MUST BE CARRIED ON ASBESTOS PROJECTS



CERTIFICATE NUMBER
AH 99-08126

EXPIRES

SOCIAL SECURITY NUMBER
086-66-6766

EYES
HAZ

HAIR
BRN

WEIGHT
230 lbs.

HEIGHT
6 ft. 02 in.

ADDRESS CORRESPONDENCE TO:
(Include certificate number)
NYS Department of Labor
DOSH - License and Certificate Unit
PO Box 587, New York, NY 10014-0687

0451320



STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
G - SUPERVISOR (07/00)

JOSEPH F WATROBA
4617 RIVER RD.
LEWISTON, NY

14092

RICHARD CUCOLO, Director - For the Commissioner of Labor
DOSH-442 (01/91)

New York State Department of Health Certificate of Asbestos Safety Training
This certificate is the only documentation acceptable for purposes of
interstate reciprocity among the Consortium of Northeast States.

Certificate No. 261922

I - To be completed by trainee

Name of trainee (print):

JOSEPH F. NATROBIT

Social Security Number:

0 86 - 66 - 6766

Name of trainee (signature):

Joseph F. Natrobit

Telephone Number:

716 - 754 - 1926

Address:

4617 RIVER RD.

(Street or PO Box)

(City) LEWISTON

(State) N.Y. (Zip Code) 14601

II - To be completed by training sponsor

Sponsor's Name:

CEM

Telephone Number:

716 - 883 - 5578

Address: PO Box 709

BUFFALO, N.Y.

Zip Code:

14213

Course Location:

1815 LOVE RD. GRAND ISLAND NY

Course Title: ASBESTOS SUPERVISOR/CONTRACTOR REFRESHING

Language of Training: ☒ English ☐ Other: Exam Grade: 76

Dates of Training: From: 3/12/99 To: 3/12/99 Expires: 3/12/00

I certify that the asbestos safety training course given on the above date complied with both 10NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the student receiving this certificate completed the training course and successfully passed the examination.

Course Director:

RAT CHOPRA
(Printed)

P. J.
(Signature)

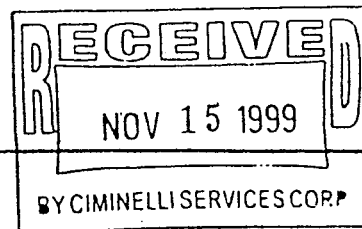
DOH-2832 (7/98)

STUDENT

Catholic Health System

HealthWorks

Comprehensive occupational health services



RESPIRATOR CLEARANCE

E000012788543 10/29/99 10:15 A.M.

WATROBA JOSEPH

086-66-6766 DOB:07/18/66

RES:RNHW2 ACT:OC FC: Y

GR NM: SERVICES CORP CIMINELLI

EMPLOYER _____

An evaluation of the above employee has been performed in accordance with OSHA Standard 29 CFR 1910-134 (Respirator Protection). The medical opinion is based upon the information provided by the employee in the medical evaluation questionnaire and a medical examination of the employee, if it was determined to be necessary. The employee understands that knowingly submitting false information could result in an incorrect medical opinion. If the employee becomes aware of additional or inaccurate information, they have agreed to immediately provide that information so their ability to wear a respirator may be reassessed.

☒ No medical restriction for respirator use.

☐ Respirator use restriction as follows:

☐ No respirator use under any circumstances.

☐ Further evaluation is required; a condition is present which may pose a health risk in relation to respirator use.

COMMENTS _____

J. M. L. RPA - C
Physician Signature

10-29-99
Date

NOTE: Please forward the attached information to your employee. This information constitutes notification of written recommendations. This information provides the employee the results of the medical examination and any medical conditions which require further explanation of treatment.

Respirator Clearance
Rev: 6/24/99

☐ HealthWorks - Buffalo
2157 Main Street
Buffalo, NY 14214
716-862-1940

☐ HealthWorks-Cheektowaga
2605 Harlem Road
Cheektowaga, NY 14225
716-891-2619

☐ HealthWorks-Ken-Ton
300 Two Mile Creek Road
Tonawanda, NY 14150
716-447-6474

☐ HealthWorks-Southtowns
4271 Lake Avenue
Blasdell, NY 14219
716-823-5050

HEALTHWORKS CLEARANCE FOR DUTY

Place Label Here

Joe Watroba

Employer _____

- ☒ Exam was performed
☐ Breath alcohol performed (copy attached)
☐ Negative

☐ Drug screen was performed

☐ Positive (copy attached)

EVALUATION PERFORMED BY _____

AMT CPA-C

- ☒ Individual is qualified to perform essential functions of the job.
☐ Individual does not meet physical qualifications of the job.

COMMENTS _____

CONTROLLED SUBSTANCES TEST RESULTS - 10 PANEL

TYPE OF TEST

- ☐ Preplacement
☐ Post accident

- ☐ Periodic
☐ Reasonable cause

- ☐ Random
☐ Other (specify) _____

SPECIMEN COLLECTION SITE

☐ HealthWorks - Buffalo
2157 Main Street
Buffalo, NY 14214
(716) 862-1940

☐ HealthWorks - Cheektowaga
2605 Harlem Road
Cheektowaga, NY 14225
(716) 891-2619

☐ HealthWorks - Ken-Ton
300 Two Mile Creek Road
Tonawanda, NY 14150
(716) 447-6474

☐ HealthWorks - Southtowns
4271 Lake Avenue
Blasdell, NY 14219
(716) 823-5050

TESTING LABORATORY

CLINICAL REFERENCE LABORATORIES

TEST RESULTS

- ☐ Negative
☐ Specific gravity below expected value
☐ Urine creatinine below expected value

If either of the above two statements are checked, this means the urine is dilute and the next time a drug test is collected the employer may require it be under direct observation.

- ☐ Positive for the following:
- | | | | | |
|---------------------------------------|---------------------------------------|--|--|---------------------------------------|
| ☐ Amphetamines | ☐ Barbiturates | ☐ Benzodiazepines | ☐ Cocaine | ☐ Marijuana |
| ☐ Methadone | ☐ Methaqualone | ☐ Opiates | ☐ Phencyclidine (PCP) | ☐ Propoxyphene |

COMMENTS _____

MEDICAL REVIEW OFFICER _____

Date _____

MERCY HEALTH SYSTEM

MERCY HEALTH SYSTEM

300 Two Mile Creek Road, Tonawanda, NY 14150 716-874-7474

NAME: JOSEPH F. WATROBA DATE: 10/29/99 EMPLOYER: CIMINELLI SERVICES CORP.

GE: 33

SOC. SEC. NO.

086-66-6766

D.O.B.

7/18/66

JOB ASSIGNMENT:

SUPERINTENDENT

Present occupational exposures: DUST, LOUD MACHINERY, ASBESTOS, PCBs, LEAD

LABORATORY FINDINGS

URINALYSIS Sugar N Albumin N

Height 74" Weight 252

FREQUENCY OF EXPOSURE: days/wk. 5 months/yr. 12 for 2 1/2 years.

Previous exposures: company	For how long?	What substances were you exposed to?
<u>KIMMINS</u>	<u>7 yrs.</u>	<u>DUST, MACHINERY, ASBESTOS, PCBs, LEAD, RADIATION</u>

INQUIRY	YES	NO	INQUIRY	YES	NO	COMMENT
1. Cough		☒	13. Jaundice		☒	
2. Chest pain		☒	14. Allergies	☒		
3. SOB at rest		☒	15. Transfusion/Treat. Blood Loss		☒	
4. SOB on effort		☒	16. Surgeries		☒	
5. Expectoration		☒	17. Pneumonia/Chr. Bronchitis		☒	
6. Sleep flat h.s.	☒		18. Headache		☒	
7. Pillows 0, 1, 2, 3	☒		19. Complaint Special Senses		☒	
8. Loss wgt./appetite		☒	20. Seizure Disorder		☒	
9. Increasing fatigue		☒	21. Personality Defects		☒	
10. Dysphagia		☒	22. Sex Function (Satisfactory)			
11. Change in bowel habit		☒	23. Menses - Pregnancy (Normal)			
Blood loss		☒	24. Genetic Defects Children		☒	
Cough		☒	25. Genetic Defects Siblings		☒	
Vomit		☒	26. Genetic Defects Parents		☒	
Bloody Stool		☒	27. Long Cont'd Medications		☒	
Black stool		☒	28. Adverse Drug Reactions		☒	
Urine		☒	29. Concentration/Memory (Normal)	☒		
Skin		☒	30. Skin - Hair - Nail Defects		☒	

SOCIAL HABITS: Smoking cigar/pipe/cig's + # pks./day for 7 years Alcohol: occ Drug Abuse: 0

VENTILATION: F.V.C. = _____ F.E.V.₁ = _____

FEF 25% - 75% _____ liters/sec
M.V.V. _____ liters/minute
SATISFACTORY _____ ABNORMAL _____
OBSTRUCTIVE _____ RESTRICTIVE _____

MUCOUS MEMBRANES nl

CHEST: nl LUNGS Clear HEART: RRR 5 @ VISUAL ACUITY - UNCORRECTED CORRECTED
Distant Vision R 20/30 L 20/22 R 20/ L 20/
Near Vision R 20/30 L 20/22 R 20/ L 20/
Color Vision NORMAL FUNDUSCOPIC: _____

ABDOMEN: ⊕BS Bony

EXTREMITIES: nl BUILD Slender ☐ Medium ☐ Obese ☐
Blood Pressure 126/82 Pulse Rate 72

NEUROLOGICAL: intact

CUTANEOUS: nl ADENOPATHIES none

ADDITIONAL PERTINENT FINDINGS: exam unremarkable

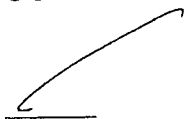
NOTE: This Examination is directed toward OSHA compliance. It is not intended to substitute for a comprehensive medical investigation.

Examinee's Signature: Joseph F. Watroba Signature: [Signature] M.D.

SUITABILITY FOR RESPIRATOR USE

EMPLOYEE NAME JOSEPH F. NATROBA

SOCIAL SECURITY NUMBER 086-66-6766



Class 1 - No medical restriction for respirator use

Class 2 - Respirator use restricted as outlined below:

Restrictions: _____

Class 3 - No respirator use under any circumstances

REMARKS: _____

PHYSICIAN

EMMANUEL CEPE, M.D.

DATE

8/10/97

Part II

PERIODIC MEDICAL QUESTIONNAIRE FOR ASBESTOS

1. NAME JOSEPH F. WATRABA SOCIAL SECURITY No. 086-66-6766
 3. CLOCK No. _____ 4. PRESENT OCCUPATION JOB SITE SUPERINTENDENT
 EMPLOYER CIMINELLI SERVICES CORP.
 5. PLANT _____
 6. ADDRESS 170 COOPER AVE. SUITE 112
 7. TONAWANDA NEW YORK 14150-6680
 8. TELEPHONE No. 716-447-5684
 9. INTERVIEWER _____ 10. DATE _____

11. What is your marital status? 1. Single ☒ 3. Widowed _____
 2. Married _____ 4. Separated/Divorced _____

OCCUPATIONAL HISTORY:

12A. In the past year, did you work full time.
 (30 hours per week or more) for six months or more? 1. Yes ☒ 2. No _____

IF YES TO 12A:

12B. In the past year, did you work in a dusty job? 1. Yes ☒ 2. No _____ 3. Does not apply _____

12C. Was dust exposure 1. Mild ☒ 2. Moderate _____ 3. Severe _____

12D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes ☒ 2. No _____

12E. Was exposure 1. Mild ☒ 2. Moderate _____ 3. Severe _____

12F. In the past year, what was your: 1. Job/occupation? DEMOLITION

2. Position/job title? SUPERINTENDENT

13. RECENT MEDICAL HISTORY:

13A. Do you consider yourself to be in good health? 1. Yes ☒ 2. No _____

IF NO, state reason _____

13B. In the past year have you developed:

	YES	NO		YES	NO
Epilepsy?		☒	Diabetes?		☒
Rheumatic Fever?		☒	Jaundice?		☒
Kidney Disease?		☒	Cancer?		☒
Bladder Disease?		☒			

14. CHEST COLDS AND CHEST ILLNESSES:

14A. If you get a cold, does it usually go to your chest?
 (Usually means more than 1/2 the time.) 1. Yes _____ 2. No _____ 3. Don't get colds ☒

15A. During the past year have you had any chest illnesses that
 have kept you off work, indoors at home, or in bed? 1. Yes _____ 2. No ☒ 3. Does not apply _____

IF YES TO 15A:

B. Did you produce phlegm
 with any of these chest illnesses? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. In the past year, how many such illnesses with (increased)
 phlegm did you have which lasted a week or more? _____ Number of illnesses _____

KENMORE MERCY HOSPITAL HEALTHWORKS
300 TWO MILE CREEK RD., TONAWANDA, NEW YORK 14150
PHONE: 716-874-7474 FAX: 716-874-5027

086-66-6766 WATROBA, JOSEPH
Ethnic: CAUCASIAN Height: 73.0 in. Sex: MALE Age: 31

COMMENTS: CIMINELLI
PRE-BD COMMENTS:

LAST CALIBRATED: Tue May 12, 1998 7:31:48 am

TYPE	Test Date and Time	Exp. Time	Normals	Test #
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MAX RBD:	Tue May 12, 1998 10:57:56 am	5.1 secs		
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Reference:	Tue May 12, 1998 10:57:56 am	FVC=5.31L FEV1=4.39L		
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Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	5.31 L	5.81 L	91.43 %	IVC	0.00 L
FEV 0.5	3.43 L	3.68 L	93.16 %	FIV1	0.00 L
FEV 1.0	4.39 L	4.73 L	92.68 %	PIF	0.00 L/S
FEV 3.0	5.11 L	5.57 L	91.76 %	FIF50	0.00 L/S
				FEF50/FIF50	0.00 %

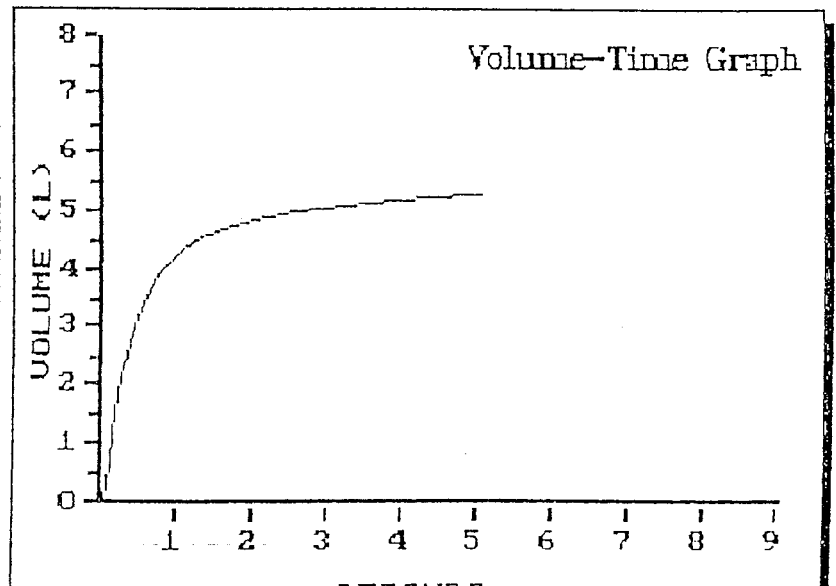
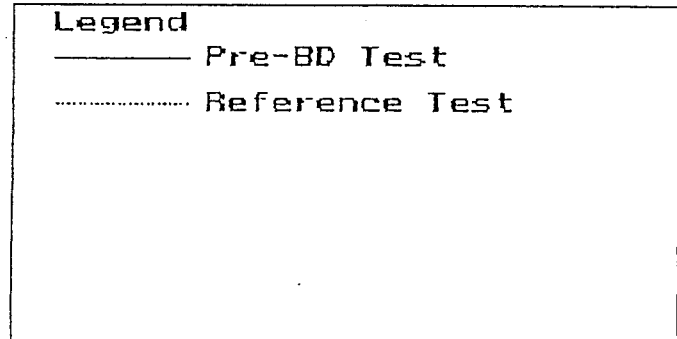
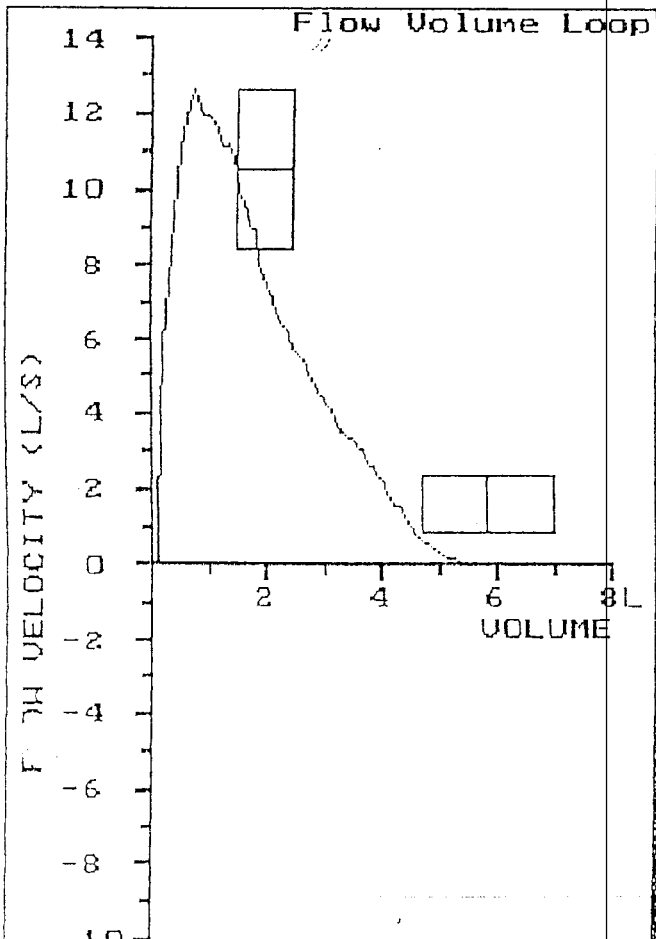
FEV 0.5/FVC	64.54 %	63.34 %	101.90 %
FEV 1.0/FVC	82.56 %	81.44 %	101.37 %
FEV 3.0/FVC	96.17 %	95.82 %	100.37 %

PEF	12.54 L/S	10.35 L/S	121.07 %
FEF 25-75%	4.43 L/S	4.74 L/S	93.59 %
FEF 75-85%	1.24 L/S	1.45 L/S	85.63 %
FEF 25	10.73 L/S	8.70 L/S	123.28 %
FEF 50	4.82 L/S	6.00 L/S	80.33 %
FEF 75	2.05 L/S	2.55 L/S	80.59 %
FEF .2-1.2	11.36 L/S	8.51 L/S	133.50 %

Interpretation:

NORMAL

MAX FVC = 5.31L TEST # 1
MAX FEV-1 = 4.43L TEST # 2



KENMORE MERCY HOSPITAL
2950 Elmwood Ave., Kenmore, NY 14217

Radiology Services Result Report

NAME: WATROBA, JOSEPH

DOB: 07/18/1966

RAD/MR#: 1285604

ADMISSION#: 162651

ORDER#: 90001

ORDERED FOR: 05/12/1998 10:47AM

NS/ROOM#:

RAD/DEPT: HWK

ORDERING DOCTOR: CEPE EMMANUEL C.

ATTENDING DOCTOR: CEPE EMMANUEL C.

ALTERNATE DOCTOR: CEPE EMMANUEL C.

ADDITIONAL DOCTOR 1:

ADDITIONAL DOCTOR 2:

ADDITIONAL DOCTOR 3:

ADDITIONAL LOCATION:

EXAM REASON: PHYSICAL

EXAMINATION: 05/12/1998 CHEST SINGLE VIEW

FULL RESULT:

... PA single view of the chest reveals the heart, mediastinum and hilar vascular markings are within normal limits. The lungs are clear. The diaphragm and costophrenic sulci are not unusual. The bony thorax is intact.

IMPRESSION: NORMAL CHEST.

END OF REPORT

READ BY: JUNG-JA C. PARK, M.D.

ELECTRONICALLY SIGNED BY: JUNG-JA C. PARK, M.D.

Dictated: 5/12/98

Transcribed by: KK

Transcribed date: 05/14/1998 11:55AM

HEALTHWORKS COPY

EXHIBIT 6

RESPIRATOR TRAINING PROGRAM RECORD

Project Name ROME BUSINESS PARK Job No. # 9811
Employee Name JOSEPH F. WATROBA SSN 086-666-6766

Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which The Company and the Occupational Safety and Health Administration (OSHA) require as part of the Respiratory Protection Standard (29 CFR 1910.134).

The basic respirator training program consists of the following items:

- An explanation of the problems involved in misusing the respirator
- A discussion of why engineering controls could not be used effectively and, as a result, respiratory protection equipment is required.
- How and why this particular respirator was chosen for this specific job
- The limitations of the respirator that has been selected
- How to put on the respirator and properly adjust the facepiece and tension straps
- How to wear the respirator
- What the essential points of the care and maintenance program are
- How to inspect the respirator
- The purpose of the medical evaluation

EMPLOYEE SIGNATURE Joseph F. Watroba DATE 6-22-99

RESPIRATORY TEST SUMMARY

Employee Name JOSEPH F. WATROBA SSN 086-666-6766

Date of Testing 6-22-99 Test conducted by [Signature]

Respirator Selected: Manufacturer Willson
Respirator Size LARGE

Type(s) of Test Conducted - Qualitative

Testing Agent(s) Used - Irritant Smoke (SnOCL)

PASS

[4]

FAIL []

RESPIRATOR TRAINING PROGRAM

Project Name NEBRASKA ORDINANCE

Job Number CS- 9707

Employee Name JOSEPH F. WATROBA

S.S. No. 086-66-6766

Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which the company and the Occupational Safety and Health Administration (OSHA) require as part of the Respiratory Protection Standard (29 CFR 1910.134).

The basic respirator training program consists of the following items:

- * An explanation of the problems involved in misusing the respirator
- * A discussion of why engineering controls could not be used effectively and as a result respiratory protection equipment is required
- * How and why this particular respirator was chosen for this specific job
- * The limitations of the respirator that has been selected
- * How to put on the respirator and properly adjust the facepiece and tension straps
- * How to wear the respirator
- * What the essential points of the care and maintenance program are
- * How to recognize and handle emergencies
- * How to inspect the respirator
- * When to use an Air Purifying Respirator
- * The purpose of the medical evaluation

EMPLOYEE SIGNATURE

Joseph F. Watroba

DATE

6/29/98

RESPIRATORY TEST SUMMARY

Employee Name JOSEPH F. WATROBA

S.S. No. 086-66-6766

Date of Testing 6/29/98

Test Conducted By

Dan Lee Jr

Respirator Selected - Manufacturer

WILLSON

Respirator Size

UNIVERSAL

Type(s) of Test Conducted Qualitative

Testing Agent(s) Used Irritant Smoke (SnOCL)

PASS ☒

FAIL ☐



STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

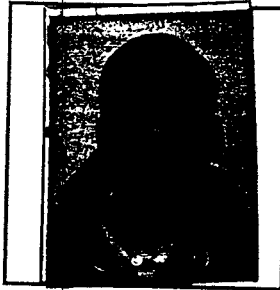
ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
A - ASBESTOS HANDLER (09/99)

LEO E HALL
27 WINNER AVENUE
UTICA, NY

13502

RICHARD CUCOLO, Director - For the Commissioner of Labor
DOSH-442 (01/91)

MUST BE CARRIED ON ASBESTOS PROJECTS



ADDRESS CORRESPONDENCE TO:
(include certificate number)
NYS Department of Labor
DOSH - License and Certificate Unit
PO Box 687, New York, NY 10014-0687

CERTIFICATE NUMBER AH 88-03524	
EXPIRES	
SOCIAL SECURITY NUMBER 568-04-6168	
EYES BRO	HAIR BRO
WEIGHT 190 lbs.	HEIGHT 5 ft. 11 in.

042308C

This certificate is the only documentation acceptable for purposes of interstate reciprocity among the Consortium of Northeast States.

Certificate No. **254210**

I - To be completed by trainee

Name of trainee (print):

LEO E. HALL

Social Security Number:

562-04-1118

Name of trainee (signature):

Leo E. Hall

Telephone Number:

732-6876

Address:

27 WINNER AVE UTICA NY 13502

(Street or PO Box)

(City)

(State)

(Zip Code)

II - To be completed by training sponsor

Sponsor's Name:

Hygeia Research & Training

Telephone Number:

(315) 733-0191

Address:

430 Catherine Street

Zip Code:

13501

Utica NY

Course Location:

Utica, NY

Course Title: Worker Refresher - AHERA

Language of Training: ☒ English

☐ Other:

N/A

Exam Grade:

88%

Dates of Training: From: 4/15/99

To: 4/15/99

Expires: 4/15/2000

I certify that the asbestos safety training course given on the above date complied with both 10NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the student receiving this certificate completed the training/course and successfully passed the examination.

Course Director:

Patrick E. Stadel

(Printed)

(Signature)

DOH-2832 (7/98)

STUDENT

EXHIBIT 6

RESPIRATOR TRAINING PROGRAM RECORD

Project Name GENERAL CABLE ROME, N.Y. Job No. CS-9811
Employee Name LEO HALL SSN 568-04-6168

Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which The Company and the Occupational Safety and Health Administration (OSHA) require as part of the Respiratory Protection Standard (29 CFR 1910.134).

The basic respirator training program consists of the following items:

- An explanation of the problems involved in misusing the respirator
- A discussion of why engineering controls could not be used effectively and, as a result, respiratory protection equipment is required.
- How and why this particular respirator was chosen for this specific job
- The limitations of the respirator that has been selected
- How to put on the respirator and properly adjust the facepiece and tension straps
- How to wear the respirator
- What the essential points of the care and maintenance program are
- How to inspect the respirator
- The purpose of the medical evaluation

EMPLOYEE SIGNATURE Leo E. Hall DATE 6/21/99

RESPIRATORY TEST SUMMARY

Employee Name LEO HALL SSN 568-04-6168

Date of Testing 6/21/99 Test conducted by JOE WATROBA

Respirator Selected: Manufacturer WILLSON 6000
Respirator Size MED.

Type(s) of Test Conducted - Qualitative _____

Testing Agent(s) Used Irritant Smoke (SnOCL) IRRITANT SMOKE

PASS

[☒]

FAIL []



One Crouse Medical Plaza
310 South Crouse Avenue
Syracuse, New York 13210
Phone: (315) 472-8835
Fax: (315) 476-3712

Clay Medical Center (CMC)
8100 Oswego Road
Liverpool, New York 13090
Phone: (315) 652-1020
Fax: (315) 652-4578

Community Care Services
5320 West Genesee Street
Canillus, New York 13031
Phone: (315) 487-5812
Fax: (315) 487-4500

West Taft Medical Park
4820 West Taft Road
Liverpool, New York 13088
Phone: (315) 453-5004
Fax: (315) 453-2412

FREDERICK M. FARRAR, M.D.
PATRICK J. LYNCH, M.D.

MICHAEL A. RICCIONE, M.D.
PAUL D. REZNIKOV, M.D.

RICHARD D. GERLE, M.D.
GERARD McCROHAN, M.D.

PROFESSIONAL INTERPRETATION PERFORMED BY:
CNY DIAGNOSTIC RADIOLOGY PARTNERSHIP

February 19, 1999

RE: HALL, LEO
DOB: 09/05/55

PROFESSIONAL INTERPRETATION FOR IMA:

FILMS TAKEN ON: 02/19/99

PA CHEST - ASBESTOSIS SURVEY:

A single film of the chest shows the lungs to be well aerated and normal in appearance. The cardiac and mediastinal contours are normal. The diaphragm and bony thorax appear unremarkable.

IMPRESSION:

Negative PA chest. There are no radiographic features of increased asbestos exposure.


Paul D. Reznikov, M.D.
Certified B-Reader
Code: CR195195-3

PDR/hrg

56
2/23/99



Industrial Medical Associates, P.C.

961 Canal St., Syracuse, NY 13210-1287 (315) 478-1977 Fax: (315) 475-2909

ASBESTOS MEDICAL SURVEILLANCE RECOMMENDATIONS

NAME: LEO E HALL

SS#: 56804-6168

DATE OF EXAM: 2/19/99

☒ This individual shows no medical conditions that would place an increased risk of material health impairment from exposure to asbestos.

☒ No limitations on use of personal protective equipment. (i.e. - respirator use, protective clothing).

☒ Employee has been informed by the physician of the results of the medical examination.

☒ Physical examination shows no signs of asbestosis.

☒ Physician recommends that employee should return for periodic medical examination.

☒ Physician recommends chest x-ray be repeated in 1 year/2years/5years. Date _____ Mo. _____ Yr. 2001

A copy of this report must be provided to employee by employer 30 days from its receipt.

Remarks: _____

PHYSICIAN: MTCH RPA

DATE: 2/19/99



Industrial Medical Associates, P.C.
961 Canal St., Syracuse, NY 13210-1287

OSHA Respirator Medical Evaluation Questionnaire

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

PART A. SECTION 1 (MANDATORY)

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: 2/19/99	2. Your name: LEO E HALL		
3. Your age (to nearest year): 43	4. Sex (Circle one): (Male) Female	5. Your height: 5 ft. 11 in.	6. Your weight: 200 lbs.
7. Your job title:			
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (315) 732 6876			
9. The best time to phone you at this number:		10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes (No)	
11. Check the type of respirator you will use (you can check more than one category): ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only). ☒ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained purifying, supplied-air, self-contained breathing apparatus).			
12. Have you worn a respirator If "yes," what type(s): (circle one): Yes No			

PART A. SECTION 2 (MANDATORY)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (Please circle "yes" or "no").

1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month:	Yes (No)	4. Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness?	
2. Have you <i>ever had</i> any of the following conditions?		a. Shortness of breath	Yes (No)
a. Seizures (fits):	Yes (No)	b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:	Yes (No)
b. Diabetes (sugar disease):	Yes (No)	c. Shortness of breath when walking with other people at an ordinary pace on level ground:	Yes (No)
c. Allergic reactions that interfere with your breathing:	Yes (No)	d. Have to stop for breath when walking at your own pace on level ground:	Yes (No)
d. Claustrophobia (fear of closed-in places):	Yes (No)	e. Shortness of breath when washing or dressing yourself:	Yes (No)
e. Trouble smelling odors:	Yes (No)	f. Shortness of breath that interferes with your job:	Yes (No)
3. Have you <i>ever had</i> any of the following pulmonary or lung problems?		g. Coughing that produces phlegm (thick sputum):	Yes (No)
a. Asbestosis:	Yes (No)	h. Coughing that wakes you early in the morning:	Yes (No)
b. Asthma:	Yes (No)	i. Coughing that occurs mostly when you are lying down:	Yes (No)
c. Chronic bronchitis:	Yes (No)	j. Coughing up blood in the last month:	Yes (No)
d. Emphysema:	Yes (No)	k. Wheezing:	Yes (No)
e. Pneumonia:	Yes (No)	l. Wheezing that interferes with your job:	Yes (No)
f. Tuberculosis:	Yes (No)	m. Chest pain when you breathe deeply:	Yes (No)
g. Silicosis:	Yes (No)	n. Any other symptoms that you think may be related to lung problems:	Yes (No)
h. Pneumothorax (collapsed lung):	Yes (No)		
i. Lung cancer:	Yes (No)		
j. Broken ribs:	Yes (No)		
k. Any chest injuries or surgeries:	Yes (No)		
l. Any other lung problem that you've been told about:	Yes (No)		

PART A. SECTION 2 (MANDATORY) - CONTINUED

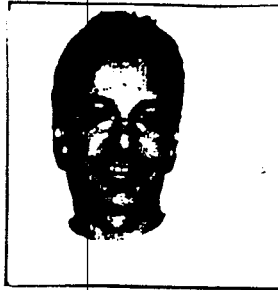
5. Have you <i>ever had</i> any of the following cardiovascular or heart problems?		
a. Heart attack:	Yes	☒ No
b. Stroke:	Yes	☒ No
c. Angina:	Yes	☒ No
d. Heart failure:	Yes	☒ No
e. Swelling in your legs or feet (not caused by walking):	Yes	☒ No
f. Heart arrhythmia (heart beating irregularly):	Yes	☒ No
g. High blood pressure:	Yes	☒ No
h. Any other heart problem that you've been told about:	Yes	☒ No
6. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest:	Yes	☒ No
b. Pain or tightness in your chest during physical activity:	Yes	☒ No
c. Pain or tightness in your chest that interferes with your job:	Yes	☒ No
d. In the past two years, have you noticed your heart skipping or missing a beat:	Yes	☒ No
e. Heartburn or indigestion that is not related to eating:	Yes	☒ No
f. Any other symptoms that you think may be related to heart or circulation problems:	Yes	☒ No
7. Do you <i>currently</i> take medication for any of the following problems?		
a. Breathing or lung problems:	Yes	☒ No
b. Heart trouble:	Yes	☒ No
c. Blood pressure:	Yes	☒ No
d. Seizures (fits):	Yes	☒ No
8. If you've used a respirator, have you <i>ever had</i> any of the following problems? (If you've never used a respirator, go to question 9)		
a. Eye irritation:	Yes	☒ No
b. Skin allergies or rashes:	Yes	☒ No
c. Anxiety:	Yes	☒ No
d. General weakness or fatigue:	Yes	☒ No
e. Any other problem that interferes with your use of a respirator:	Yes	☒ No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	Yes	No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you <i>ever lost</i> vision in either eye (temporarily or permanently)?	Yes	☒ No
11. Do you <i>currently</i> have any of the following vision problems?		
a. Wear contact lenses:	Yes	☒ No
b. Wear glasses:	Yes	☒ No
c. Color blind:	Yes	☒ No
d. Any other eye or vision problem:	Yes	☒ No
12. Have you <i>ever had</i> an injury to your ears, including a broken ear drum?	Yes	☒ No
13. Do you <i>currently</i> have any of the following hearing problems?		
a. Difficulty hearing:	Yes	☒ No
b. Wear a hearing aid:	Yes	☒ No
c. Any other hearing or ear problem:	Yes	☒ No
14. Have you <i>ever had</i> a back injury?	Yes	☒ No
15. Do you <i>currently</i> have any of the following musculoskeletal problems?		
a. Weakness in any of your arms, hands, legs, or feet:	Yes	☒ No
b. Back pain:	Yes	☒ No
c. Difficulty fully moving your arms and legs:	Yes	☒ No
d. Pain or stiffness when you lean forward or backward at the waist:	☒ Yes	No
e. Difficulty fully moving your head up or down:	Yes	☒ No
f. Difficulty fully moving your head side to side:	Yes	☒ No
g. Difficulty bending at your knees:	Yes	☒ No
h. Difficulty squatting to the ground:	Yes	☒ No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs:	Yes	☒ No
j. Any other muscle or skeletal problem that interferes with using a respirator:	Yes	☒ No

COMMENTS (IF ANY)

15 d) muscle strain, (R) flank 1 month ago



ADDRESS CORRESPONDENCE TO:
(Include certificate number)
NYS Department of Labor
DOSH - License and Certificate Unit
PO Box 687, New York, NY 10014-0687

CERTIFICATE NUMBER	
EXPIRES	
SOCIAL SECURITY NUMBER	
EYES	HAIR
WEIGHT lbs.	HEIGHT ft. in.

053460C



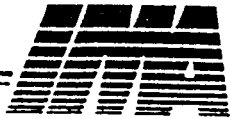
STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
A - ASBESTOS HANDLER (01/90)

JAMES I. SETZER
PO BOX 7042
UTICA, NY

1356

RICHARD CUCOLO, Director - For the Commissioner of Labor
8054-442 (01/91)



Industrial Medical Associates, P.C.

961 Canal St., Syracuse, NY 13210-1287 (315) 478-1977 Fax: (315) 475-2909

HAZARDOUS MATERIALS MEDICAL SUITABILITY

JAMES SETZER

Employee Name

116-44-4147

Soc. Sec. #

____ Pre-Employ/Baseline
____ Annual/Periodic
____ Exit
____ Other

The following specific examinations were performed and results are as indicated:

A. Respirator (OSHA Reg. 29 CFR 1910.134, Nu Reg. 0041, ANSI 288.6):

X Class 1 - No restriction on respirator use
____ Class 2 - Respirator use restricted as below

Restrictions: _____

____ Class 3 - Respirator use Prohibited
Remarks: _____

B. Hazardous Waste (OSHA Reg. 29 CFR 1910.120(f)):

____ Qualified _____ Unqualified

Summary/Recommendations:

____ A. The examination indicates no significant medical impairment and the above named employee can be assigned any work consistent with skills and training. He/she has no detected medical condition which would increase his/her risk of material health impairment from hazardous waste operations or emergency response.

____ B. Suggested restrictions on work activities or exposures: _____

____ C. Other: _____

He/she has been informed of the results of the examination and any medical conditions which may require further examination or treatment.

2/19/99
(Date of exam)

Scott Channell RPA
(Name of examining doctor)

W. H. C. RPA
(Signature of examining doctor)



Industrial Medical Associates, P.C.

961 Canal St, Syracuse, NY 13210-1287 (315) 478-1977 Fax: (315) 475-2909

ASBESTOS MEDICAL SURVEILLANCE RECOMMENDATIONS

NAME: JAMES SETZER

SS#: 116-44-4147

DATE OF EXAM: 2/19/99

☒ This individual shows no medical conditions that would place an increased risk of material health impairment from exposure to asbestos.

☒ No limitations on use of personal protective equipment. (i.e. - respirator use, protective clothing).

☒ Employee has been informed by the physician of the results of the medical examination.

☒ Physical examination shows no signs of asbestosis.

☒ Physician recommends that employee should return for periodic medical examination.

☒ Physician recommends chest x-ray be repeated in 1 year 2 years 5 years. Date _____ Mo. _____ Yr. 2001

A copy of this report must be provided to employee by employer 30 days from its receipt.

Remarks: _____

PHYSICIAN: W. C. RPK

DATE: 2/19/99



Diagnostic Imaging

One Crouse Medical Plaza
310 South Crouse Avenue
Syracuse, New York 13210
Phone: (315) 472-8835
Fax: (315) 476-3712

Clay Medical Center (CMC)
8100 Oswego Road
Liverpool, New York 13090
Phone: (315) 652-1020
Fax: (315) 652-4578

Community Care Services
5320 West Genesee Street
Camillus, New York 13031
Phone: (315) 487-5812
Fax: (315) 487-4500

West Taft Medical Park
4820 West Taft Road
Liverpool, New York 13088
Phone: (315) 453-5004
Fax: (315) 453-2412

FREDERICK M. FARRAR, M.D.
PATRICK J. LYNCH, M.D.

MICHAEL A. RICCIONE, M.D.
PAUL D. REZNIKOV, M.D.

RICHARD D. GERLE, M.D.
GERARD McCROHAN, M.D.

PROFESSIONAL INTERPRETATION PERFORMED BY: CNY DIAGNOSTIC RADIOLOGY PARTNERSHIP

February 19, 1999

RE: SETZER, JAMES
DOB: 01/24/55

PROFESSIONAL INTERPRETATION FOR IMA:

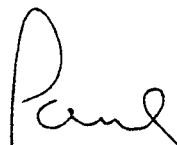
FILMS TAKEN ON: 02/19/99

PA CHEST - ASBESTOSIS SURVEY:

A single film of the chest shows the lungs to be well aerated and normal in appearance. The cardiac and mediastinal contours are normal. The diaphragm and bony thorax appear unremarkable.

IMPRESSION:

Negative PA chest. There are no radiographic features of increased asbestos exposure.


Paul D. Reznikov, M.D.
Certified B-Reader
Code: CR195195-3

PDR/hrg

2/23/99

EXHIBIT 6

RESPIRATOR TRAINING PROGRAM RECORD

Project Name GENERAL CABLE Rome, N.Y. Job No. CS-9811
Employee Name JIM SETZER SSN 116-44-4147

Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which The Company and the Occupational Safety and Health Administration (OSHA) require as part of the Respiratory Protection Standard (29 CFR 1910.134).

The basic respirator training program consists of the following items:

- An explanation of the problems involved in misusing the respirator
- A discussion of why engineering controls could not be used effectively and, as a result, respiratory protection equipment is required.
- How and why this particular respirator was chosen for this specific job
- The limitations of the respirator that has been selected
- How to put on the respirator and properly adjust the facepiece and tension straps
- How to wear the respirator
- What the essential points of the care and maintenance program are
- How to inspect the respirator
- The purpose of the medical evaluation

EMPLOYEE SIGNATURE James Setzer DATE 7/8/99

RESPIRATORY TEST SUMMARY

Employee Name JAMES G. SETZER SSN 116-44-4147

Date of Testing 7/7/99 Test conducted by JOE WATROBA

Respirator Selected: Manufacturer WILLSON 6000 SERIES
Respirator Size MED.

Type(s) of Test Conducted - Qualitative QUALITATIVE

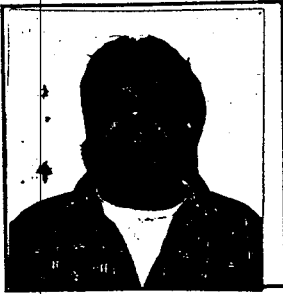
Testing Agent(s) Used - Irritant Smoke (SnOCL) IRRITANT SMOKE

PASS

[]

FAIL []

MUST BE CARRIED ON ASBESTOS PROJECTS



ADDRESS CORRESPONDENCE TO:
(include certificate number)
NYS Department of Labor
DOSH - License and Certificate Unit
PO Box 687, New York, NY 10014-0687

CERTIFICATE NUMBER AH 94-18325	
EXPIRES	
SOCIAL SECURITY NUMBER 272-64-6660	
EYES HAZ	HAIR BRO
WEIGHT 230 lbs.	HEIGHT 5 ft. 08 in.

014881C

New York State Department of Health Certificate of Asbestos Safety Training
This certificate is the only documentation acceptable for purposes of interstate reciprocity among the Consortium of Northeast States. Certificate No. 2619221

I - To be completed by trainee

Name of trainee (print):

Social Security Number:

Name of trainee (signature):

Telephone Number:

Address:

James R. Carlton
2651 Vonderhooft

272 64 6660
330 825 1401

(Street or P.O. Box):

(City):

Marion

(State):

OH (Zip Code)

44203

II - To be completed by training sponsor

Sponsor's Name:

Telephone Number:

Address:

CLEM

Zip Code:

716 883 5598

Course Location:

PO Box 709 Buffalo NY 14213

1815 Love Rd Grand Island NY

Course Title:

Asbestos Supervisor Refresher

Language of Training:

☒ English

☐ Other:

Exam Grade:

70

Dates of Training: From:

3/12/99 To:

3/12/99 Expires:

3/12/00

I certify that the asbestos safety training course given on the above date complied with both 10NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the student receiving this certificate completed the training course and successfully passed the examination.

Course Director:

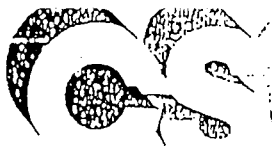
KAT CORRA

(Printed)

(Signature)

DOH-2832 (7/98)

DEPT. OF LABOR



CIMINELLI SERVICES CORP.

MEDICAL EVALUATION REPORT

PATIENT'S NAME: Jim Carlton

DATE OF EXAMINATION: 6-25-98

TYPE OF EXAMINATION: ☐ BASELINE ☒ ANNUAL ☐ EXIT ☐ SPECIAL

I hereby certify that the above named patient has completed a medical examination on the date indicated above in accordance with that specified by the company and the applicable OSHA Standard(s) cited below. Based upon my examination, I certify that the above named individual

- ☐ Is qualified to wear air purifying and air supplied respirators in accordance with 29 CFR 1910.134.
- ☐ Is medically qualified for work at hazardous waste sites, including wearing of respirators and chemical protective clothing, in accordance with 29 CFR 1910.120.
- ☐ Is medically qualified for asbestos abatement work, including the use of respirators and protective clothing, in accordance with 29 CFR 1926.58.
- ☐ Should be restricted from the following activities:

PLEASE CHECK THE FOLLOWING COMPONENTS INCLUDED AS PART OF THE MEDICAL EXAMINATION:

- ☒ In-depth Medical History
- ☒ In-depth Occupational History
- ☒ Full Physical Examination
- ☒ Vital Signs
- ☐ Audiometry
- ☒ Spirometry

- ☒ Chest X-Ray
- ☐ Urinalysis
- ☐ Complete Blood Count
- ☐ Blood Chemistry Profile
- ☐ Tetanus Immunization
- ☐ Cardiac Stress Test
- ☐ Vision
- ☐ EKG
- ☐ Arsenic - Urine
- ☐ PCB - Serum
- ☐ Blood Lead
- ☐ _____

PHYSICIAN'S COMMENTS AND/OR RECOMMENDATIONS FOR FURTHER MEDICAL EVALUATION:

[Signature]
(Physician's Signature)

Jeff B. Ste 6-25-98
(Printed Name of Physician and Date)

RESPIRATOR TRAINING PROGRAM

Project Name NEBRASKA ORDINANCE

Job Number CS-9707

Employee Name JIM CARLTON

S.S. No. 272-64-6660

Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which the company and the Occupational Safety and Health Administration (OSHA) require as part of the Respiratory Protection Standard (29 CFR 1910.134).

The basic respirator training program consists of the following items:

- * An explanation of the problems involved in misusing the respirator
- * A discussion of why engineering controls could not be used effectively and as a result respiratory protection equipment is required
- * How and why this particular respirator was chosen for this specific job
- * The limitations of the respirator that has been selected
- * How to put on the respirator and properly adjust the facepiece and tension straps
- * How to wear the respirator
- * What the essential points of the care and maintenance program are
- * How to recognize and handle emergencies
- * How to inspect the respirator
- * When to use an Air Purifying Respirator
- * The purpose of the medical evaluation

EMPLOYEE SIGNATURE

Jim Carlton

DATE

6/29/98

RESPIRATORY TEST SUMMARY

Employee Name NEBRASKA ORDINANCE

S.S. No. 272-64-6660

Date of Testing 6/29/98

Test Conducted By

Respirator Selected - Manufacturer

WILLSON

Respirator Size

UNIVERSAL

Type(s) of Test Conducted - Qualitative

☒

Testing Agent(s) Used - Irritant Smoke (SnOCL)

David Lee Jones

PASS

☒

FAIL

☐

NEBRASKA DEPARTMENT OF HEALTH

ASBESTOS OCCUPATION
MEDICAL EXAMINATION

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 71-6310 pertaining to the State certification of an individual for an asbestos occupation. The statute provides that individuals may not be certified unless they have "been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator."

PHYSICIAN'S CERTIFICATION

Name of Individual Examined

Jim Carlton

Home address of Individual

2651 Vanderhoof

Date of exam

6-25-98

Norton, Ohio

44203

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

☒ is physically capable of working while wearing a respirator

☐ is not physically capable of working while wearing a respirator

Name of Examining Physician:

DR. ROBERT N. BROWN

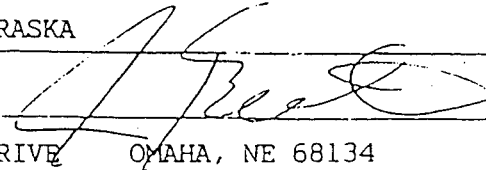
Physician's License Number:

#12357

Jurisdiction Issuing License:

NEBRASKA

Signature of Examining Physician



Business Address:

10245 WIESMAN DRIVE OMAHA, NE 68134

Business Phone:

(402) 493-4400

STATE OF IOWA
DOCTOR'S CERTIFICATION

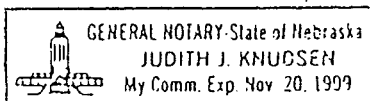
(PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURES)

Doctor's Name <u>R. Brown</u>	Applicant's Name <u>Jim Carlton</u> Date of Birth <u>1-16-57</u>
Clinic Name	Date of Exam <u>6/25/98</u>
Clinic Address FAMILYMED P.O. Box 642120 Omaha, NE 68164-8120	
Clinic Phone Number <u>402-493-4400</u> (Include Area Code)	
Clinic Fax Number <u>402-493-8965</u>	

I performed a physical examination of the Applicant listed above on the date indicated. I have read the mandatory OSHA guidelines for this physical in 29 C.F.R. 1910.134, 1910.1001, and 1926.1101 and the examination I conducted was in accordance with the OSHA guidelines. The Applicant was informed of the results of the exam and of any medical conditions resulting from asbestos exposure which require further explanation or treatment; the Applicant was informed of the increased risk of lung cancer attributed to the combined effects of smoking and asbestos exposure; medical and work histories with special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems were completed; the appropriate questionnaire from CFR 1926.1101, Appendix D, was completed; I performed a physical examination of Applicant directed to the pulmonary and gastrointestinal systems and including tests of forced vital capacity and forced expiratory volume at one second; and, interpretation and classification of Applicant's chest was conducted in accordance with CFR 1926.1101, Appendix E. I have determined that the Applicant is capable of working while wearing a negative pressure respirator without restriction.

I am licensed by the state of Nebraska to perform physical examinations such as I performed on Applicant.

I swear and attest that I have read the above statement and it is true and accurate.



(Doctor's Signature) R. Brown

Subscribed and sworn to before me, a Notary Public, on this 25th day of June Year 1998
(Month)

Judith J. Knudsen
Notary Public Signature

Notice and instructions to applicant:

This form must be completed and returned with any application for Contractor/Supervisor or Worker Licenses. The medical questionnaire from 29 CFR 1926.1101, Appendix D, is for the use of the physician and is not to be returned to the Division of Labor.

The accuracy of this document may be verified by the Division of Labor. Falsification of a doctor's signature or other attempts to fraudulently obtain an asbestos license may result in criminal charges, denial of your application, forfeiture of your application fee, denial of future applications for asbestos licenses, and a civil penalty of up to \$5,000.



**WASTE MANAGEMENT OF NORTHWEST PA
LAKE VIEW LANDFILL**
851 Robison Road East
Erie, Pennsylvania 16509

April 16, 1999

East Rope Business Park
401 Mill St.
Rome, NY 14440

Dear Generator:

Enclosed you will find your copies of asbestos disposal manifests that cover the loads of asbestos which were disposed at Lake View Landfill from April 1, 1999 through April 15, 1999.

Manifest #6854

If you have questions, please call me 814-824-7822.

Sincerely,
Lake View Landfill

Chuck M. Ferrick
Technical Manager

MAY 3 1999

PRIORITY PACKAGE DELIVERY



P.O. Box 1211
2038 Grand Island Blvd.
Grand Island, NY 14072
716-773-4000 • Fax 716-773-4000

6854

NON-HAZARDOUS SPECIAL WASTE MANIFEST

Emergency Phone 716-773-4000

GENERATOR

GENERATOR NAME East Rpsa Business Park			LOCATION Same		
ADDRESS 401 Mill St.			ADDRESS		
CITY Rome	STATE NY	ZIP 13440	CITY	STATE	ZIP
DESCRIPTION				QUANTITY	UNIT
~~RQ Asbestos, 9 NA2212, PGIII~~ ~~RQ ORME, SOLID, N.O.S., NA 9188 (ASBESTOS)~~				110 cu yd Trl	
UNITS D - DRUM; B - BAG, YD - YARD; T - TON			DISCREPANCIES 8.32 TONS		

This is to certify that the above named materials are properly classified, described, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

ABATEMENT COMPANY NAME Arrie Corporation		ADDRESS 5033 Transit Rd. Depew NY 14043	
SUPERVISOR NAME Mr. David Ramsey	SIGNATURE <i>Michael Ramsey</i>	PHONE NUMBER 716-681-3535	

TRANSPORTER

TRANSPORTER NAME PRIORITY PACKAGE DELIVERY, INC.		PERMIT NUMBER 9A-428 / NYD986912509	TRAILER NUMBER
ADDRESS P.O. Box 1211 / 2038 Grand Island Blvd., Grand Island, NY 14072			PHONE NUMBER (716) 773-4000
I hereby certify that the above named material was picked up at the site named above: <i>Kevin Carter</i> DRIVER SIGNATURE		I hereby certify that the above named material was picked up at the site named below: <i>Kevin Carter</i> DRIVER SIGNATURE	
SHIPMENT DATE 4/1/99		SHIPMENT DATE	
DRIVER SIGNATURE (PRINT) KEVIN CARTER		DRIVER SIGNATURE (PRINT) KEVIN CARTER	

DISPOSAL FACILITY

FACILITY NAME Lakeview Landfill		PERMIT NUMBER	PHONE NUMBER 814-824-7827
ADDRESS 851 Robison Rd. East	CITY Erie	STATE PA	ZIP 16509
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate:			
NAME OF AUTHORIZED AGENT (PRINT) William P. K...E		SIGNATURE <i>William P. K...E</i>	DATE OF RECEIPT 4/1/99

KELLER ASSOCIATES, INC.

5033 Transit Road
Depew, New York 14043
(716) 681-3535

PAGE 4
7/8/99
**WASTE
MANIFEST**

NUMBER

99042

GENERATOR		GENERATING LOCATION	
GENERATOR/BUILDING OWNER NAME East Bone Business Park		SAME	
ADDRESS 101 Mill St.		ADDRESS	
CITY Bone	STATE NY	CITY	STATE
ZIP		ZIP	
PHONE NUMBER 6-681-3535	GENERATOR AUTHORIZED AGENT NAME KENNETH KELLER	TYPE OF CONTAINER B-BAG	
		D-DRUM	Y-YARDS
		O-OTHER	

DESCRIPTION OF WASTE

R.Q. ORME - N.O.S. SOLID
N.A. - 9188 ASBESTOS FRIABLE

QUANTITY

47

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

GENERATOR AUTHORIZED AGENT SIGNATURE <i>[Signature]</i>		SUPERVISOR'S SIGNATURE <i>[Signature]</i>		SHIPMENT DATE	
TRANSPORTER NAME ARRIC CORP.		PHONE NUMBER 716-681-3535		TRUCK NUMBER 01	
ADDRESS 5033 TRANSIT RD.		VEHICLE LICENSE NO.		STATE NY	
CITY DEPEW		STATE NY		VEHICLE CERTIFICATION 9A-551	
ZIP 14043		DRIVER'S NAME (PRINT)			
I hereby certify that the above named material was picked up at the generator site listed above.		I hereby certify that the above named material was delivered without incident to the destination listed below.			
DRIVER SIGNATURE <i>[Signature]</i>		SHIPMENT DATE		DELIVERY DATE 5/11/99	

SITE NAME VALLEY LANDFILL		PHONE NUMBER 744-7446	
ADDRESS RD #2, BOX 282A, PLEASANT VALLEY RD.		STATE PA	
CITY IRWIN		ZIP 15642	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
Name of Authorized Agent Casey Kowalski		Signature Casey Kowalski	
		Receipt Date 5.11.99	

Customers: Canam; Landfill Pink - Unit Office Gold - Transporters

Section 2

Hazardous Waste Manifests

Electric Manway PCBs and ACM

NYG 0330498

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALSHAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

MANWAY



1 - LOAD TOTAL

Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-9300 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000005998030498		Manifest Doc. No. 30498		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address ROME CITY 401 MILL STREET, ROME, NY 13440-6952						A. NYG0330498							
4. Generator's Telephone Number (315) 839-7792						B. Generator's ID SAME							
5. Transporter 1 (Company Name) FRANK'S VACUUM TRUCK SERVICE				6. US EPA ID Number NYD982792814		C. State Transporter's ID 80343V NY							
7. Transporter 2 (Company Name)				8. US EPA ID Number		D. Transporter's Telephone (716) 284-2132							
9. Designated Facility Name and Site Address CNM CHEMICAL SERVICES, L.L.C. 1550 BALMER ROAD MODEL CITY, NY 14107						E. State Transporter's ID							
10. US EPA ID Number NYD049836679						F. Transporter's Telephone ()							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity					
a. EO, ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, NOS, 9, UN3077, PGIII (POLYCHLORINATED BIPHENYLS, ASESIC) b. c. d.						001 DT 		EST. 79000 		175. 		I. Waste No.	
												EPA	
												STATE B006	
												EPA	
												STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above							
a. CLO477						a. L		c. ☐					
b. 						b. ☐		d. ☐					
15. Special Handling Instructions and Additional Information													
a. PCB Out of Service Date: 8/2/99 SERVICE REQUEST # CHERTREC Emergency Response Number (800) 424-9300													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOE WATROBA For City of Rome				Signature <i>Joe Watroba</i>		Mo. 10 Day 8 Year 1999							
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Robert Saunders</i>		Mo. 10 Day 8 Year 1999							
Printed/Typed Name ROBERT SAUNDERS				Signature		Mo. Day Year							
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Mo. Day Year							
Printed/Typed Name				Signature		Mo. Day Year							
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name				Signature		Mo. Day Year							

MAILED OUT 8/26/99



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

57022

DATE

08/27/99

NYDEC #9A-332
EPA ID # NYD982792814

PICK UP				DELIVERY			
SHIPPER	NAME CITY OF ROME			CONSIGNEE	NAME CHEMICAL WASTE MANAGEMENT		
	STREET 101 MILL ST				STREET 1500 BARNES ROAD		
	CITY ROME, NY	STATE	ZIP CODE		CITY MODEL CITY, NY	STATE	ZIP CODE
	CONTACT NAME JOE 315 336-6310				CONTACT NAME RICK CORDEN 716 774-0155		
	SCHEDULED TIME 08/27/99 09:00				SCHEDULED TIME 08/27/99		

ADDITIONAL INFORMATION

CUSTOMER P.O. NO.		WORK ORDER NUMBER		MANIFEST NUMBER		BILLING REFERENCE	
LOAD NUMBER 10355		TRACTOR NUMBER 104		TRAILER NUMBER 2015		DRIVER'S NAME SAUTH	
NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR				CUSTOMER CODE #

TYPE (CIRCLE ONE)		PLACARDS PROVIDED OR AFFIXED		WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER:
TANK (S/S) (R/L)					
VAC					
DUMP					
VAN					
ROLL-OFF					
FLATBED					
		SHIPPER'S CHECK LIST			
		DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS		
		PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING		

PICK UP				DELIVERY			
ARRIVAL DATE		ARRIVAL TIME		DRIVER		DATE	
		AM PM				AM PM	
ARRIVAL TIME		RELEASE TIME		ARRIVAL TIME		RELEASE TIME	
		AM PM				AM PM	
TRAILER EMPTY UPON ARRIVAL		☐ YES ☐ NO		TRAILER EMPTY UPON DEPARTURE		☐ YES ☐ NO	
(If not, explain below)				(If not, explain below)			
DIP MEASUREMENT (Tankers Only)		INCHES		COMMENTS: (EXPLAIN ALL DELAYS)			
SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are truly and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.				I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.			
X TITLE				X			

Section 3

Hazardous Waste Manifests

Transformers & X-Ray machine

NYG 0330048

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

441 8

Please type or print. Do not staple.

(Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR0000059980		Manifest Doc. No. 7E-AN-1		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
Generator's Name and Mailing Address ROME CITY 401 MILL STREET, ROME, NY 13440-6952						A. NYG 0330048			
4. Generator's Telephone Number (315) 839-7792						B. Generator's ID SAME			
5. Transporter 1 (Company Name) PRILE TRUCKING				6. US EPA ID Number 4100000765174		C. State Transporter's ID			
7. Transporter 2 (Company Name)				8. US EPA ID Number		D. Transporter's Telephone ()			
9. Designated Facility Name and Site Address CHM CHEMICAL SERVICES, L.L.C. 1550 BALMER ROAD MODEL CITY, NY 14107						E. State Transporter's ID			
10. US EPA ID Number NYD049836679						F. Transporter's Telephone ()			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. PCB, POLYCHLORINATED BIPHENYL MIXTURE, 9, UN2315, III						12. Containers Number Type 001 P		13. Total Quantity EST. 172 LB	
						14. Unit Wt/Vol X		I. Waste No. EPA STATE PC06	
								EPA STATE	
								EPA STATE	
								EPA STATE	
J. Additional Descriptions for Materials listed Above CL3115						K. Handling Codes for Wastes Listed Above a ☒ b ☐ c ☐ d ☐			
15. Special Handling Instructions and Additional Information 11a) PCB OUT OF SERVICE DATE 8/10/02 CHEMTREC EMERGENCY RESPONSE NUMBER: (800) 424-9300 SERVICE REQUEST #									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name KE PATRICK A. ...					Signature ...				
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ...					Signature ...				
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name					Signature				
19. Discrepancy Indication Space 12 A - 54, 18 50 'TP'									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name L. L. ...					Signature ...				



CWM Chemical Services, Inc.
Model City, NY

41040

Cubic Yards

10:53 47320 LB 6 2
06/17/99

Receipt #

Trailer License Plate # and State

37233

Profile #

Permit #

PR 100

560 987

Transporter Name

Tractor/Trailer/Roll-off #

AL WILSON

RAKE CITY

Driver's Name

Generator

12:36 50140 LB 6 1
06/17/99

Scheduled Arrival:

Actual Arrival:

Date

Time

Date

Time In

Time Out

Arrived during Blackout? Y / N

Notified DEC? Y / N

☐ Leaker ☐ Permit Violation ☐ Placarding/Veh. I.D. Violation

☐ Other (specify)

☐ Bulk to Landfill ☐ No wet line ☒ Flatbed ☐ Stabilization ☐ Drums ☐ Tanker ☒ Transformers

Laboratory

Time In

Time Out

Initials

Comments

Stabilization

Time In

Time Out

Initials

Gross Wt.

Comments

Landfill

Time In

Time Out

Initials

Comments

Other

Time In

Time Out

Initials

Comments

Truck Wash

Time In

Time Out

Signature (NO Initials)

Comments

Facility Personnel (please initial)

Smoking or eating in prohibited areas

Leaving truck unattended

Failure to obey instructions of facility personnel

Failure to display overweight flag

Failure to wear appropriate PPE

Improper tarping or detarpin

Unsafe driving practices

Overweight upon arrival

Other (specify)

FLATBED!

Security Guard Initials:

(Indicating receipt of Wash Bay pass, if necessary)

Driver's Comments



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
718/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 06/17/99 as described on Hazardous Waste Manifest number NYG0330048 Sequence number 02. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL3118
CWM Tracking ID: 8150642702
CWM Unit #: 1*0 thru 4*0
Disposal Date: 06/18/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 149231
06/23/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CONFIRMATION OF DESTRUCTION

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 06/17/99 as described on Hazardous Waste Manifest number NYG0330048 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was trans-shipped to a CWM approved facility for final disposition. CWM CHEMICAL SERVICES, L.L.C. also certifies that it has received confirmation that said material was disposed/destroyed in accordance with both state and federal regulations.

Profile Number: CL3115
CWM Tracking ID: 8150642701
CWM Unit #: 1*0 thru 5*0
Disposal Date: 09/21/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 161864
10/12/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

Section 4

Non-Hazardous Waste Manifests

Activated Carbon Cells



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

57296

DATE

09/17/99

NYDEC #9A-332
EPA ID # NYD982792814

PICK UP

DELIVERY

SHIPPER	NAME	CITY OF ROME			CONSIGNEE	NAME	Industrial oil		
	STREET	401 MILL ST				STREET	120 dry rd		
	CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
	CONTACT NAME	JOE 315-336-6313				CONTACT NAME	John 315-736-6080		
	SCHEDULED TIME	09/17/99 07:00				SCHEDULED TIME	09/17/99 10:00		

ADDITIONAL INFORMATION

non hazardous liquid

CUSTOMER P.O. NO. 2688	WORK ORDER NUMBER	MANIFEST NUMBER	BILLING CITY/STATE CATONIA NY
LOADING NUMBER 9954	TRACTOR NUMBER 48	TRAILER NUMBER 402	DRIVER REFFB

NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR	CUSTOMER CODE #
WT 11280			NON REGULATED NON HAZARDOUS OIL/WATER	

TYPE (CIRCLE ONE) ☒ TANK (S/S) (R/L) ☐ DUMP ☐ VAN ☐ ROLL-OFF ☐ FLATBED	PLACARDS PROVIDED OR AFFIXED SHIPPER'S CHECK LIST ☒ DOT LABELS APPLIED AND SECURE ☒ DOT AUTHORIZED CONTAINERS ☒ PROPER DOT NAME ON ALL PACKAGES ☒ CHECKED FOR PROPER SEALING	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER:
---	---	---	----------------------------------

PICK UP	DELIVERY
ARRIVAL DATE 9-17-99 ARRIVAL TIME 7:00 PM RELEASE TIME 11:45 AM TRAILER EMPTY UPON ARRIVAL ☒ YES ☐ NO (If not, explain below) DIP MEASUREMENT (Tankers Only) _____ INCHES COMMENTS: (EXPLAIN ALL DELAYS) waiting loading paperwork	DRIVER Robert L. Huffer DATE 9-17-99 ARRIVAL TIME 12:15 PM RELEASE TIME 2:00 PM TRAILER EMPTY UPON DEPARTURE ☒ YES ☐ NO (If not, explain below) COMMENTS: (EXPLAIN ALL DELAYS) unloading paperwork
SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. X Joe Waterhouse SHIPPER'S SIGNATURE	I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. X John Huffer CONSIGNEE'S SIGNATURE DOTSC-9/17/99



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

DATE

09/07/99

NYDEC #9A-332
EPA ID # NYD982792814

PICK UP

DELIVERY

SHIPPER	NAME	CITY OF ROME	
	STREET	401 MILL ST	
	CITY	STATE	ZIP CODE
	ROME, NY		
	CONTACT NAME	joe 315-336-6313	
SCHEDULED TIME	09/07/99 08:00		
CONSIGNEE	NAME	Industrial oil	
	STREET	120 dry rd	
	CITY	STATE	ZIP CODE
	ORISKANY, NY		
	CONTACT NAME	john 315-736-6080	
SCHEDULED TIME	09/07/99 11:00		

ADDITIONAL INFORMATION

CUSTOMER P.O. NO.	WORK ORDER NUMBER	MANIFEST NUMBER	BILLING REFERENCE
			CIMITONANY
LOAD NUMBER	TRACTOR NUMBER	TRAILER NUMBER	DRIVER'S NAME
39332	57	406	Scott Yockey
NUMBER & TYPES	WEIGHT OR VOLUME	HAZ MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR
1T/1	30006		See Manifest Non Haz Waste Water

TYPE (CIRCLE ONE)	PLACARDS PROVIDED OR AFFIXED	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER:
TANK (S/S) (R/L) <u>VAC</u>			
DUMP			
VAN			
ROLL-OFF			
FLATBED			

PICK UP	DELIVERY
ARRIVAL DATE 9-7-99	DRIVER Scott Yockey DATE 9-7-99
ARRIVAL TIME 8:00 AM	ARRIVAL TIME 2:30 PM
RELEASE TIME 2:15 PM	RELEASE TIME
TRAILER EMPTY UPON ARRIVAL ☒ YES ☐ NO	TRAILER EMPTY UPON DEPARTURE ☐ YES ☐ NO
DIP MEASUREMENT (Tankers Only) _____ INCHES	COMMENTS: (EXPLAIN ALL DELAYS)
COMMENTS: (EXPLAIN ALL DELAYS) Slow Loading Vac on Load	
SHIPPER'S SIGNATURE Joe Watroba SUPERINTENDENT FOR CITY OF ROME	CONSIGNEE'S SIGNATURE J. J. Jotsc 9/7/99

INDUSTRIAL OIL TANK SERVICE CORPORATION

LABORATORY REPORT

TYPE OF ANALYSIS: BS&W (BOTTOM SEDIMENT & WATER)
 UNITS OF ANALYSIS: 1 PERCENT
 CLIENT: *Frank's Vacuum Truck Service*

ANALYTICAL PARAMETER	SAMPLE NO.	TOTAL BS&W	SEDIMENT	WATER	RAG LAYER
----------------------	------------	---------------	----------	-------	-----------

% Solids	COR 990907	24.0%	24%		
.28/GAL.					
.03/GAL. For Every % Solid Greater Than 2%					

$$\begin{array}{r}
 .28 \\
 + .66 \\
 \hline
 .94 / \text{GAL}
 \end{array}$$

Brett D. Field

Brett D. Field
 Lab Technician

PICK UP		DELIVERY	
ARRIVAL DATE <u>9-17-99</u>		DRIVER <u>Gabriel H.</u>	DATE <u>9-20-99</u>
ARRIVAL TIME <u>10:00</u> AM PM	RELEASE TIME <u>12:30</u> AM PM	ARRIVAL TIME <u>5:45</u> AM PM	RELEASE TIME <u>9:15</u> AM PM
TRAILER EMPTY UPON ARRIVAL ☐ YES ☐ NO (If not, explain below)		TRAILER EMPTY UPON DEPARTURE ☒ YES ☐ NO (If not, explain below)	
DIP MEASUREMENT (Tankers Only) _____ INCHES		COMMENTS: (EXPLAIN ALL DELAYS) _____	
COMMENTS: (EXPLAIN ALL DELAYS) _____		<u>unload/p-work</u>	
SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.		I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.	
<u>x J. M. Watson</u> SHIPPER'S SIGNATURE	TITLE <u>Super</u>	<u>x C. L. Carter</u> CONSIGNEE'S SIGNATURE	



Transporter Log
CWM Chemical Services, Inc.
Model City, NY

49759

40
Cubic Yards

5

0574295

80312-V-NY

Receipt #

Trailer License Plate # and State

Service Req. #

Profile #

Permit #

Transporter Name

Tractor/Trailer/Roll-off #

Driver's Name

Generator

Scheduled Arrival:

Date

Time

Actual Arrival:

Date

Time In

Time Out

Arrived during Blackout? Y / N

Notified DEC? Y / N

☐ Leaker ☐ Permit Violation ☐ Placarding/Veh. I.D. Violation

☐ Other (specify)

☒ Bulk to Landfill ☐ No wet line ☐ Flatbed ☐ Stabilization ☐ Drums ☐ Tanker ☐ Transformers

Laboratory

Time In

Time Out

Initials

Comments

Stabilization

Time In

Time Out

Initials

Gross Wt.

Comments

Landfill

Time In

Time Out

Initials

Comments

Other

Time In

Time Out

Initials

Comments

Truck Wash

Time In

Time Out

Signature (NO Initials)

Comments

Facility Personnel (please initial)

Smoking or eating in prohibited areas

Failure to obey instructions of facility personnel

Failure to wear appropriate PPE

Unsafe driving practices

Other (specify)

Leaving truck unattended

Failure to display overweight flag

Improper tarping or detarpin

Overweight upon arrival

9/15

Security Guard Initials: _____
(Indicating receipt of Wash Bay pass, if necessary)



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

NYDEC #9A-332
EPA ID # NYD982792814

10/27/99

PICK UP				DELIVERY					
SHIPPER	NAME	BAKER TANKS		CONSIGNEE	NAME	Industrial oil			
	STREET	3725 JEFFREY BLVD			STREET	120 dry rd			
	CITY	BLASDELL, NY	STATE			CITY	ORISKANY, NY	STATE	
	CONTACT NAME	RON			CONTACT NAME	john			
	SCHEDULED TIME	10/28/99 12:00			SCHEDULED TIME	11/01/99			
ADDITIONAL INFORMATION									

CITY OF ROME NON HAZARDOUS WATER

CUSTOMER P.O. NO.		WORK ORDER NUMBER		MANIFEST NUMBER		BILLING REFERENCE	
						CITY OF ROME	
LOAD NUMBER 40057		TRACTOR NUMBER 48		TRAILER NUMBER 402-V		DRIVER'S NAME Bob Heffler	
NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR				CUSTOMER CODE #
1TT	5136		NON HAZARDOUS WASTE WATER TANK CG-153.D B/T #3				

TYPE (CIRCLE ONE)		PLACARDS PROVIDED OR AFFIXED		WHEN "RO" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER:
TANK (S/S) (R/L)					
☒ VAC					
DUMP					
VAN		SHIPPER'S CHECK LIST			
ROLL-OFF		☒ DOT LABELS APPLIED AND SECURE	☒ DOT AUTHORIZED CONTAINERS		
FLATBED		☒ PROPER DOT NAME ON ALL PACKAGES	☒ CHECKED FOR PROPER SEALING		

PICK UP		DELIVERY	
ARRIVAL DATE	10-28-99	DRIVER	Lee Brerlinger
ARRIVAL TIME	1230 AM	ARRIVAL TIME	800 AM
RELEASE TIME	400 PM	RELEASE TIME	915 PM
TRAILER EMPTY UPON ARRIVAL	☒ YES	TRAILER EMPTY UPON DEPARTURE	☐ YES
(If not, explain below)		(If not, explain below)	
DIP MEASUREMENT (Tankers Only)		COMMENTS: (EXPLAIN ALL DELAYS)	
COMMENTS: (EXPLAIN ALL DELAYS)	loading VAC TRUCK PAPERWORK		
SHIPPER'S SIGNATURE		unloading	
Joe Wathro		I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.	
TITLE SUPERINTENDANT		CONSIGNEE'S SIGNATURE	
		Bart J. Fuld	



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

DATE

10/27/99

NYDEC #9A-332
EPA ID # NYD982792814

PICK UP

DELIVERY

SHIPPER	NAME	BAKER TANKS		
	STREET	3725 JEFFREY BLVD		
	CITY	STATE	ZIP CODE	
	CONTACT NAME	716-822-8118		
	SCHEDULED TIME	10/27/99 12:00		
CONSIGNEE	NAME	Industrial oil 10/28 20F2		
	STREET	120 dry rd		
	CITY	STATE	ZIP CODE	
	CONTACT NAME	john 315-758-0080		
	SCHEDULED TIME	11/01/99		

ADDITIONAL INFORMATION

CITY OF SOME NON HAZARDOUS WATER

CUSTOMER P.O. NO.		WORK ORDER NUMBER		MANIFEST NUMBER		BILLING REFERENCE	
LOAD NUMBER		TRACTOR NUMBER		TRAILER NUMBER		DRIVER'S NAME	
NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR				CUSTOMER CODE #
1TT	5136		NON HAZARDOUS WATER WATER				
			TANK CG-153D B/T #3				

TYPE (CIRCLE ONE)	PLACARDS PROVIDED OR AFFIXED		WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER:
TANK (S/S) (R/L)				
VAC				
DUMP				
VAN				
ROLL-OFF				
FLATBED				
SHIPPER'S CHECK LIST				
DOT LABELS APPLIED AND SECURE		DOT AUTHORIZED CONTAINERS		
PROPER DOT NAME ON ALL PACKAGES		CHECKED FOR PROPER SEALING		

PICK UP		DELIVERY	
ARRIVAL DATE	ARRIVAL TIME	DRIVER	DATE
	4:00 PM		
RELEASE TIME		ARRIVAL TIME	RELEASE TIME
TRAILER EMPTY UPON ARRIVAL	YES	TRAILER EMPTY UPON DEPARTURE	YES
(If not, explain below)		(If not, explain below)	
DIP MEASUREMENT (Tankers Only)	INCHES	COMMENTS: (EXPLAIN ALL DELAYS)	
COMMENTS: (EXPLAIN ALL DELAYS)			
SHIPPER'S SIGNATURE		CONSIGNEE'S SIGNATURE	
TITLE			
SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.			
I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.			

Section 5

Hazardous Waste Manifests

PCB Contaminated Soil (Excavation D)

NYG 0846234

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-9300 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR0000059980		Manifest Doc. No. D11		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.											
3. Generator's Name and Mailing Address ROME CITY 401 MILL ST. ROME NY 13440-6952						A. NYG0846234 8. Generator's ID Jeme NYR0000059980 C. State Transporter's ID 735695-NY D. Transporter's Telephone (800) 218-1510 E. State Transporter's ID F. Transporter's Telephone G. State Facility ID H. Facility Telephone (800) 511-710-754-6231													
4. Generator's Telephone Number (315) 336-6313																			
5. Transporter 1 (Company Name) PAGE ETL INC			6. US EPA ID Number MY09869699417																
7. Transporter 2 (Company Name)			8. US EPA ID Number																
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES L.L.C. 1550 BALMER RD. MODEL CITY NY 14107						10. US EPA ID Number NYD049836679													
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. RQ POLYCHLORINATED BIPHENYL MIXTURE MIXTURE, 9, UN 2315, III						12. Containers Number Type 001 DT 27272		13. Total Quantity EST.		14. Unit Wt/Vol K									
										I. Waste No. EPA STATE B007 EPA STATE EPA STATE EPA STATE									
J. Additional Descriptions for Materials Listed Above a. CL0471						K. Handling Codes for Wastes Listed Above L													
b.						c.													
d.						e.													
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 4-27-99 SR# 501692-1 CHEMTREC EMERGENCY RESPONSE NUMBER (800) 424-9300 81504362																			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.																			
Printed/Typed Name JOSEPH F. WATROBA					Signature <i>Joseph F. Watroba</i>					Mo. Day Year 10 5 13 99									
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name BART HAMPTON										Signature <i>Bart Hampton</i>					Mo. Day Year 10 5 13 99				
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name										Signature					Mo. Day Year				
19. Discrepancy Indication Space actual pers 33158K																			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name ETLEW CARTON										Signature <i>Edwin Carton</i>					Mo. Day Year 05 14 99				



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/14/99 as described on Hazardous Waste Manifest number NYG0846234 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150436701
CWM Unit #: 1*0
Disposal Date: 05/14/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145392
05/17/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

NYG 0330498

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



(Rev. 3/97)

Please type or print. Do not staple.

In case of emergency or spill immediately call the National Response Center (800) 424-8800 and the NYS Department of Environmental Conservation (518) 457-7362

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. N Y R 0 0 0 0 0 5 9 9 8 0		Manifest Doc. No. 3 0 4 9 8		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address ROME CITY 401 MILL STREET, ROME, NY 13440-6952						NYG0330498 B. Generator's ID SAME C. State Transporter's ID 80343V NY D. Transporter's Telephone (716) 284-2132 E. State Transporter's ID F. Transporter's Telephone () G. State Facility ID H. Facility Telephone (716) 754-6231							
4. Generator's Telephone Number (315) 839-7792			6. US EPA ID Number N Y D 9 8 2 7 9 2 8 1 4										
5. Transporter 1 (Company Name) FRANK'S VACUUM TRUCK SERVICE			8. US EPA ID Number										
7. Transporter 2 (Company Name)													
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES, L.L.C. 1550 BALMER ROAD MODEL CITY, NY 14107			10. US EPA ID Number N Y D 0 4 9 8 3 6 6 7 9										
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total		14. Unit			
a. RQ, ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, NOS, 9, UN3077, PGIII (POLYCHLORINATED BIPHENYLS, ASBESTOS)						Number		Type		Quantity			
						EST.		Wt/Vol		I. Waste No.			
						0 0 1		D T		2 9 0 0 0		LBS.	
												EPA	
												STATE	
b.										EPA			
c.										STATE			
d.										EPA			
										STATE			
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above							
a. CLO477						a. ☒ L ☐ c ☐							
b.						b. ☐ d ☐							
15. Special Handling Instructions and Additional Information													
a. PCB Out of Service Date: 8/2/99 SERVICE REQUEST # 8151204/ CHEMTREC Emergency Response Number (800) 424-9300													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOE WATROBA For City of Rome						Signature Joe Watroba							
17. Transporter 1 Acknowledgement of Receipt of Materials						Mo. Day Year 10 8 2 6 9 9							
Printed/Typed Name Robert Sanders						Signature Robert Sanders							
18. Transporter 2 Acknowledgement of Receipt of Materials						Mo. Day Year 10 8 2 6 9 9							
Printed/Typed Name						Signature							
19. Discrepancy Indication Space						actual recd 19405 K Item 14-1K Item I-B002							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Susan M. Brennan						Signature Susan M. Brennan							
						Mo. Day Year 10 8 2 6 9 9							



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 08/26/99 as described on Hazardous Waste Manifest number NYG0330498 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8151204101
CWM Unit #: 1*0
Disposal Date: 08/26/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 156566
08/27/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



NYG 0846252

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Use type or print. Do not staple.

(Rev. 3/97)

In case of spill immediately call the National Response Center (800) 424-8802 or the NYS Department of Environmental Conservation (518) 457-7362

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR 000059980		Manifest Doc. No. A2		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address ROME CITY 401 Mill ST. 13440-6952 ROME, N.Y.						A. NYG 0846252							
4. Generator's Telephone Number (315) 336-6313													
5. Transporter 1 (Company Name) Page ETC INC			6. US EPA ID Number NYD986969247			B. Generator's ID NYR000059980							
7. Transporter 2 (Company Name)			8. US EPA ID Number			C. State Transporter's ID 6434N-NY							
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY NY 14107						D. Transporter's Telephone 800348150							
						E. State Transporter's ID							
10. US EPA ID Number NYD049836679						F. Transporter's Telephone ()							
						G. State Facility ID							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						001 DT 2		7272		K		EPA STATE B007	
b.										EPA STATE			
c.										EPA STATE			
d.										EPA STATE			
1. Additional Descriptions for Materials listed Above a. CL 0477						K. Handling Codes for Wastes Listed Above a. [L]							
b.						b. []							
15. Special Handling Instructions and Additional Information PCB ~~OUT~~ OUT OF SERVICE DATE 4-27-99										SR# 501692-2			
CHEMTREC EMERGENCY RESPONSE NUMBER (800) 424-9300										81504373			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOSEPH F. WATROBA				Signature <i>Joseph F. Watroba</i>				Mo. Day Year 10 5 1 13 9 9					
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name John Tyle				Signature <i>John Tyle</i>		Mo. Day Year 10 5 1 13 9 9			
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature		Mo. Day Year			
19. Discrepancy Indication Space actual recd 28930K													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name ERLOON CARTON				Signature <i>Erloon Carton</i>				Mo. Day Year 05 14 99					



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/14/99 as described on Hazardous Waste Manifest number NYG0846252 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150437301
CWM Unit #: 1*0
Disposal Date: 05/14/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145397
05/17/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



NYG0330048

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Use type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-8800 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. N Y R 0 0 0 0 5 9 9 8 0		Manifest Doc. No. T R A I N I		2. Page 1 of 2		Information within heavy bold line is not required by Federal Law.			
3. Generator's Name and Mailing Address ROME CITY 401 MILL STREET, ROME, NY 13440-6952						A. NYG0330048 B. Generator's ID SAME C. State Transporter's ID 3168A1 NY D. Transporter's Telephone (800) 825-6001 E. State Transporter's ID F. Transporter's Telephone () G. State Facility ID H. Facility Telephone () 716 754-6231					
4. Generator's Telephone Number (315) 839-7792		6. US EPA ID Number N Y D 0 4 9 8 3 6 6 7 9		8. US EPA ID Number							
5. Transporter 1 (Company Name) PRICE TRUCKING		7. Transporter 2 (Company Name)									
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES, L.L.C. 1550 BALMER ROAD MODEL CITY, NY 14107		10. US EPA ID Number									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total		14. Unit	
a. RQ, POLYCHLORINATED BIPHENYL MIXTURE, 9, UN2315, III						Number		Type		Quantity	
						005		TP		12818	
b. RQ Polychlorinated Biphenyl Mixture, 9, UN2315, III						004		CM		04400	
c.											
d.											
1. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above					
a. CL3115						a. ☒ L ☐ c ☐					
b. CL3118						b. ☒ L ☐ d ☐					
15. Special Handling Instructions and Additional Information											
11a) PCB OUT OF SERVICE DATE 5-20-99						81506427					
CHEMTREC EMERGENCY RESPONSE NUMBER: (800) 424-9300						SERVICE REQUEST # 507233					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name JOE WATROBA FOR CITY OF ROME						Signature Joe Watroba					
17. Transporter 1 Acknowledgement of Receipt of Materials						Mo. Day Year 10/6/16/99					
Printed/Typed Name Al Williams						Signature Al Williams					
18. Transporter 2 Acknowledgement of Receipt of Materials						Mo. Day Year 10/6/16/99					
Printed/Typed Name						Signature					
19. Discrepancy Indication Space											
12A - should be 'TP'						Received 5 transformers and 4 reactors. See corrections/ additions made to lines a & b and discrepancy letter 10/6/99.					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.											
Printed/Typed Name Eileen Caron						Signature Eileen Caron					
						Mo. Day Year 10/6/17/99					



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 06/17/99 as described on Hazardous Waste Manifest number NYG0330048 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL3115
CWM Tracking ID: 8150642701
CWM Unit #: 1*0 thru 5*0
Disposal Date: 07/19/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 161864
10/12/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

CARCASSES ONLY

NYG 0846414

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-8800 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NY1R01000159980D80010		Manifest Doc. No.		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address Rome City 401 Mill St. Rome N.Y. 13440-6952				# 35-336-6313		A. NYG 0846414			
4. Generator's Telephone Number ()				6. US EPA ID Number NY1D9827948114		B. Generator's ID SAME NYR000059980			
5. Transporter 1 (Company Name) FRANKS VACUUM TRUCK				7. Transporter 2 (Company Name)		C. State Transporter's ID 43473 E NY			
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY NY 14107				10. US EPA ID Number NY1D049830679		D. Transporter's Telephone 716-285-2132			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III				12. Containers Number Type 001 DT		13. Total Quantity EST. 18181		14. Unit Wi/Vol K	
I. Waste No. EPA STATE B007									
J. Additional Descriptions for Materials listed Above a. CL 0477				K. Handling Codes for Wastes Listed Above a. ☐ b. ☐ c. ☐ d. ☐					
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 5-17-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9300									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH F. WATROSA				Signature Joseph F. Watrosa		Mo. Day Year 10/5/17/99			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name LEE BOEHRINGER				Signature Lee Boehringer		Mo. Day Year 10/5/17/99			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Mo. Day Year			
19. Discrepancy Indication Space actual rec'd 23905K									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name SARAH M. BERMAN				Signature S M Berman		Mo. Day Year 10/5/17/99			



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/17/99 as described on Hazardous Waste Manifest number NYG0846414 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150449401
CWM Unit #: 1*0
Disposal Date: 05/17/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145529
05/18/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



NYG0888489

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-9240 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000059980		Manifest Doc. No. 1		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address ROME CITY 401 MILL ST. ROME, NY 13440-6952				# 315-336-6313		A. NYG0888489							
4. Generator's Telephone Number 13440-6952				6. US EPA ID Number NYD049836679		B. Generator's ID NYR000059980							
5. Transporter 1 (Company Name) FRANKS VACUUM TRUCK SERVICE				8. US EPA ID Number		C. State Transporter's ID 80302V NY							
7. Transporter 2 (Company Name)				8. US EPA ID Number		D. Transporter's Telephone (716) 284-2132							
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY, NY 14107				10. US EPA ID Number NYD049836679		E. State Transporter's ID							
						F. Transporter's Telephone ()							
						G. State Facility ID							
						H. Facility Telephone () 8 @ 517 716-754-8231							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, 11						001 DT		18181		K		EPA STATE B007	
b.												EPA STATE	
c.												EPA STATE	
d.												EPA STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above							
a. CL 0477						a. ☐ c. ☐							
b.						b. ☐ d. ☐							
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 5-17-99 81504488 CHEMTREC EMERGENCY RESPONSE # 800-424-9300													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOSEPH F. WATROBA						Signature Joseph F. Watroba Mo. 5 Day 17 Year 99							
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature Michael Morris Mo. 5 Day 17 Year 99							
Printed/Typed Name MICHAEL MORRIS						Signature Michael Morris Mo. 5 Day 17 Year 99							
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature Mo. Day Year							
Printed/Typed Name						Signature Mo. Day Year							
19. Discrepancy Indication Space actual rec'd 24812K Item R-IL													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name EILEEN CARTON						Signature Eileen Carton Mo. 5 Day 17 Year 99							



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
PO. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/17/99 as described on Hazardous Waste Manifest number NYG0888489 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150449801
CWM Unit #: 1*0
Disposal Date: 05/17/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick
DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145536
05/18/99

For questions please call
our Customer Service Dept.
at (800) 843-3604



NYG 0888471

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-9302 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000059980		Manifest Doc. No. 1		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address ROME CITY 401 Mill ST. ROME, N.Y. 13440-6952						A. NYG 0888471							
4. Generator's Telephone Number () 13440-6952 # 315-336-6313													
5. Transporter 1 (Company Name) FRANK'S VACUUMTRUCK			6. US EPA ID Number NYD0810792814			B. Generator's ID NYR000059980							
7. Transporter 2 (Company Name)			8. US EPA ID Number			C. State Transporter's ID 80369 NY							
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY NY 14107						D. Transporter's Telephone () 716-6842132							
						E. State Transporter's ID							
10. US EPA ID Number NYD049836679						F. Transporter's Telephone ()							
						G. State Facility ID							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						001 DT		18181		K		EPA STATE B007	
b.												EPA STATE	
c.												EPA STATE	
d.												EPA STATE	
J. Additional Descriptions for Materials listed Above a. CL 0477						K. Handling Codes for Wastes Listed Above							
b.						c.							
c.						d.							
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 5-17-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9300													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOSEPH F. WATROBA						Signature <i>Joseph F. Watroba</i>				Mo. Day Year 10/5/17/99			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name CARI DISON						Signature <i>Cari Dison</i>				Mo. Day Year 10/5/17/99			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature				Mo. Day Year			
19. Discrepancy Indication Space actual rec'd 28069K						Item K-17							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name ELDON CARTER						Signature <i>Eldon Carter</i>				Mo. Day Year 10/5/17/99			



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/17/99 as described on Hazardous Waste Manifest number NYG0888471 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150449101
CWM Unit #: 1*0
Disposal Date: 05/17/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145526
05/18/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

NYG0846423

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS
HAZARDOUS WASTE MANIFEST
R.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of spill or spill immediately call the National Response Center (800) 424-8802 or the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR0000059980		Manifest Doc. No. 05		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address ROME CITY 401 Mill ST. ROME, N.Y. 13440-6952						A. NYG0846423							
4. Generator's Telephone Number () # 315-336-6313						B. Generator's ID Sample 25/12 NYR000059980							
5. Transporter 1 (Company Name) PAGE E.T.C. INC						C. State Transporter's ID 733615 NY							
6. US EPA ID Number NYD0986969947						D. Transporter's Telephone () 800 248 1510							
7. Transporter 2 (Company Name)						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Telephone ()							
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY NY 14107						G. State Facility ID							
10. US EPA ID Number NYD049836679						H. Facility Telephone () 716-754-8231							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III						001 DT		27 272		K		EPA STATE B007	
b.												EPA STATE	
c.												EPA STATE	
d.												EPA STATE	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a. CL 0477						c.		a.		c.			
b.						d.		b.		d.			
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 4-27-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9300 81504370													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOSEPH F. WATRABA						Signature Joseph F. Watraba Mo. Day Year 10 5 1 13 1999							
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Scott Smith						Signature Scott Smith Mo. Day Year 10 5 1 13 1999							
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature Mo. Day Year							
19. Discrepancy Indication Space actual sent 31788K stem K-17													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name ELLEN CARTER						Signature Ellen Carter Mo. Day Year 05 14 99							



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/14/99 as described on Hazardous Waste Manifest number NYG0846423 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150437001
CWM Unit #: 1*0
Disposal Date: 05/14/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145449
05/17/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

In case of emergency or spill immediately call the National Response Center (800) 424-8800 and the NYS Department of Environmental Conservation (518) 457-7362

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



NYG 0846279

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Use type or print. Do not staple.

(Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Doc. No.	2. Page 1 of	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address Rome City 401 Mill St. Rome N.Y. 13440		4. Generator's Telephone Number (315) 336-6313	5. Transporter 1 (Company Name) Page E.T.C. Inc.	6. US EPA ID Number NYD98696947	7. Transporter 2 (Company Name)
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MADRID CITY N.Y. 14107		10. US EPA ID Number NYD049836679	A. NYG 0846279 B. Generator's ID NYR00005 9980 C. State Transporter's ID 55104J-K.P. D. Transporter's Telephone (900) 248-1526 E. State Transporter's ID F. Transporter's Telephone G. State Facility ID H. Facility Telephone (800) 514-716-754-231		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total	14. Unit	1. Waste No.
a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, 111		Number	Type	Quantity	Wt/Vol
b.					
c.					
d.					
1. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above			
a. CL0477		a. ☐ c. ☐			
b.		b. ☐ d. ☐			
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 4/27/99 SR 501692 R1504376 CHEMTREC EMERGENCY RESPONSE # 800-424-9300					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JOSEPH F. WATROBA		Signature Joseph F. Watroba Mo. Day Year 10/5/11/3/99			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Jim Elwood Signature Jim Elwood Mo. Day Year 10/5/11/3/99			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name Signature Mo. Day Year			
19. Discrepancy Indication Space actual rec'd 32078K Item K-14					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Susan M. Brashear		Signature Susan M. Brashear Mo. Day Year 10/5/11/4/99			



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/14/99 as described on Hazardous Waste Manifest number NYG0846279 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150437601
CWM Unit #: 1*0
Disposal Date: 05/14/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145400
05/17/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

in case of emergency or spill immediately call the National Response Center (800) 424-6442 and the NYS Department of Environmental Conservation (518) 457-7362

NYG0846261

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Doc. No.	2. Page 1 of	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address ROME CITY 401 Mill St. ROME, N.Y. 13440-6952		NYR000000057980	D13	/	A. NYG0846261
4. Generator's Telephone Number (315) 336-6313		5. US EPA ID Number	B. Generator's ID Same as 2/14 NYR000059980		
5. Transporter 1 (Company Name) PAGE ETC INC		NYD986969847	C. State Transporter's ID 89454H NY		
7. Transporter 2 (Company Name)		8. US EPA ID Number	D. Transporter's Telephone 800 249 1510		
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY, N.Y. 14107		10. US EPA ID Number NYD049836679	E. State Transporter's ID		
			F. Transporter's Telephone ()		
			G. State Facility ID		
			H. Facility Telephone () 716-754-6231		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9. UN 2315, III		00105	27272	K	EPA STATE 8007
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE
J. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above			
a. CL 0477		a. ☒ b. ☐			
b.		b. ☐ d. ☐			
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 4-27-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9300 81504374					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JOSEPH F. WATROBA		Signature Joseph F. Watroba		Mo. Day Year 10/5/13/99	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name JOHN E. TRICH		Signature John E. Trich	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space actual rec'd 30863K					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name GILSON CARTER		Signature Gilson Carter		Mo. Day Year 05/14/99	



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/14/99 as described on Hazardous Waste Manifest number NYG0846261 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150437401
CWM Unit #: 1*0
Disposal Date: 05/14/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145398
05/17/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

NYB9101034

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

031710001-207-20



CMC

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HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 457)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. N.Y.R.0000059980		Manifest Doc. No. 09000		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address ROME CITY 401 MILL ST ROME NY 13440-6952						A. NYB9101034			
4. Generator's Telephone 815-239-7792						B. Generator's ID SAME			
5. Transporter 1 (Company Name) FRANKS VACUUM TRUCKS INC		6. US EPA ID Number NY D 9822 9251 Y				C. State Transporter's ID 803220 NY			
7. Transporter 2 (Company Name)		8. US EPA ID Number				D. Transporter's Telephone (716) 244-2182			
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES, L.L.C. 1550 BALMER RD. MODEL CITY NY 14107		10. US EPA ID Number N.Y.D.049836679				E. State Transporter's ID			
						F. Transporter's Telephone ()			
						G. State Facility ID			
						H. Facility Telephone () 716 754-8231			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol	
a. RQ, POLYCHLORINATED BIPHENYL MIXTURE, 9, UN2315, III				0 0 1 D, I		EST. 1818.1		K	
b.								I. Waste No. EPA 8007	
c.								EPA STATE	
d.								EPA STATE	
J. Additional Descriptions for Materials listed Above CL0477				K. Handling Codes for Wastes Listed Above					
a				b		c		d	
b				c		d		e	
15. Special Handling Instructions and Additional Information a. PCB Out of Service Date: 5-17-99 SERVICE REQUEST # CHEMTREC Emergency Response Number (800)424-9300									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH F WATROBA				Signature <i>Joseph F. Watroba</i>				Mo. Day Year 05/18/99	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name LIZ BEEBINGER				Signature <i>Liz Beebinger</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
19. Discrepancy Indication Space Actual Recd 54322K									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name ELTON CARTER				Signature <i>Elton Carter</i>				Mo. Day Year 05/18/99	



WASTE MANAGEMENT, INC.
CWM Chemical Services, L.L.C.
1550 Balmer Rd.
P.O. Box 200
Model City, N.Y. 14107
716/754-8231

Federal EPA ID: NYD049836679

CITY OF ROME C/O CITY HALL DEPT OF PLANNING
ATTN: BRIAN THOMAS
NYR000059980
198 N. WASHINGTON ST
ROME NY 13440

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C. has received waste material from CITY OF ROME C/O CITY HALL DEPT OF PLANNING on 05/18/99 as described on Hazardous Waste Manifest number NYB9101034 Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: CL0477
CWM Tracking ID: 8150459801
CWM Unit #: 1*0
Disposal Date: 05/18/99

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

Donna Ames-Cassick

DONNA AMES-CASSICK
COMPLIANCE MANAGER
Certificate # 145684
05/19/99

For questions please call
our Customer Service Dept.
at (800) 843-3604

Section 6

Hazardous Waste Manifests

Drum Waste



HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Rev. 3/97)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.		Manifest Doc. No.		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
		NYR0000059980		D11					
3. Generator's Name and Mailing Address ROME CITY 401 MILL ST. ROME, NY 13440-6952		4. Generator's Telephone Number (315) 336-6313		A. Generator's ID NYG 0846234		B. Generator's ID NYR000059980			
5. Transporter 1 (Company Name) PAGE ETL INC		6. US EPA ID Number MYD0918696199417		C. State Transporter's ID 73569J N/		D. Transporter's Telephone (800) 213-1510			
7. Transporter 2 (Company Name)		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Telephone ()			
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES L.L.C. 1550 BALMER RD. HICKEL CITY NY 14107		10. US EPA ID Number NYD049836679		G. State Facility ID		H. Facility Telephone () 716-754-6231			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total		14. Unit	
a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III				Number Type		Quantity		Wt/Vol	
				001 D T		27272 K		I. Waste No.	
b.								EPA	
c.								STATE 8007	
d.								EPA	
								STATE	
								EPA	
								STATE	
J. Additional Descriptions for Materials listed Above				K. Handling Codes for Wastes Listed Above					
a CL0477				a		L		c	
b				b				d	
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 4-27-99 CHEMTREC EMERGENCY RESPONSE NUMBER (800) 424-7300									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH F. INTICABA				Signature Joseph F. Inticaba		Mo. Day Year 10 5 1999			
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name BART HAMPTON		Signature Bart Hampton		Mo. Day Year 10 5 1999	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature		Mo. Day Year			

MANIFEST D1 - THUR - D9 MAILED TO N.Y.S. 6/1/99

DISPOSAL STANDARDS FOR NEW YORK STATE
REGULATED HAZARDOUS PCB WASTES

GENERATOR NAME: CITY OF Rome, NEW YORK

MANIFEST # ~~NYG~~ NYG 0846234 CWM PROFILE # CL0477

Part A of manifest

UNIQUE DRUM# 4157 - 0-1 OUT OF SERVICE DATE: 4/27/99
(TRUCK #)

The following New York State regulated and land restricted wastes are subject to 6 NYCRR Part 376. Refer to 6 NYCRR 376.4(f) for New York land disposal requirements. Check all that apply:

☐ B001 ☐ B002 ☐ B003 ☐ B004 ☐ B005 ☐ B006 ☒ B007

Certification - Waste Meets Treatment Standards

☒ I am the generator of the waste as identified above, that is restricted under 6 NYCRR Part 376. I have determined that this waste meets all applicable treatment standards set forth in 6 NYCRR 376 and, therefore, it can be land disposed without further treatment. Waste does not include solidified B002 material (liquid with PCBs 50-500 ppm).

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that waste complies with the treatment standards specified in Part 376, Section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification including the possibility of a fine or imprisonment.

Notification - Waste Does Not Meet Treatment Standards

☐ I am the generator of a waste restricted under 6 NYCRR Part 376 as identified above. I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 6 NYCRR Part 376.4(f). This waste must be treated to the applicable standard set forth in 6 NYCRR 376.4(f) prior to land disposal.

GENERATOR'S SIGNATURE: X Joe Watson For City of Rome, New York

TITLE: X SUPERINTENDENT DATE: 5/13/99

NYG0846252

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-9300 and the NYS Department of Environmental Conservation (518) 457-7373.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000059980		Manifest Doc. No. AZ111		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.			
3. Generator's Name and Mailing Address Rome City 401 Mill St. 13440-6952 Rome, N.Y.						A. NYG 0846252 B. Generator's ID NYR000059980 C. State Transporter's ID 64134N-NY D. Transporter's Telephone (800) 248-1510 E. State Transporter's ID F. Transporter's Telephone () G. State Facility ID H. Facility Telephone () 716-754-6231					
4. Generator's Telephone Number (315) 336-6313											
5. Transporter 1 (Company Name) Page ETC INC			6. US EPA ID Number NYD0986969947								
7. Transporter 2 (Company Name)			8. US EPA ID Number								
9. Designated Facility Name and Site Address CWHI CHEMICAL SERVICES LLC 1554 BULLER RD. MIDEL CITY NY 14107						10. US EPA ID Number NYD0047834679					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol	
a. RG POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, 111						001 DT		27272		K	
b.										I. Waste No. EPA STATE R007	
c.										EPA STATE	
d.										EPA STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above					
a. CLC477						a. ☒ L ☐ c ☐					
b.						b. ☐ d ☐					
15. Special Handling Instructions and Additional Information PCB ~~OUT~~ CUT OF SERVICE DATE 4-27-99 CHEMTREC EMERGENCY RESPONSE NUMBER (800) 424-9300											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name JOSEPH F. WATERBA						Signature Joseph F. Waterba Mo. 10 Day 5 Year 13 99					
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name John Tyler						Signature John Tyler Mo. 10 Day 5 Year 13 99					
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature Mo. Day Year					
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name						Signature Mo. Day Year					

DISPOSAL STANDARDS FOR NEW YORK STATE
REGULATED HAZARDOUS PCB WASTES

GENERATOR NAME: CITY OF Rome, NEW YORK

MANIFEST # ~~EE~~ NY60846252 CWM PROFILE # CL 0477

Part A of manifest
UNIQUE DRUM# 0179 - D-2 OUT OF SERVICE DATE: 4/27/99
(TRUCK #)

The following New York State regulated and land restricted wastes are subject to 6 NYCRR Part 376. Refer to 6 NYCRR 376.4(f) for New York land disposal requirements. Check all that apply:

☐ B001 ☐ B002 ☐ B003 ☐ B004 ☐ B005 ☐ B006 ☒ B007

Certification - Waste Meets Treatment Standards

☒ I am the generator of the waste as identified above, that is restricted under 6 NYCRR Part 376. I have determined that this waste meets all applicable treatment standards set forth in 6 NYCRR 376 and, therefore, it can be land disposed without further treatment. Waste does not include solidified B002 material (liquid with PCBs 50-500 ppm).

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that waste complies with the treatment standards specified in Part 376, Section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification including the possibility of a fine or imprisonment.

Notification - Waste Does Not Meet Treatment Standards

☐ I am the generator of a waste restricted under 6 NYCRR Part 376 as identified above. I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 6 NYCRR Part 376.4(f). This waste must be treated to the applicable standard set forth in 6 NYCRR 376.4(f) prior to land disposal.

GENERATOR'S SIGNATURE: X Joe Watson For CITY OF Rome NEW YORK

TITLE: X SUPERINTENDENT DATE: 5/13/99

NYG0846261

DIVISION OF SOLID & HAZARDOUS MATERIALS
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 432 and the NYS Department of Environmental Conservation (518) 457-7332

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000059980		Manifest Doc. No. D3		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address RINE CITY 401 Mill St. RINE N.Y. 13440-6952						A. NYG0846261. B. Generator's ID NYR000059980 C. State Transporter's ID 89454H NY D. Transporter's Telephone 8002481510 E. State Transporter's ID F. Transporter's Telephone () G. State Facility ID H. Facility Telephone () 716-754-6231							
4. Generator's Telephone Number (315) 336-6313													
5. Transporter 1 (Company Name) PAGE ETC INC.													
6. US EPA ID Number NYD986969947													
7. Transporter 2 (Company Name)						8. US EPA ID Number							
9. Designated Facility Name and Site Address CWIN CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY, N.Y. 14107						10. US EPA ID Number NYD049836479							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. R4 POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III						C01DT		27272		K		EPA STATE B007	
b.												EPA STATE	
c.												EPA STATE	
d.												EPA STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above							
a. CL0477						c		L		c		☐	
b.						d				d		☐	
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 4-27-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9366													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOSEPH F. WATSON						Signature Joseph F. Watson Mo. 10 Day 5 Year 99							
17. Transporter 1 Acknowledgement of Receipt of Materials						18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name JOHN ETRICH						Signature John Etrich Mo. 05 Day 13 Year 99							
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature Mo. Day Year							

GENERATOR

TRANSPORTER

FACILITY

DISPOSAL STANDARDS FOR NEW YORK STATE
REGULATED HAZARDOUS PCB WASTES

GENERATOR NAME: CITY OF Rome, NEW YORK

MANIFEST # ~~NY60846261~~ NY60846261 CWM PROFILE # CL 0477

Part A of manifest
UNIQUE DRUM# 7950 - D-3 OUT OF SERVICE DATE: 4/27/99
(TRUCK #)

The following New York State regulated and land restricted wastes are subject to 6 NYCRR Part 376. Refer to 6 NYCRR 376.4(f) for New York land disposal requirements. Check all that apply:

☐ B001 ☐ B002 ☐ B003 ☐ B004 ☐ B005 ☐ B006 ☒ B007

Certification - Waste Meets Treatment Standards

☒ I am the generator of the waste as identified above, that is restricted under 6 NYCRR Part 376. I have determined that this waste meets all applicable treatment standards set forth in 6 NYCRR 376 and, therefore, it can be land disposed without further treatment. Waste does not include solidified B002 material (liquid with PCBs 50-500 ppm).

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that waste complies with the treatment standards specified in Part 376, Section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification including the possibility of a fine or imprisonment.

Notification - Waste Does Not Meet Treatment Standards

☐ I am the generator of a waste restricted under 6 NYCRR Part 376 as identified above. I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 6 NYCRR Part 376.4(f). This waste must be treated to the applicable standard set forth in 6 NYCRR 376.4(f) prior to land disposal.

GENERATOR'S SIGNATURE: X Joe Watson For City of Rome N.Y.

TITLE: X SUPERINTENDENT DATE: 5/13/99

NYG0846279

DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-9300 and the NYS Department of Environmental Conservation (518) 457-7366.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000059980		Manifest Doc. No. 04		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address Rene City 401 Mill St. Rene N.Y. 13440						A. NYG 0846279 B. Generator's ID NYR000059980 C. State Transporter's ID 55104J-M.Y. D. Transporter's Telephone (800) 248-1516 E. State Transporter's ID _____ F. Transporter's Telephone () _____ G. State Facility ID _____ H. Facility Telephone () 716-754-6231							
4. Generator's Telephone Number () 315-336-6313													
5. Transporter 1 (Company Name) Rene E.T.C. Inc													
6. US EPA ID Number NYD98696947													
7. Transporter 2 (Company Name) _____ 8. US EPA ID Number _____ JE													
9. Designated Facility Name and Site Address CWILL CHEMICAL SERVICES LLC 1550 BLMER RD. ALBANY CITY N.Y. 14167						10. US EPA ID Number NYD0649836679							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, 11						001 DT		27272		K		EPA STATE 13007	
b.												EPA STATE	
c.												EPA STATE	
d.												EPA STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above							
a. CLC477						c		a		c			
b.						d		b		d			
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 4/27/99 CHEMTRCAL EMERGENCY RESPONSE # 800-424-9300													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOSEPH E. WATERS						Signature Joseph E. Waters Mo. 10 Day 5 Year 1999							
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Jim Elwood						Signature Jim Elwood Mo. 10 Day 5 Year 1999							
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name _____ Signature _____ Mo. Day Year													
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name _____ Signature _____ Mo. Day Year													

DISPOSAL STANDARDS FOR NEW YORK STATE
REGULATED HAZARDOUS PCB WASTES

GENERATOR NAME: CITY OF Rome
MANIFEST # ~~NY 6~~ NY 6 0846279 CWM PROFILE # CL 0477
Part A of manifest
UNIQUE DRUM# 2121 - D-4 OUT OF SERVICE DATE: 4-27-99
(TRUCK #)

The following New York State regulated and land restricted wastes are subject to 6 NYCRR Part 376. Refer to 6 NYCRR 376.4(f) for New York land disposal requirements. Check all that apply:

☐ B001 ☐ B002 ☐ B003 ☐ B004 ☐ B005 ☐ B006 ☒ B007

Certification - Waste Meets Treatment Standards

☒ I am the generator of the waste as identified above, that is restricted under 6 NYCRR Part 376. I have determined that this waste meets all applicable treatment standards set forth in 6 NYCRR 376 and, therefore, it can be land disposed without further treatment. Waste does not include solidified B002 material (liquid with PCBs 50-500 ppm).

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that waste complies with the treatment standards specified in Part 376, Section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification including the possibility of a fine or imprisonment.

Notification - Waste Does Not Meet Treatment Standards

☐ I am the generator of a waste restricted under 6 NYCRR Part 376 as identified above. I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 6 NYCRR Part 376.4(f). This waste must be treated to the applicable standard set forth in 6 NYCRR 376.4(f) prior to land disposal.

GENERATOR'S SIGNATURE: X Joseph F. Watson For City of Rome, New York

TITLE: X SUPERINTENDENT DATE: 5/13/99

NYG0846423

DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.		Manifest Doc. No.		2. Page 1 of		Information within heavy bold line is not required by Federal Law.	
		NY18000005998005		05		1			
3. Generator's Name and Mailing Address		4. Generator's Telephone Number ()		6. US EPA ID Number		C. State Transporter's ID		A. NYG0846423	
ACME CITY 401 MILL ST. ACME, N.Y. 13440-6952		# 315-336-4313		NY10986969947		73615 NY			
5. Transporter 1 (Company Name)		7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone ()		E. State Transporter's ID	
PAGE E.T.C. INC						(800) 248-1510			
9. Designated Facility Name and Site Address		10. US EPA ID Number		H. Facility Telephone ()		F. Transporter's Telephone ()		G. State Facility ID	
CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY NY 14107		NY1D049836679		716-754-6231					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total		14. Unit	
				Number Type		Quantity		Wt/Vol	
a. RQ POLYCHLORINATED BIPHENYL						EST.			
MIXTURE, 4, UN 2315, III				001 DT		27372		K	
b.								I. Waste No.	
								EPA	
								STATE B007	
c.								EPA	
								STATE	
d.								EPA	
								STATE	
J. Additional Descriptions for Materials listed Above				K. Handling Codes for Wastes Listed Above					
a. CL 0477									
b.									
15. Special Handling Instructions and Additional Information									
PCB OUT OF SERVICE DATE 4-77-97									
CHEMTREC EMERGENCY RESPONSE # 800-424-9300									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.									
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name		Signature		Mo.		Day		Year	
JOSEPH F. WATCORA		Joseph F. Watcora		10		5		113199	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name		Signature		Mo.		Day		Year	
SCOTT SMITH		Scott Smith		10		5		113199	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name		Signature		Mo.		Day		Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name		Signature		Mo.		Day		Year	

DISPOSAL STANDARDS FOR NEW YORK STATE
REGULATED HAZARDOUS PCB WASTES

GENERATOR NAME: CITY OF Rome
MANIFEST # NY 90846423 CWM PROFILE # CL 0477
Part A of manifest
UNIQUE DRUM# 1587 - DS OUT OF SERVICE DATE: 4-27-99
(TRUCK #)

The following New York State regulated and land restricted wastes are subject to 6 NYCRR Part 376. Refer to 6 NYCRR 376.4(f) for New York land disposal requirements. Check all that apply:

☐ B001 ☐ B002 ☐ B003 ☐ B004 ☐ B005 ☐ B006 ☒ B007

Certification - Waste Meets Treatment Standards

☒ I am the generator of the waste as identified above, that is restricted under 6 NYCRR Part 376. I have determined that this waste meets all applicable treatment standards set forth in 6 NYCRR 376 and, therefore, it can be land disposed without further treatment. Waste does not include solidified B002 material (liquid with PCBs 50-500 ppm).

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that waste complies with the treatment standards specified in Part 376, Section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification including the possibility of a fine or imprisonment.

Notification - Waste Does Not Meet Treatment Standards

☐ I am the generator of a waste restricted under 6 NYCRR Part 376 as identified above. I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 6 NYCRR Part 376.4(f). This waste must be treated to the applicable standard set forth in 6 NYCRR 376.4(f) prior to land disposal.

GENERATOR'S SIGNATURE: X Joseph F. Watya For City of Rome N.Y.

TITLE: X SUPERINTENDENT DATE: 5/13/99

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill, immediately call the National Response Center (800) 424-9300 and the NYS Department of Environmental Conservation (518) 456-4802.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Doc. No.	2. Page 1 of	Information within heavy bold line is not required by Federal Law.
3. Generator's Name and Mailing Address Rome City 401 Mill St. Rome, N.Y. 13440-6952		# 315-336-6313		A. NYG0888471	
4. Generator's Telephone Number ()				B. Generator's ID NYR000059980	
5. Transporter 1 (Company Name) FRANK'S VACUUMTANK		6. US EPA ID Number NYD082792814		C. State Transporter's ID 80369 NY	
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone () 716 2842132	
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY NY 14107		10. US EPA ID Number NYD049834679		E. State Transporter's ID	
				F. Transporter's Telephone ()	
				G. State Facility ID	
				H. Facility Telephone () 716-754-6231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III		001	BT	18181	K
b.					
c.					
d.					
J. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above			
a. CL0477		c.			
b.		d.			
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 5-17-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9300					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JOSEPH F. WATROBA		Signature Joseph F. Watroba		Mo. Day Year 10 5 1 7 9 9	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name CARL DISON		Signature Carl Disson	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Mo. Day Year	



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

00040

DATE

NYDEC #9A-332
EPA ID # NYD982792814

PICK UP

DELIVERY

SHIPPER	NAME			CONSIGNEE	NAME		
	STREET				STREET		
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
	CONTACT NAME				CONTACT NAME		
	SCHEDULED TIME				SCHEDULED TIME		

ADDITIONAL INFORMATION

CUSTOMER P.O. NO.		WORK ORDER NUMBER		MANIFEST NUMBER		BILLING REFERENCE	
LOAD NUMBER		TRACTOR NUMBER		TRAILER NUMBER		DRIVER'S NAME	
NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR				CUSTOMER CODE #

TYPE (CIRCLE ONE) TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	PLACARDS PROVIDED OR AFFIXED		WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER
	SHIPPER'S CHECK LIST			
	DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS		
	PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING		

PICK UP		DELIVERY	
ARRIVAL DATE		DRIVER	DATE
ARRIVAL TIME	RELEASE TIME	ARRIVAL TIME	RELEASE TIME
TRAILER EMPTY UPON ARRIVAL	YES NO	TRAILER EMPTY UPON DEPARTURE	YES NO
COMMENTS: (EXPLAIN ALL DELAYS)		COMMENTS: (EXPLAIN ALL DELAYS)	
SHIPPER'S SIGNATURE		CONSIGNEE'S SIGNATURE	

NYG0888489

DIVISION OF SOLID & HAZARDOUS MATERIALS
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000059980007		Manifest Doc. No. 1		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address ROME CITY 401 MILL ST. ROME, NY 13440-6952				4. Generator's Telephone Number 315-336-6313		A. NYG0888489			
5. Transporter 1 (Company Name) FRANKS VACUUMTRUCK SERVICE				6. US EPA ID Number NY0982792814		B. Generator's ID NYR000059980			
7. Transporter 2 (Company Name)				8. US EPA ID Number		C. State Transporter's ID 803102V NY			
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY, NY 14107				10. US EPA ID Number NYD049836679		D. Transporter's Telephone (716) 284 2132			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III				12. Containers Number Type 001 DT		13. Total Quantity EST. 18181		14. Unit Wt/Vol K	
								I. Waste No. EPA STATE B007	
								EPA STATE	
								EPA STATE	
								EPA STATE	
J. Additional Descriptions for Materials listed Above a. CL 0477				K. Handling Codes for Wastes Listed Above a.					
				b.					
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 5-17-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9300									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH F. WATROBA				Signature <i>Joseph F. Watroba</i>		Mo. 6		Day 5	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name MICHAEL MORRIS		Signature <i>Michael Morris</i>		Mo. 05	
								Day 17	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Mo.	
								Day	
								Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature		Mo.		Day	
								Year	



FRANK'S VACUUM TRUCK SERVICE, INC.

4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

DATE

NYDEC #9A-332

EPA ID # NYD982792814

PICK UP

DELIVERY

SHIPPER	NAME			CONSIGNEE	NAME		
	STREET				STREET		
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
	CONTACT NAME				CONTACT NAME		
	SCHEDULED TIME				SCHEDULED TIME		

ADDITIONAL INFORMATION

CUSTOMER P.O. NO.

WORK ORDER NUMBER

MANIFEST NUMBER

BILLING REFERENCE

LOAD NUMBER

TRACTOR NUMBER

TRAILER NUMBER

DRIVER'S NAME

NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR	CUSTOMER CODE #
88	1818K +		MANIFEST	

TYPE (CIRCLE ONE)	PLACARDS PROVIDED OR AFFIXED	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER:						
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	<table border="1"><tr><td colspan="2">SHIPPER'S CHECK LIST</td></tr><tr><td>☒ DOT LABELS APPLIED AND SECURE</td><td>☒ DOT AUTHORIZED CONTAINERS</td></tr><tr><td>☒ PROPER DOT NAME ON ALL PACKAGES</td><td>☒ CHECKED FOR PROPER SEALING</td></tr></table>	SHIPPER'S CHECK LIST		☒ DOT LABELS APPLIED AND SECURE	☒ DOT AUTHORIZED CONTAINERS	☒ PROPER DOT NAME ON ALL PACKAGES	☒ CHECKED FOR PROPER SEALING		
SHIPPER'S CHECK LIST									
☒ DOT LABELS APPLIED AND SECURE	☒ DOT AUTHORIZED CONTAINERS								
☒ PROPER DOT NAME ON ALL PACKAGES	☒ CHECKED FOR PROPER SEALING								

PICK UP	DELIVERY
ARRIVAL DATE	DRIVER
ARRIVAL TIME	DATE
RELEASE TIME	ARRIVAL TIME
TRAILER EMPTY UPON ARRIVAL	TRAILER EMPTY UPON DEPARTURE
(If not, explain below)	(If not, explain below)
DIP MEASUREMENT (Tankers Only)	COMMENTS: (EXPLAIN ALL DELAYS)
COMMENTS: (EXPLAIN ALL DELAYS)	
SHIPPER'S SIGNATURE	THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.
TITLE	CONSIGNEE'S SIGNATURE

NYG0846414

DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212



Please type or print. Do not staple.

(Rev. 3/97)

In case of emergency or spill immediately call the National Response Center (800) 424-9302 and the NYS Department of Environmental Conservation (518) 457-7362

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR000059980		Manifest Doc. No. 08000		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address Rome City 401 Mill ST. Rome N.Y. 13440-6952		4. Generator's Telephone Number 13440-6952		5. Transporter 1 (Company Name) FRANKS VACUUM TRUCK		6. US EPA ID Number NYD982792814		7. Transporter 2 (Company Name)	
9. Designated Facility Name and Site Address CWM CHEMICAL SERVICES LLC 1550 BALMER RD. MODEL CITY NY 14107		10. US EPA ID Number NYD049836679		11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. RQ POLYCHLORINATED BIPHENYL MIXTURE, 9, UN 2315, III		12. Containers Number Type 001 DT		13. Total Quantity EST. 18181	
						14. Unit Wt/Vol K		1. Waste No. EPA STATE B007	
J. Additional Descriptions for Materials listed Above a. CL 0477		K. Handling Codes for Wastes Listed Above a.							
b.		c.		b.		d.			
15. Special Handling Instructions and Additional Information PCB OUT OF SERVICE DATE 5-17-99 CHEMTREC EMERGENCY RESPONSE # 800-424-9300									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH F. WATROSA		Signature <i>Joseph F. Watrosa</i>		Mo. 10		Day 5		Year 1999	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name LEE BOEHMINGER		Signature <i>Lee Boehminger</i>		Mo. 10		Day 5		Year 1999	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name		Signature		Mo.		Day		Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name		Signature		Mo.		Day		Year	



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

55000

DATE

NYDEC #9A-332
EPA ID # NYD982792814

PICK UP

DELIVERY

PICK UP		DELIVERY	
NAME		NAME	
STREET		STREET	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
CONTACT NAME		CONTACT NAME	
SCHEDULED TIME		SCHEDULED TIME	

ADDITIONAL INFORMATION

CUSTOMER P.O. NO.	WORK ORDER NUMBER	MANIFEST NUMBER	BILLING REFERENCE
		NYG 0666414	
LOAD NUMBER	TRACTOR NUMBER	TRAILER NUMBER	DRIVER'S NAME

NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR	CUSTOMER CODE #

TYPE (CIRCLE ONE)	PLACARDS PROVIDED OR AFFIXED	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER						
TANK (S/S) (R/L) VAC DUMP VAN ROLL-OFF FLATBED	<table border="1"><thead><tr><th colspan="2">SHIPPER'S CHECK LIST</th></tr></thead><tbody><tr><td>DOT LABELS APPLIED AND SECURE</td><td>DOT AUTHORIZED CONTAINERS</td></tr><tr><td>PROPER DOT NAME ON ALL PACKAGES</td><td>CHECKED FOR PROPER SEALING</td></tr></tbody></table>	SHIPPER'S CHECK LIST		DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS	PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING		
SHIPPER'S CHECK LIST									
DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS								
PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING								

PICK UP	DELIVERY
ARRIVAL DATE	DRIVER
ARRIVAL TIME	DATE
RELEASE TIME	ARRIVAL TIME
TRAILER EMPTY UPON ARRIVAL	RELEASE TIME
(If not, explain below)	TRAILER EMPTY UPON DEPARTURE
DIP MEASUREMENT (Tankers Only)	(If not, explain below)
COMMENTS: (EXPLAIN ALL DELAYS)	COMMENTS: (EXPLAIN ALL DELAYS)
SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are truly and accurately described and are properly shipped, name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.	
SHIPPER'S SIGNATURE	THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.
TITLE	CONSIGNEE'S SIGNATURE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212



CHC

Please type or print. Do not staple.

(Hazardous Waste Manifest 497)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NYR0000059900		Manifest Doc. No. 19000		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address ROME CITY 401 MILL ST ROME NY 13440-6952		4. Generator's Telephone 315-339-7792		6. US EPA ID Number NYD9827 92814		A. Generator's ID NYB9101034		B. Generator's ID SAME	
5. Transporter 1 (Company Name) FRANKS VACUUM TRUCK SERVICE		7. Transporter 2 (Company Name)		8. US EPA ID Number		C. State Transporter's ID 803620 NY		D. Transporter's Telephone (716) 28428	
9. Designated Facility Name and Site Address CVM CHEMICAL SERVICES, L.L.C. 1550 BALMER RD. MODEL CITY NY 14107		10. US EPA ID Number NYD049836679		E. State Transporter's ID		F. Transporter's Telephone ()		G. State Facility ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. RQ, POLYCHLORINATED BIPHENYL MIXTURE, 9, UN2315, 111		0 0 1 D T		1818.1		K		8007	
b.								EPA	
c.								STATE	
d.								EPA	
J. Additional Descriptions for Materials listed Above CL0477		K. Handling Codes for Wastes Listed Above		a. ☒ L		c. ☐		STATE	
b. ☐		d. ☐		b. ☐		d. ☐		EPA	
15. Special Handling Instructions and Additional Information a. PCB Out of Service Date: 5-17-99 SERVICE REQUEST # CHENTREC Emergency Response Number (800) 424-9300									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH F WATROBA		Signature <i>Joseph F. Watroba</i>		Mo. Day Year 05/18/99					
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name LEE BOEHNINGER		Signature <i>Lee Boehninger</i>		Mo. Day Year 05/18/99			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Mo. Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature		Mo. Day Year			

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362



FRANK'S VACUUM TRUCK SERVICE, INC.
4500 Royal Avenue • Niagara Falls, New York 14303
(716) 284-2132

00002

DATE

NYDEC #9A-332
EPA ID # NYD982792814

PICK UP

DELIVERY

SHIPPER	NAME			CONSIGNEE	NAME		
	STREET				STREET		
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
	CONTACT NAME				CONTACT NAME		
	SCHEDULED TIME				SCHEDULED TIME		

ADDITIONAL INFORMATION

CUSTOMER P.O. NO.		WORK ORDER NUMBER		MANIFEST NUMBER		BILLING REFERENCE	
LOAD NUMBER		TRACTOR NUMBER		TRAILER NUMBER		DRIVER'S NAME	
NUMBER & TYPES	WEIGHT OR VOLUME	HAZ. MAT.	DESCRIPTION OF WASTE(S) PER 49 CFR				CUSTOMER CODE #

TYPE (CIRCLE ONE)	PLACARDS PROVIDED OR AFFIXED		WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR	EMERGENCY RESPONSE PHONE NUMBER:
TANK (S/S) (R/L)				
VAC				
DUMP	SHIPPER'S CHECK LIST			
VAN	DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS		
ROLL-OFF	PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING		
FLATBED				

PICK UP		DELIVERY	
ARRIVAL DATE		DRIVER	DATE
ARRIVAL TIME	AM PM	ARRIVAL TIME	AM PM
RELEASE TIME	AM PM	RELEASE TIME	AM PM
TRAILER EMPTY UPON ARRIVAL	☐ YES ☐ NO	TRAILER EMPTY UPON DEPARTURE	☐ YES ☐ NO
(If not, explain below)		(If not, explain below)	
DIP MEASUREMENT (Tankers Only)	INCHES	COMMENTS: (EXPLAIN ALL DELAYS)	
COMMENTS: (EXPLAIN ALL DELAYS)			
SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.		I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.	
SHIPPER'S SIGNATURE		CONSIGNEE'S SIGNATURE	

NYG 1110702

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HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 1/28/98)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NYR00005998016702		Manifest Doc. No. 1		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.			
3. Generator's Name and Mailing Address City of Rome / City Hall/401 Mill St. Rome, NY 13440						A. NYG 1116702 ✓					
4. Generator's Telephone Number (315) 336-6313						B. Generator's ID					
5. Transporter 1 (Company Name) Maumee Express, Inc.						C. State Transporter's ID					
6. US EPA ID Number NJ D 9 8 6 6 0 7 3 8 0						D. Transporter's Telephone (732) 271-0520					
7. Transporter 2 (Company Name)						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Telephone ()					
9. Designated Facility Name and Site Address Chemical Con. of Georgia 1612 James P. Rodgers Circle Valdosta, GA 31601						G. State Facility ID					
10. US EPA ID Number GAD093380814						H. Facility Telephone (912) 244-0474					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol	
a. Hazardous Waste Solid, n.o.s., 9, NA3077, PGLI, (Cresol) #28						0010M00190		EST K		I. Waste No. EPA D026 STATE	
b.										EPA STATE	
c.										EPA STATE	
d.										EPA STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above					
a. CTTG2509						a. ☐ c. ☐					
b.						b. ☐ d. ☐					
15. Special Handling Instructions and Additional Information											
Emergency Contact: Capitol Environmental Serv. (302) 652-8999											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name JOSEPH F. WATROBA						Signature Joseph F. Watroba					
17. Transporter 1 Acknowledgement of Receipt of Materials						Mo. Day Year 05/20/99					
Printed/Typed Name JOSEPH A. TIRADO						Signature Joseph A. Tirado					
18. Transporter 2 Acknowledgement of Receipt of Materials						Mo. Day Year 05/20/99					
Printed/Typed Name						Signature					
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name						Signature					
						Mo. Day Year					

In case of emergency or spill immediately call the National Response Center (800) 4302 and the NYS Department of Environmental Conservation (518) 457-7232

SAFETY-KLEEN (PPM), INC.
1672 E. HIGHLAND RD.
TWINSBURG, OH 44087
330-425-3825
330-487-5784 FAX

SAFETY-KLEEN (PPM), INC.

To: Joe Watkara Fax 716 447 7005

From: JUNE JOHNSON

Date:

Re:

Pages:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Rewrite

Have not received the
remainder of the CDs.

Uniq ID # 3628 9
3629-9
3630-9

NYG 1116738

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

(Hazardous Waste Manifest 1/28/98)

Please type or print. Do not staple

nd the NYS Department of Environmental Conservation (518) 457-7362

gency or spill immediately call the National Response Center (800) 424-8

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NYR0000059980		Manifest Doc. No. 16738		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.					
3. Generator's Name and Mailing Address City of Rome, City Hall 401 Mill Road, Rome, NY 13440						A. NYG 1116738							
4. Generator's Telephone Number (315) 336-6313						B. Generator's ID							
5. Transporter 1 (Company Name) Knox Express, Inc.			6. US EPA ID Number NJ0936697300			C. State Transporter's ID							
7. Transporter 2 (Company Name)			8. US EPA ID Number			D. Transporter's Telephone (732) 271-0520							
9. Designated Facility Name and Site Address Safety Kleen (PPM), Inc. 1672 E. Highland Road Twinburg, OH 44037			10. US EPA ID Number OH0986975399			E. State Transporter's ID							
						F. Transporter's Telephone ()							
						G. State Facility ID							
						H. Facility Telephone (330) 425-3325							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. A1, Environmentally Hazardous Substances, Solid, N.O.S., 9, UN3077, PG III (polychlorinated biphenyls)						0105 DM		EST 1136		K		EPA STATE	
b. B1, Environmentally Hazardous Substances, Liquid, N.O.S., 9, UN3082, PG III (polychlorinated biphenyls)						002 DM		EST 0318		K		EPA STATE	
c.												EPA STATE	
d.												EPA STATE	
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above							
a. App#						a. ☐ c. ☐							
b. App#						b. ☐ d. ☐							
15. Special Handling Instructions and Additional Information Please mail COD's to Capitol Environmental - Wilmington, DE Emergency Contact: Capitol Environmental - (302) 652-8999													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOSEPH F. LANTIERA						Signature Joseph F. Lantiera				Mo. Day Year 10/15/99			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Mo. Day Year			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Mo. Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Doug Rueschman						Signature Doug Rueschman				Mo. Day Year 10/15/99			



July 16, 1999

City of Rome
401 Mill Road
Rome, NY 13440
Attn: Joseph F. Watroba

RE: SK Job Control Number: 99-0311

Dear Sir/Madame:

This is to inform you that the following material received from your company on manifest number NYR000048870/16738 was decontaminated to less than 2 ppm on 07/01/99 at Safety Kleen (PPM), Inc. Tucker facility located in Tucker, Georgia according to all of the Federal regulations contained in 40 CFR PART 761 and all appropriate State and Local regulations.

GENERATOR

DESCRIPTION OF MATERIAL

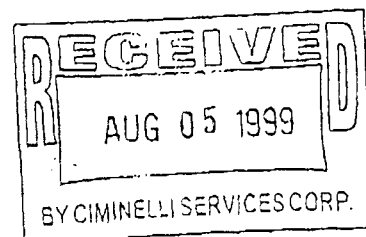
City of Rome 2 drums PCB oil

If you have any questions concerning the disposal of your material, please feel free to contact me in our Twinsburg, Ohio operations office at (330) 425-3825.

Sincerely,

June Johnson

June Johnson
Records Administrator



JOSEPH F. WATROBA
CITY OF ROME, CITY HALL
401 MILL ROAD, ROME, NY 13440

99-0311

3 NO

PCB LEVEL
105

SERIAL NO

KGS DRFS DATE
198.18 5/20/99

POUNDS
436.00

OUR NO GEN ID NO
03633-9 006

CONT TYPE MAT TYPE
B O

105

124.55 5/20/99

274.00

03634-9 007

O



WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Failure to file may subject you to
criminal and/or civil penalties under
Sections 324.11151 or 324.12116 MCL.

Form Approved. OMB No. 2050-0039

Please print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal
law.

NYR00005998025645

of 1

3. Generator's Name and Mailing Address

City of Rome / City Hall / 401 Mill St.
Rome, NY 13440

4. Generator's Phone (315) 336-6313

5. Transporter 1 Company Name

Maumee Express, Inc.

7. Transporter 2 Company Name

6. US EPA ID Number

NYD986607380

8. US EPA ID Number

10. US EPA ID Number

9. Designated Facility Name and Site Address

Chem Met Services, Inc.
18550 Allen Road
Wyandotte, MI 48192

A. State Manifest Document Number

MI 7625645

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 732-271-0520

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 313-282-9250

11. US DOT Description (including Proper Shipping Name, Hazard Class, and
HM ID NUMBER).

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste
No.

a. Non DOT, Non RCRA Regulated Material
(calcium oxide)

1

DM

113

K

non-reg

b. Non DOT, Non RCRA Regulated Material
(liquid detergent)

1

DM

272

K

non-reg

J. Additional Descriptions for Materials Listed Above

A: App#(ROM98006) #29

B: App#(ROM98007) #30 & 25

K. Handling Code:

a

b

c

d

15. Special Handling Instructions and Additional Information

Mail COD's to Capitol Environmental, Wilm., DE

Emergency Contact: Capitol Environmental, (302) 652-8999

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JOSEPH F. WATROBA

Signature

Joseph F. Watroba

Date

Month Day Yea
05/21/99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOSEPH A. TIRADO

Signature

Joseph A. Tirado

Date

Month Day Yea
05/21/99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Yea

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Dennis A. Romowski

Signature

Dennis A. Romowski

Date

Month Day Yea
05/21/99



WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Failure to file may subject you to
criminal and/or civil penalties under
Sections 324.11151 or 324.12116 MCL.

Form Approved. OMB No. 2050-0039

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N Y R 0 0 0 0 5 9 9 8 0		Manifest Document No. 2 5 6 4 7		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address City of Rome / City Hall/401 Mill St. Rome, NY 13440		4. Generator's Phone (315) 336-6313		6. US EPA ID Number N J D 9 8 6 6 0 7 3 8 0		A. State Manifest Document Number MI 7625647 ✓		B. State Generator's ID	
5. Transporter 1 Company Name Maumee Express, Inc.		7. Transporter 2 Company Name 2		8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone 732-271-0520	
9. Designated Facility Name and Site Address Chem Met Services, Inc. 18550 Allen Road Wyandotte, MI 48192		10. US EPA ID Number M I D 0 9 6 9 6 3 1 9 4		12. Containers No. Type		13. Total Quantity EST.		14. Unit Wt/Vol	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). a. Non DOT, Non RCRA Regulated Material (rainwater drums)		b. Non DOT, Non RCRA Regulated Material (#6 oil clean-out)		c. Non DOT, Non RCRA Regulated Material (soap solids)		d. Non DOT, Non RCRA Regulated Material (stearic acid)		I. Waste No. 029L non-reg 021L non-reg non-reg non-reg	
J. Additional Descriptions for Materials Listed Above A: App#ROM98001 (2, 3, 5, 10, 13, 14, 18, 32, 35) B: App#ROM98002 (1, 4, 8, 11, 31, 7, 22, 36, 15, 21, 27, 38, 39, 16) C: App#ROM98003 (17, 23) D: App#ROM98005 (26)		15. Special Handling Instructions and Additional Information Mail COD's to Capitol Environmental, Wilm., DE Emergency Contact: Capitol Environmental, (302) 652-8999		K. Handling Codes a b c d		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR: if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Date Month Day Year 05/28/99	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JOSEPH F. WATROBA		Signature Joseph F. Watroba		Date Month Day Year 05/28/99		18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name JOSEPH A. TIRADO		Signature Joseph A. Tirado	
19. Discrepancy Indication Space		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Dennis A. Romanski		Signature Dennis A. Romanski		Date Month Day Year 05/28/99		Date Month Day Year 05/28/99	

GENERATOR

TRANSPORTER

FACILITY

AL

—NYG 1116675

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

58090



(Hazardous Waste Manifest 1/28/98)

Please type or print. Do not staple

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1 of

Information within heavy bold line
is not required by Federal Law.

3. Generator's Name and Mailing Address

City of Rome/City Hall/ 401 Mill St.
Rome, NY 13440

4. Generator's Telephone Number (315) 336-6313

5. Transporter 1 (Company Name)
Maumee Express, Inc.

7. Transporter 2 (Company Name)

9. Designated Facility Name and Site Address
North East Chemical Corporation
3301 N. Monroe Avenue
Cleveland, OH 44113

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

a. RQ, Waste Flammable Liquid, n.o.s., UN1993, 33
3, PGIII (Ethylene Glycol, Monoethyl ether) 34

b. RQ, Waste Flammable Liquid, n.o.s., 3, UN1993
PGII (water & thompson's sealant) # 41

c. RQ, Waste Flammable Liquids, n.o.s., 3, UN1993
PGII (mineral spirits/water) # 31, 40

d. Non DOT, Non RCRA Regulated Material
19, 24

1. Additional Descriptions for Materials listed Above

a. App#38425

b. App#38422

c. App#38391

d. App#38450

K. Handling Codes for Wastes Listed Above

a. ☐

b. ☐

c. ☐

d. ☐

15. Special Handling Instructions and Additional Information

Emergency Contact: Capitol Environmental Serv. (302) 652-8999

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JOSEPH F. WATROBA

Signature

Joseph F. Watroba

Mo. Day Year
05/20/99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JOSE A. TIRADO

Signature

Jose A Tirado

Mo. Day Year
05/20/99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

19. Discrepancy Indication Space

Mo. Day Year

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Paul Shimke

Signature

Paul Shimke

Mo. Day Year
05/20/99

COPY 1—Disposer State—Mailed by TSD Facility

02 and the NYS Department of Environmental Conservation (518) 457-7362

02 and the NYS Department of Environmental Conservation (800) 477-7362

02 and the NYS Department of Environmental Conservation (800) 477-7362

NYG 1116729

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

5809 /



(Hazardous Waste Manifest 1/28/98)

Please type or print. Do not staple

In case of emergency or spill immediately call the National Response Center (800) 424-8802 or the NYS Department of Environmental Conservation (518) 457-7362

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N Y R 0 0 0 0 5 9 9 8 0		Manifest Doc. No. 1 6 7 2 9		2. Page 1 of 1		Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address City of Rome, City Hall 401 Mill Road, Rome, NY 13440		4. Generator's Telephone Number (315) 336-6313		6. US EPA ID Number N J D 9 8 6 6 9 7 3 8 0		A. NYG 1116729 ✓		B. Generator's ID	
5. Transporter 1 (Company Name) Maumee Express, Inc.		7. Transporter 2 (Company Name)		8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Telephone (732) 271-0520	
9. Designated Facility Name and Site Address Northeast Chemical Corp. 3301 Monroe Avenue Cleveland, OH 44113		10. US EPA ID Number O H D 9 0 0 6 0 1 5 7 1				E. State Transporter's ID		F. Transporter's Telephone ()	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. RQ, Waste Paint Related Material, ~~Haz Class 3~~ , UN 1263, PG II 4 BOX CONTAINERS		004 BX		EST. 01454		K		EPA D001 STATE	
b.								EPA STATE	
c.								EPA STATE	
d.								EPA STATE	
J. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above							
a. App#38620 0910		a. B		c.					
b.		b.		d.					
15. Special Handling Instructions and Additional Information Please mail COD's to Capitol Environmental - Wilmington, DE Emergency Contact: Capitol Environmental (302) 652-8999									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOSEPH F. WATROBA		Signature Joseph F. Watroba		Mo. 10		Day 5		Year 2019	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name JOSE A. TIRADO		Signature Jose A. Tirado		Mo. 10		Day 5	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Mo.		Day	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Paul Shimko		Signature Paul Shimko		Mo. 10		Day 5		Year 2019	

Section 7

Non-Hazardous Waste Manifests

Excavation D Hot Spots



No: 33411

Date : 06-24-99 Time In: 13:09:38 Time Out: 13:22:38
Ticket # : 001063 CMS # : 0006582 LMS #: 0000003
Customer : BFI-NEW YORK
Vehicle # : 000050 Trailer #: 600T Lic Plate:
SANITARY SA
Manifest # : 634706 PO #: Transporter: S
Source Cd : Generator : CTR CITY OF ROME
Comment : ZULADZ Operator: PAM SCOTT
Scale In # : 1 Scale Out #: 1
Gross Wt : 44.25 Tare Wt: 15.39 Net Wt: 28.06 t

Item	Descr	Bill Qty	\$/Unit	Extended
34141	CONTAMINAT	28.06 t		

=====

Have a Happy and Safe Summer!!

NIAGARA RECYCLING INC.
800 NORTH 56TH STREET
NIAGARA FALLS, NY 14304
TELEPHONE: (716) 282-2676

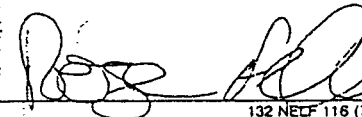
MAILING ADDRESS:
2321 KENMORE AVE.
P.O. BOX 9
KENMORE, NY 14217
TELEPHONE: (716) 614-3333

WARNING

TRANSPORTING ANY UNAUTHORIZED
HAZARDOUS WASTE TO THIS FACILITY
FOR DISPOSAL IS PROHIBITED BY LAW.
PERSONS VIOLATING THIS PROHIBITION
ARE SUBJECT TO CIVIL AND CRIMINAL
PROSECUTIONS.



RECYCLED PAPER

SIGNATURE: 

132 NEDF 116 (7)



No: 33411

Date : 09-24-99 Time In: 12:56:46
Ticket # : A91060 CMS # : 0006502
Customer : BFI-NEW YORK
Vehicle # : 000062 Trailer #: 6801
SANITARY 5A

Time Out: 13:24:36
LMS #: 0000003

Lic Plate:

Manifest # : 634787 PD #: Transporter: S
Source Cd : Generator : CTR CITY OF ROME
Comment : ZULAPZ Operator: PAM SCOTT
Scale In # & 1 Scale Out #: 1
Gross Wt : 53.13 Tare Wt: 19.15 Net Wt: 33.98 t

Item	Descr	Bill Qty	\$/Unit	Extended
34141	CONTAMINAT	33.98 t		

=====

Have a Happy and Safe Summer!!

NIAGARA RECYCLING INC.
800 NORTH 56TH STREET
NIAGARA FALLS, NY 14304
TELEPHONE: (716) 282-2676

MAILING ADDRESS:
2321 KENMORE AVE.
P.O. BOX 9
KENMORE, NY 14217
TELEPHONE: (716) 614-3333

WARNING

TRANSPORTING ANY UNAUTHORIZED
HAZARDOUS WASTE TO THIS FACILITY
FOR DISPOSAL IS PROHIBITED BY LAW.
PERSONS VIOLATING THIS PROHIBITION
ARE SUBJECT TO CIVIL AND CRIMINAL
PROSECUTIONS.

SIGNATURE: _____

132-NELF 116 (7-9)



RECYCLED PAPER



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 634788

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: City of Rome/Business Park b. Generating Location: Same
c. Address: 401 Mill Street d. Address: _____
Rome, New York 13440
e. Phone No.: 315-336-6313 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

--	--	--	--	--	--	--	--	--	--

 Containers:

3	4	1	4	1
---	---	---	---	---

 TYPE:

DM	-	METAL	DRUM
DP	-	PLASTIC	DRUM
B	-	BAG	
BA	-	6 MIL. PLASTIC	BAG
		or WRAP	
T	-	TRUCK	
O	-	OTHER	

j. Description of Waste: Soil contaminated with 12 ppm PCB k. Quantity:

			60
--	--	--	----

 Units:

Y

 No.:

0	1
---	---

 TYPE:

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Joe WATROBA For City of Rome Joe Watroba
Generator Authorized Agent Name Signature

0	8	2	4	9	9
---	---	---	---	---	---

Shipment Date

UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: Zoladz Construction Co.
b. Address: 13600 Railroad Street
Arden, New York 14004
c. Driver Name/Title: DAVID FREHEIT
PRINT/TYPE
d. Phone No.: 716-937-6575 e. Truck No.: 297-1
f. Vehicle License No./State: PW1256 NY
Acknowledgement of Receipt of Materials.

g. [Signature]

0	8	2	4	9	9
---	---	---	---	---	---

Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
PRINT/TYPE
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.

n. _____

--	--	--	--	--	--

Driver Signature Shipment Date

Section III

DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: Niagara Recycling, Inc. c. Phone No.: 716-285-3344
b. Physical Address: 56th St. & Pine Avenue d. Mailing Address: _____
Niagara Falls, New York 14304
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Pam Scott Pam Scott

0	8	2	4	9	9
---	---	---	---	---	---

SA
Name of Authorized Agent Signature Receipt Date

Section IV

ASBESTOS (Generator complete a-d, f, g, Shipper* completes e.)

a. Shippers's* Name: _____ b. Shippers's* Phone No.: _____
c. Shippers's* Address: _____
d. Shippers's Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by 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.



No: 334112

Date : 08-24-99 Time In: 12:52:30

Ticket # : 001067 CMS # : 0006502

Time Out: 13:19:32
LMS #: 0000003

Owner : BFI-NEW YORK

Vehicle # : 000029 Trailer #: 6001

Lic Plate:

SANITARY 50

Manifest # : 634788 PO #: Transporter: S

Source Cd : Generator : CTR CITY OF ROME

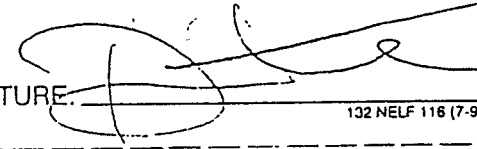
Comment : ZULADZ Operator: PAM SCOTT

Scale In #: 1 Scale Out #: 1

Gross Wt : 42.07 Tare Wt: 15.75 Net Wt: 26.32 t

Item	Descr	Bill Qty	\$/Unit	Extended
34141	CONTAMINANT	26.32 t		

Have a Happy and Safe Summer!!

NIAGARA RECYCLING INC.
800 NORTH 56TH STREET
NIAGARA FALLS, NY 14304
TELEPHONE: (716) 282-2676MAILING ADDRESS:
2321 KENMORE AVE.
P.O. BOX 9
KENMORE, NY 14217
TELEPHONE: (716) 614-3333**WARNING**TRANSPORTING ANY UNAUTHORIZED
HAZARDOUS WASTE TO THIS FACILITY
FOR DISPOSAL IS PROHIBITED BY LAW.
PERSONS VIOLATING THIS PROHIBITION
ARE SUBJECT TO CIVIL AND CRIMINAL
PROSECUTIONS.SIGNATURE: 

132 NELS 116 (7-9)

 RECYCLED PAPER



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 634789

Section I GENERATOR (Generator completes all of Section I)																	
a. Generator Name: <u>City of Rome/Business Park</u>	b. Generating Location: <u>Same</u>																
c. Address: <u>401 Mill Street</u> <u>Rome, New York 13440</u>	d. Address: _____																
e. Phone No.: <u>315-336-6313</u>	f. Phone No.: _____																
If owner of the generating facility differs from the generator, provide:																	
g. Owner's Name: _____	h. Owner's Phone No.: _____																
i. BFI WASTE CODE: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											k. Quantity: <table border="1"><tr><td></td><td>3</td><td>4</td><td></td><td>4</td><td>1</td></tr></table> Containers: _____		3	4		4	1
	3	4		4	1												
j. Description of Waste: <u>Soil contaminated with 12 ppm PCB</u>	l. TYPE: <table border="1"><tr><td>DM - METAL DRUM</td></tr><tr><td>DP - PLASTIC DRUM</td></tr><tr><td>B - BAG</td></tr><tr><td>BA - 6 MIL PLASTIC BAG or WRAP</td></tr><tr><td>T - TRUCK</td></tr><tr><td>O - OTHER</td></tr></table>	DM - METAL DRUM	DP - PLASTIC DRUM	B - BAG	BA - 6 MIL PLASTIC BAG or WRAP	T - TRUCK	O - OTHER										
DM - METAL DRUM																	
DP - PLASTIC DRUM																	
B - BAG																	
BA - 6 MIL PLASTIC BAG or WRAP																	
T - TRUCK																	
O - OTHER																	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																	
<u>See SECT. III</u>	Shipment Date: <table border="1"><tr><td>0</td><td>8</td><td>2</td><td>5</td><td>9</td><td>9</td></tr></table>	0	8	2	5	9	9										
0	8	2	5	9	9												
Generator Authorized Agent Name: _____	Signature: _____																

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)													
TRANSPORTER I													
TRANSPORTER II													
a. Name: <u>Zoladz Construction Co.</u>	h. Name: _____												
b. Address: <u>13600 Railroad Street</u> <u>Alden, New York 14004</u>	i. Address: _____												
c. Driver Name/Title: <u>DAVID FREIHEIT</u>	j. Driver Name/Title: _____												
d. Phone No.: <u>716-937-6575</u>	k. Phone No.: _____												
e. Truck No.: <u>29</u>	l. Truck No.: _____												
f. Vehicle License No./State: <u>3466 d.s.</u>	m. Vehicle License No./State: _____												
Acknowledgement of Receipt of Materials.													
g. <u>[Signature]</u>	n. <u>[Signature]</u>												
Shipment Date: <table border="1"><tr><td>0</td><td>8</td><td>2</td><td>5</td><td>9</td><td>9</td></tr></table>	0	8	2	5	9	9	Shipment Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
0	8	2	5	9	9								

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)							
a. Site Name: <u>Niagara Recycling, Inc.</u>	c. Phone No.: <u>716-285-3344</u>						
b. Physical Address: <u>56th St. & Pine Avenue</u> <u>Niagara Falls, New York 14304</u>	d. Mailing Address: _____						
e. Discrepancy Indication Space: _____							
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.							
<u>Joe WATROBA For City of Rome</u>	<u>Ram Scott</u>						
Name of Authorized Agent: _____	Signature: _____						
Signature: _____	Receipt Date: <table border="1"><tr><td>0</td><td>8</td><td>2</td><td>5</td><td>9</td><td>9</td></tr></table>	0	8	2	5	9	9
0	8	2	5	9	9		

Section IV ASBESTOS (Generator complete a-d, f, g, Shipper* completes e.)	
a. Shippers's* Name: _____	b. Shippers's* Phone No.: _____
c. Shippers's* Address: _____	
d. Shippers's Special Handling Instructions and additional information: _____	

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by 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.



No: 334253

Date : 08-25-99 Time In: 12:30:44 Time Out: 12:45:46
Ticket # : 002010 CMS # : 0006502 LMS # : 0000003
Customer : BFI-NEW YORK
Trailer # : 6801 Lic Plate:

SANITARY 5A

Manifest # : 634789 PO # : Transporter: S
Source Cd : Generator : CTR CITY OF ROME
Comment : ZULADZ Operator: PAM SCOTT
Scale In # : 1 Scale Out # : 1
Gross Wt : 45.72 Tare Wt: 15.62 Net Wt: 30.10 t

Item	Descr	Bill Qty	\$/Unit	Extended
34141	CONTAMINAT	30.10 t		

Have a Happy and Safe Summer!!



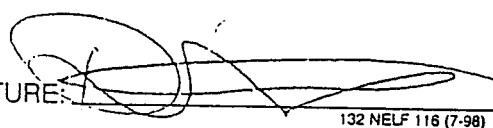
RECYCLED PAPER

NIAGARA RECYCLING INC.
800 NORTH 56TH STREET
NIAGARA FALLS, NY 14304
TELEPHONE: (716) 282-2676

MAILING ADDRESS:
2321 KENMORE AVE.
P.O. BOX 9
KENMORE, NY 14217
TELEPHONE: (716) 614-3333

WARNING

TRANSPORTING ANY UNAUTHORIZED
HAZARDOUS WASTE TO THIS FACILITY
FOR DISPOSAL IS PROHIBITED BY LAW.
PERSONS VIOLATING THIS PROHIBITION
ARE SUBJECT TO CIVIL AND CRIMINAL
PROSECUTIONS.

SIGNATURE: 

132 NELF 116 (7-98)

Section 8

Non-Hazardous Waste Manifests

Demolition Debris

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

210301

0000210301

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER ALPOO ENVIRONMENTAL GROUP 846 MACEDON CENTER RD. MACEDON, N.Y. # 315-986-3145	DATE 3/25/99		TIME IN / OUT 9 AM / 9:30
	EWS # 0285		
	TRUCK # 512	TRAILER # 912	

CONSIGNEE: TARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD: ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4482	SHIPPER: Y OF ROME ROME, NY 13440 #(315) # 336-6313
--	---

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE [Signature] PRINT NAME HE LUTERAN Ev City of ROME
DRIVER SIGNATURE [Signature] PRINT NAME BOB TULLMAN

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).
--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ J AM _____ J PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

Ontario County Solid Waste
3 CO. COMPLEX DR.
Canandaigua NY 14425

4080

210301

Ticket No : 000133148
Date : 03/25/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 18930
Miles :
Tons : 273091.70

9W512 Truck Out-bound

1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	99560 lb	Scale	1 Inbound	11:52
Tare	38940 lb	Scale	1 Outbound	12:40
Net	60620 lb			
	30.3100 tn			

WEIGH MASTER (CIS)

DRIVER

Bob Terhune

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

REMARKS MANIFEST # 210301

12.88

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER ALPCO ENVIRONMENTAL GROUP 846 MACEDON CENTER RD. MACEDON, N.Y. # 315-986-3143	DATE		TIME IN / OUT	
	3-25-94		2 ³⁰ PM	2 ⁵⁰ PM
	EWS #5285			
TRUCK # 512	TRAILER # 912			

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LAKE ROAD; ROUTE 5 & 20 STANLEY, NY 14661 PHONE # 716-396-4482	SHIPPER CITY OF ROME ROME, NY
--	-------------------------------------

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE [Signature] PRINT NAME JE LUATONA FOR CITY OF ROME

DRIVER SIGNATURE [Signature] PRINT NAME BOB TROPHIMUS

SPECIAL INSTRUCTIONS: Landfill hours are 7:30 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 3:45pm)
--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ J AM _____ J PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

210302

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Buffalo NY 14425

Ticket No :000133204
Date :03/26/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
1527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 18941
Miles :
Tons : 273321.38

112 Truck Out-bound
E CONSTRUCTION & DEM
BIG OUT
Price/tn

Gross	104440 lb	Scale	1 Inbound	06:38
Tare	39300 lb	Scale	1 Outbound	07:41
Net	65140 lb			
	32.5700 tn			

WEIGH MASTER (CIS)

RIVER

Bob T. Thorne

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

EMARKS MANIFEST #210302

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000210303

210303

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>ALPCO ENVIRONMENTAL GROUP</i> <i>846 WHEEDON CENTER RD.</i> <i>WHEEDON, N.Y.</i> <i># 315-986-3143</i>		DATE	TIME IN / OUT	
		<i>3/30/99</i>	<i>11:45</i>	<i>11:45</i>
		EWS #5285		
TRUCK # <i>123</i>	TRAILER # <i>51</i>			

CONSIGNEE <i>ONTARIO COUNTY LANDFILL</i> <i>DEPARTMENT OF SOLID WASTE</i> <i>POST LANE ROAD: ROUTE 5 & 20</i> <i>STANLEY, NY 14861</i> PHONE # <i>716-396-4482</i>	SHIPPER <i>OF ROME</i> <i>ROME, NY 13440</i> <i>(315) 336-6313</i>
---	---

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watson* PRINT NAME *JOE WATSON FOR CITY OF ROME*

DRIVER SIGNATURE *Tommy Hill* PRINT NAME *Tommy Hill*

SPECIAL INSTRUCTIONS: <i>Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 4:30pm (last truck at 2:45pm).</i>
--

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____		
CONSIGNEE SIGN HERE _____ (NO INITIALS)		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____	
	BY _____ TIME _____ AM _____ PM _____	

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210303 4065

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No : 000133657
Date : 03/30/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 18984
Miles :
Tons : 274041.67

R123 Truck Out-bound
E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	95800 lb	Scale	1 Inbound	15:23
Tare	38640 lb	Scale	1 Outbound	15:55
Net	57160 lb			
	28.5800 tn			

WEIGH MASTER (CIS)

RIVER *Fris Churchill*
EYES MANIFEST # 210303

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

DONE RITE SWEEPING, INC.

310 Greene St. Buffalo, N.Y. 14206

(716) 570-0383

(716) 570-0394

C&D # 40

Customer's
Order No.

Phone
No.

DI

Date 6-23-99

Name

EARTH WATCH

Address

ROME NY

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION				PRICE	AMOUNT	
1	T/L C&D DEBRIS PICKED UP						
	ARRIVED JOB 10:45						
	COMPLETE LOAD 11:00						
	DIFFERENCE 1/4 HR						
	ALLOWED 1 HR						
	WAITING TIME 0						
	DEMO DEBRIS				TAX		
	BLDG. 9				TOTAL		

ALL claims and returned goods MUST be accompanied by this bill.

0000255

Rec'd

[Signature]

GS-228-3



PRINTED IN U.S.A.



No

RG-23-97 Time In: 14132146 Time Out: 14132146
A138418 OMS: 1 8281293 L/S: 1 8281293
DINE, RITE SWEEPING Z
DL
PO: 81
Generator: 81
Scale Out: 10.80
Tare Wt: 18.28
Manual
51.81
Descr: Mill, Qty: 1, Ext: 1
C&D MATERI 32.73 t

NIAGARA RECYCLING INC
800 NORTH 56TH STREET
NIAGARA FALLS NY 14304
TELEPHONE: (716) 282-2676
MAILING ADDRESS:
2321 KENMORE AVE
P O BOX 9
KENMORE NY 14217
TELEPHONE: (716) 614-3333

WARNING

TRANSPORTING ANY UN
HAZARDOUS WASTE TO
FOR DISPOSAL IS PROHIB
PERSONS VIOLATING THIS
ARE SUBJECT TO CIVIL A
PROSECUTIONS

HURON RECOVERY OF N.Y. INC.

300 GREENE ST., BUFFALO, NY 14206

(718) 894-0209

NYSDEC PERMIT NUMBER 9A-504

CED # 46

Customer's Order No. 7-102 Date 6-23-99

Name CARTWATER WASTE SYSTEMS

Address E DOMINICK ST. BOMBAY, NEW YORK

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION				PRICE	AMOUNT	
1	T/L CTD DEBRIS						
	DEMO DEBRIS BLDG. 7						
	ARRIVE JOB 10:00 AM						
	COMPLETE LOAD 10:30 AM						
	ALLOWED 1 HOUR						
	DIFFERENCE						
	WAITING TIME						
					TAX		
					TOTAL		

ALL claims and returned goods MUST be accompanied by this bill.

0009403

Rec'd by J. Watoff

GS-228-3



PRINTED IN U.S.A.



No: 325755

Date: 86-23-99 Time In: 16:22:16 Time Out: 17:04:06
Ticket: R33873 CMS #: 8200972 LMS #: 8200972
Customer: HURON RECOVERY OF NEW YORK INC
Vehicle #: T102 Trailer #: 1880T Lic Plate:
SANITARY: 5A
Manifest #: 8809438 PO #: Transporter: S
Source Cd: Generator: HUR HURON RECOVERY OF NEW YORK
Comment: HURON & ROME Operator: PAM SCOTT
Scale In #: 1 Scale Out #: 1
Gross Wt: 58.87 Tare Wt: 18.75 Net Wt: 39.32 t

Item	Descr	Bill Qty	\$/Unit	Extended
DEM-HURON C&D MATERI		39.32 t		

Have a Happy and Safe Summer!!

NIAGARA RECYCLING INC
800 NORTH 56TH STREET
NIAGARA FALLS, NY 14304
TELEPHONE (716) 282-2676
MAILING ADDRESS
2321 KENMORE AVE
P.O. BOX 9
KENMORE, NY 14217
TELEPHONE (716) 614-3333

WARNING

TRANSPORTING ANY UNAUTHORIZED
HAZARDOUS WASTE TO THIS FACILITY
FOR DISPOSAL IS PROHIBITED BY LAW.
PERSONS VIOLATING THIS PROHIBITION
ARE SUBJECT TO CIVIL AND CRIMINAL
PROSECUTIONS

SIGNATURE 

132 NEL 116 (7-98)

T103-8

Date _____

Address	Value
00000000	00000000
00000001	00000000
00000002	00000000
00000003	00000000
00000004	00000000
00000005	00000000
00000006	00000000
00000007	00000000
00000008	00000000
00000009	00000000
0000000A	00000000
0000000B	00000000
0000000C	00000000
0000000D	00000000
0000000E	00000000
0000000F	00000000
00000010	00000000
00000011	00000000
00000012	00000000
00000013	00000000
00000014	00000000
00000015	00000000
00000016	00000000
00000017	00000000
00000018	00000000
00000019	00000000
0000001A	00000000
0000001B	00000000
0000001C	00000000
0000001D	00000000
0000001E	00000000
0000001F	00000000
00000020	00000000
00000021	00000000
00000022	00000000
00000023	00000000
00000024	00000000
00000025	00000000
00000026	00000000
00000027	00000000
00000028	00000000
00000029	00000000
0000002A	00000000
0000002B	00000000
0000002C	00000000
0000002D	00000000
0000002E	00000000
0000002F	00000000
00000030	00000000
00000031	00000000
00000032	00000000
00000033	00000000
00000034	00000000
00000035	00000000
00000036	00000000
00000037	00000000
00000038	00000000
00000039	00000000
0000003A	00000000
0000003B	00000000
0000003C	00000000
0000003D	00000000
0000003E	00000000
0000003F	00000000
00000040	00000000
00000041	00000000
00000042	00000000
00000043	00000000
00000044	00000000
00000045	00000000
00000046	00000000
00000047	00000000
00000048	00000000
00000049	00000000
0000004A	00000000
0000004B	00000000
0000004C	00000000
0000004D	00000000
0000004E	00000000
0000004F	00000000
00000050	00000000
00000051	00000000
00000052	00000000
00000053	00000000
00000054	00000000
00000055	00000000
00000056	00000000
00000057	00000000
00000058	00000000
00000059	00000000
0000005A	00000000
0000005B	00000000
0000005C	00000000
0000005D	00000000
0000005E	00000000
0000005F	00000000
00000060	00000000
00000061	00000000
00000062	00000000
00000063	00000000
00000064	00000000
00000065	00000000
00000066	00000000
00000067	00000000
00000068	00000000
00000069	00000000
0000006A	00000000
0000006B	00000000
0000006C	00000000
0000006D	00000000
0000006E	00000000
0000006F	00000000
00000070	00000000
00000071	00000000
00000072	00000000
00000073	00000000

PRINTED IN U.S.A.



No 325715

06-23-99 Time In: 14:15:17 Time Out: 14:56:23
Ticket # 1133834 CMS # 8200972 LMS # 8200972
Customer: HURON RECOVERY OF NEW YORK INC
Vehicle # 1-ET181 Trailer # 1080T Lic Plate:
SAWITARY 56
Manifest # 8009342 PO # Transporter: S
Source Cd: Generator: HUR HURON RECOVERY OF NEW YORK
Comment: HURON & ROME Operator: PAM SCOTT
Scale In # 1 Scale Out # 1
Gross Wt: 68.51 Tare Wt: 20.58 Net Wt: 48.81 t
Item Descr Bill Qty \$/Unit Extended

DEM-HURON C&M MATERIAL 48.81 t

Have a Happy and Safe Summer!

NIAGARA RECYCLING INC
800 NORTH 56TH STREET
NIAGARA FALLS NY 14304
TELEPHONE (716) 282-2676

MAILING ADDRESS
2321 KENMORE AVE
P.O. BOX 9
KENMORE NY 14217
TELEPHONE (716) 614-3333

WARNING

TRANSPORTING ANY UNAUTHORIZED
HAZARDOUS WASTE TO THIS FACILITY
FOR DISPOSAL IS PROHIBITED BY LAW.
PERSONS VIOLATING THIS PROHIBITION
ARE SUBJECT TO CIVIL AND CRIMINAL
PROSECUTIONS

SIGNATURE

132 NELF 116 (7-98)



Bill Qty	1/Unit	Extended
----------	--------	----------

23-58

Have a Happy and Safe Summer

3

RECYCLED PAPER

NIAGARA RECYCLING INC
800 NORTH 56TH STREET
NIAGARA FALLS, NY 14304
TELEPHONE: (716) 282-2676
MAILING ADDRESS:
2321 KENMORE AVE.
P.O. BOX 9
KENMORE, NY 14217
TELEPHONE: (716) 814-3333

WARNING

TRANSPORTING ANY UNAUTHORIZED
HAZARDOUS WASTE TO THIS FACILITY
FOR DISPOSAL IS PROHIBITED BY LAW.
PERSONS VIOLATING THIS PROHIBITION
ARE SUBJECT TO CIVIL AND CRIMINAL
PROSECUTIONS.

SIGNATURE

1021NLF 117 17 98

C3D 5b 6/23/99

DONE RITE SWEEPING, INC.

310 Greene St. Buffalo, N.Y. 14206

(716) 570-0393

(716) 570-0394

Customer's
Order No. _____
No. D-27-99 **Date** 6-27-99

Name Earthwatch Systems

Address EAST DOVER Ck ST Rm 1

SOLD BY	CASH	C.O.D.	CHANGE	ON ACCT	ADSE. REFD.	PAID OUT
QUAN.	DESCRIPTION			PRICE	AMOUNT	
1	T/K OF CTD					
	RE REF					
	ADITIVE 8:00					
	DEPART 8:45					
	TUTAL CARS 2					
	NEWS 1HR					
	TOTAL CARS ROLLOID 0					
				TAX		
				TOTAL		

ALL claims and returned goods MUST be accompanied by this bill.

000094

Rec'd by Chae W. Lee 7/27-11

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000210307

210307

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y. 13217</i>		DATE <i>7/1/99</i>		TIME	IN	/	OUT
		EWS # <i>6285</i>					
TRUCK # <i>187</i>	TRAILER # <i>40</i>						

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # <i>716-396-4482</i>	SHIPPER Y OF ROME ROME, NY <i># 315-336-6513</i>
---	---

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba*

PRINT NAME *JOE WATROBA*

DRIVER SIGNATURE *James (M...)*

PRINT NAME *James (M...)*

SPECIAL INSTRUCTIONS:

Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____		
CONSIGNEE SIGN HERE (NO INITIALS) _____		
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210307

Ontario County Solid Waste
3 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No :000142233
Date :07/01/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20125
Miles :
Tons : 295494.00

06 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	97020 lb	Scale	1 Inbound	10:19
Tare	38220 lb	Scale	1 Outbound	11:20

Net	58800 lb			
	29.4000 tn			

WEIGH MASTER (CIS)

RIVER

REMARKS MANIFEST #210307

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000210308

210308

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>SYRACUSE, N.Y. 13217</i>	# <i>1800-863-2732</i>	DATE	TIME	IN	OUT
		<i>7/1/99</i>			
		EWS #5286			
TRUCK # <i>107</i>		TRAILER # <i>DUMP</i>			

CONSIGNEE: ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # <i>716-396-4482</i>		SHIPPER: CITY OF ROME ROME, NY <i># 315-336-6313</i>	
NO. PIECES	ARTICLES OR DESCRIPTION		WEIGHT
<i>1</i>	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN	
		WEIGHT OUT	
		BILLED WEIGHT	

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *JOE WATROBA*
DRIVER SIGNATURE *R. Annable* PRINT NAME *R. Annable*

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

Ontario County Solid Waste
3 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No :000142258
Date :07/01/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20128
Miles :
Tons : 295536.52

107 Truck Out-bound

1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	77780 lb	Scale	1 Inbound	12:26
Tare	33440 lb	Scale	1 Outbound	12:54

Net	44340 lb			
	22.1700 tn			

WEIGH MASTER (CIS)

DRIVER *R. Ornale*

REMARKS MANIFEST # 210308

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

210309

0000210309

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> P.O. Box 6418 SYRACUSE, N.Y. 13217	# 1800-863-2732		DATE	TIME IN / OUT	
			<i>7/2/99</i>		
			EWS #5285		
TRUCK #	<i>80</i>		TRAILER #		

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 6 & 20 STANLEY, NY 14661 PHONE # 716-396-4482	SHIPPER CITY OF ROME ROME, NY <i># 315-336-6313</i>
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE <i>Joe Watroba</i>	PRINT NAME <i>Joe WATROBA</i>
DRIVER SIGNATURE <i>James M. Riccelli</i>	PRINT NAME <i>Riccelli # 80</i>

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____ RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed. The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.
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1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210309

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No :000142348
Date :07/02/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20143
Miles :
Tons : 295772.29

R80 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	72780 lb	Scale	1 Inbound	09:28
Tare	29220 lb	Scale	1 Outbound	09:41
Net	43560 lb			
	21.7800 tn			

WEIGH MASTER (CIS)

DRIVER

MARKS MANIFEST #210309

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0609. 1. 180

210306

0000210306

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>SYRACUSE, N.Y. 13217</i>	# 1800-863-2732		DATE	TIME	IN	OUT
			<i>7/2/99</i>			
			EWS #5285			
TRUCK #	<i>90</i>		TRAILER #			

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4462	SHIPPER CITY OF ROME ROME, NY <i># 315-336-6313</i>
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *JOE WATROBA*

DRIVER SIGNATURE *V.V.* PRINT NAME *Ken Kichin*

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

14
Ontario County Solid Waste
3777 CO. COMPLEX DR.
Candaigua NY 14425

210306
Ticket No :000142343
Date :07/02/99

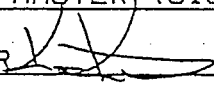
Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20142
Miles :
Tons : 295750.51

R90 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross 64340 lb Scale 1 Inbound 09:11
Tare 27800 lb Scale 1 Outbound 09:24
Net 36540 lb
18.2700 tn

WEIGH MASTER (CIS)

DRIVER 

REMARKS MANIFEST #210306

Material \$
Delivery \$
Misc \$
Tax \$
Total \$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

BLDG. 9 CED " " " "
210310
0000210310

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER # 1800-863-2732 Riccelli P.O. Box 6418 SYRACUSE, N.Y. 13217	DATE		TIME IN / OUT	
	7/2/99			
	EWS #5285			
TRUCK # 96	TRAILER #			

CONSIGNEE: TARRANT COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14661 PHONE # 716-396-4482	SHIPPER: Y OF ROME ROME, NY # 315-336-6313
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DERRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE Joe Watson PRINT NAME Joe WATROBA
 DRIVER SIGNATURE [Signature] PRINT NAME [Signature]

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).
--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210310

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Ondaugua NY 14425

Ticket No : 000142350
Date : 07/02/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20145
Miles :
Tons : 295805.80

96 Truck Out-bound
E CONSTRUCTION & DEM
ANDFILL
Price/tn

Gross	68200 lb	Scale	1 Inbound	09:31
Tare	27680 lb	Scale	1 Outbound	09:45
Net	40520 lb			
	20.2600 tn			

IGH MASTER (CIS)

IVER

M. J. H.

MARKS MANIFEST # 210310

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

- WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000210311

210311

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> P.O. Box 6418 SYRACUSE, N.Y.	# 1860 - 863 - 2732	DATE 7/2/99	TIME IN / OUT
		EWS #5285	
TRUCK # 40		TRAILER #	

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4482	SHIPPER Y OF ROME ROME, NY # 315 - 336 - 6313
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE <i>Joe Watroba</i>	PRINT NAME <i>Joe WATROBA</i>
DRIVER SIGNATURE <i>Henry Lee</i> #40	PRINT NAME <i>Henry Lee</i>

SPECIAL INSTRUCTIONS: landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.	

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210311

Ontario County Solid Waste
3010 CO. COMPLEX DR.
Orangetown NY 14425

Ticket No :000142355
Date :07/02/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20147
Miles :
Tons : 295851.14

R40 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	72460 lb	Scale	1 Inbound	09:53
Tare	27680 lb	Scale	1 Outbound	10:05

Net	44780 lb			
	22.3900 tn			

WEIGH MASTER (CIS)

DRIVER

REMARKS MANIFEST #210311

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0209 7 1 80 13

210312

0000210312

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y. 13217</i>	# <i>1800-863-2732</i>	DATE <i>7/2/99</i>	TIME IN / OUT
		EWS # <i>5285</i>	
TRUCK # <i>38</i>	TRAILER #		

CONSIGNEE <i>ONTARIO COUNTY LANDFILL</i> <i>DEPARTMENT OF SOLID WASTE</i> <i>POST LANE ROAD, ROUTE 5 & 20</i> <i>STANLEY, NY 14561</i> <i>716-396-4482</i> PHONE #	SHIPPER <i>OFFICE OF ROME</i> <i>ROME, NY</i> <i># 315-336-6313</i>
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *Joe WATROBA*

DRIVER SIGNATURE *Mark Boyd #38* PRINT NAME *Mark Boyd*

SPECIAL INSTRUCTIONS: <i>Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).</i>
--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210312

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No : 000142
Date : 07/02/

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20146
Miles :
Tons : 295828.75

R38 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	74560 lb	Scale	1 Inbound	0
Tare	28660 lb	Scale	1 Outbound	1
Net	45900 lb			
	22.9500 tn			

WEIGH MASTER (CIS)

DRIVER

Mark

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

REMARKS MANIFEST #210312

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000210313

210313

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>RICCELLI</i> <i>P.O. Box 6418</i> <i>SYRACUSE, N.Y.</i>	<i># 1800-863-2732</i>	DATE	TIME IN / OUT	
		<i>7/2/99</i>		
		EWS # <i>5285</i>		
TRUCK # <i># 93</i>		TRAILER #		

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 6 & 20 STANLEY, NY 14561 PHONE # <i>716-396-4482</i>	SHIPPER Y OF ROME ROME, NY <i># 315-336-6313</i>
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NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *JOE WATROBA*

DRIVER SIGNATURE *OREN LYONS* PRINT NAME *OREN LYONS*

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).
--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.
FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	

210313

Ontario County Solid Waste
CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No : 000143357
Date : 07/02/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20148
Miles :
Tons : 295874.67

93 Truck Out-bound
E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	74980 lb	Scale	1 Inbound	09:54
Tare	27920 lb	Scale	1 Outbound	10:07
Net	47060 lb			
	23.5300 tn			

HIGH MASTER (CIS)

IVER

MARKS MANIFEST #210313

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

6000210314

210314

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y. 13217</i>	DATE <i>7/2/99</i>		TIME IN / OUT	
	EWS # <i>5285</i>			
	TRUCK # <i>90</i>			
TRAILER #				

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # <i>716-396-4482</i>	SHIPPER CITY OF ROME ROME, NY <i># 315-336-6313</i>
---	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *Joe WATROBA*

DRIVER SIGNATURE *[Signature]* 90 PRINT NAME *Kentich 90*

SPECIAL INSTRUCTIONS:

Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210314

On: rio County Solid Waste
CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No :000142395
Date :07/02/99

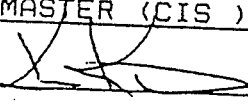
Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20150
Miles :
Tons : 295913.04

90 Truck Out-bound
E CONSTRUCTION & DEM
ANDFILL
rice/tn

Gross	67280 lb	Scale	1 Inbound	13:00
Tare	27500 lb	Scale	1 Outbound	13:16
Net	39780 lb			
	19.8900 tn			

EIGH MASTER (CIS)

IVER 

MARKS MANIFEST #210314

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

210315

0000210315

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y. 13217</i>	<i># 1800-863-2732</i>	DATE <i>7/2/99</i>	TIME IN / OUT
		EWS # <i>5285</i>	
TRUCK # <i>80</i>	TRAILER #		

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14661 PHONE # <i>716-396-4482</i>	SHIPPER Y OF ROME ROME, NY <i># 315-336-6313</i>
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NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *JOE WATROBA*

DRIVER SIGNATURE *James Riccelli* PRINT NAME *Riccelli #80*

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm)
--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210315

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Andaigua NY 14425

Ticket No : 000142402
Date : 07/02/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20153
Miles :
Tons : 295955.24

180 Truck Out-bound
CONSTRUCTION & DEM
E ANDFILL
rice/tn

Gross	74180 lb	Scale	1 Inbound	13:22
Tare	29080 lb	Scale	1 Outbound	13:37
Net	45100 lb			
	22.5500 tn			

EIGH MASTER (CIS)

RIVER

MARKS MANIFEST # 210315

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000210316

210316

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y. 13217</i>		DATE <i>7/2/99</i>	TIME IN / OUT
		EWS #5281	
TRUCK # <i>96</i>	TRAILER #		

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # <i>716-396-4482</i>	SHIPPER CITY OF ROME ROME, NY <i># 315-336-6313</i>
---	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba*

PRINT NAME *Joe WATROBA*

DRIVER SIGNATURE

PRINT NAME

SPECIAL INSTRUCTIONS:

landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:

CONSIGNEE PRINT NAME

CONSIGNEE SIGN HERE
(NO INITIALS)

Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.

RECEIVED
ABOVE
MATERIAL IN
GOOD
CONDITION

FIRM _____ DATE _____
BY _____ TIME _____ AM _____ PM _____

The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

210316

Ontario County Solid Waste
3017 CO. COMPLEX DR.
Ondaugua NY 14425

Ticket No : 000142403
Date : 07/02/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

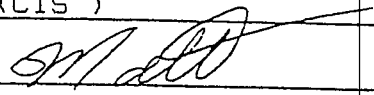
Order No : 1
PUT/PAY CONTRACT
Loads : 20154
Miles :
Tons : 295978.31

R96 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn.

Gross	73460 lb	Scale	1 Inbound	13:27
Tare	27320 lb	Scale	1 Outbound	13:40
Net	46140 lb			
	23.0700 tn			

WEIGH MASTER (CIS)

DRIVER



Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

REMARKS MANIFEST # 210316

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

210317
0000210317

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y. 13217</i>	# <i>1800-863-2732</i>	DATE	TIME	IN	OUT
		<i>7/2/99</i>			
		EWS # <i>5285</i>			
TRUCK #	<i>38</i>	TRAILER #			

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # <i>716-396-4482</i>	SHIPPER OF ROME ROME, NY # <i>315-336-6313</i>
---	---

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *JOE WATROBA*
DRIVER SIGNATURE *Mark Boyd* PRINT NAME *MARK BOYD 38*

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.	
CONSIGNEE PRINT NAME _____		
CONSIGNEE SIGN HERE (NO INITIALS) _____		
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Andaigua NY 14425

210317
Ticket No : 000142411
Date : 07/02/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20156
Miles :
Tons : 296008.03

R38 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	72980 lb	Scale	1 Inbound	13:56
Tare	28340 lb	Scale	1 Outbound	14:08
Net	44640 lb			
	22.3200 tn			

WEIGH MASTER (CIS)

DRIVER *Mark*

REMARKS MANIFEST # 210317

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0009. / 1 ED

210319

0000210319

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER Riccelli P.O. Box 6418 SYRACUSE, N.Y. 13217		# 1800-863-2732		DATE 7/2/99	TIME IN / OUT
				EWS #5285	
TRUCK # 40		TRAILER #			

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4482	SHIPPER CITY OF ROME ROME, NY # 315-336-6313
--	---

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE Joe Watroba PRINT NAME JOE WATROBA

DRIVER SIGNATURE Henry Seef PRINT NAME HENRY SEEF

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).
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FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

210319

Ontario County Solid Waste
301 CO. COMPLEX DR.
Andaigua NY 14425

Ticket No : 000142418
Date : 07/02/99

Customer : EARTH
WATCH WASTE SYSTEMS, INC.
527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20158
Miles :
Tons : 296050.17

40 Truck Out-bound
CONSTRUCTION & DEM
LANDFILL
ice/tn

Gross	70220 lb	Scale	1 Inbound	14:18
Tare	27460 lb	Scale	1 Outbound	14:29
Net	42760 lb			
	21.3800 tn			

IGH MASTER (CIS)
TVER
MARKS MANIFEST #210319

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

DL091 / CED 20

210318

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NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER # 1800-863-2732 Riccelli P.O. Box 6418 SYRACUSE, N.Y. 13217		DATE 7/2/99	TIME IN / OUT
TRUCK # 93		EWS #5285	
TRAILER #			

CONSIGNEE: ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 6 & 20 STANLEY, NY 14561 716-396-4482 PHONE #	SHIPPER: Y OF ROME ROME, NY # 315-336-6313
---	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE Joe Watroba PRINT NAME JOE WATROBA

DRIVER SIGNATURE OREN LYONS PRINT NAME OREN LYONS

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____		
CONSIGNEE SIGN HERE (NO INITIALS) _____		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	

210318

Lario County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No : 000142419
Date : 07/02/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20159
Miles :
Tons : 296070.78

R93 Truck Out-bound
E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	68840 lb	Scale	1 Inbound	14:19
Tare	27620 lb	Scale	1 Outbound	14:31
Net	41220 lb			
	20.6100 tn			

EIGH MASTER (CIS)

DRIVER *Over*

MANIFEST #210318

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

1204. 1 CED # 21

210320

0000216320

TRI AXLE Dump

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER # 1800-863-2732 RICCELLI P.O. Box 6418 SYRACUSE, N.Y. 13217		DATE 7/6/99	TIME IN / OUT 7 AM / 7:30 AM
TRUCK # 32		EWS #5285	
TRAILER #			

CONSIGNEE: ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4482	SHIPPER: Y OF ROME ROME, NY # 315-336-6313
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NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE Joe Watroba PRINT NAME Joe WATROBA
DRIVER SIGNATURE [Signature] 32 PRINT NAME [Signature]

SPECIAL INSTRUCTIONS:
landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm)

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

210320

Ontario County Solid Waste
301st CO. COMPLEX DR.
Gettysburg NY 14425

Ticket No : 000142509
Date : 07/06/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT

Loads : 20173

Miles :

Tons : 296371.11

32 Truck Out-bound

E CONSTRUCTION & DEM
ANDFILL
Price/tn

Gross	63960 lb	Scale	1 Inbound	09:21
Tare	28060 lb	Scale	1 Outbound	09:40
Net	35900 lb			
	17.9500 tn			

WIGHT MASTER (CIS)

RIVER

REMARKS MANIFEST #210320

Material \$

Delivery \$

Misc \$

Tax \$

Total \$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

13206. 7 CED # 22

206839

0000206839

TRI-AXLE Dump

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> P.O. Box 6418 SYRACUSE, N.Y. 13217		# 1800-863-2732	DATE 7/6/99	TIME IN 7 ¹⁰ AM	OUT 7 ⁴⁰ AM
TRUCK # 93		TRAILER #	EWS # ~~5285~~ 5285		

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 716-396-4482 PHONE #		SHIPPER CITY OF ROME ROME, NY # 315-336-6313	
NO. PIECES	ARTICLES OR DESCRIPTION		WEIGHT
1	TRUCKLOAD ~~CONSTRUCTION & DEMOLITION DEBRIS~~ CONSTRUCTION & DEMOLITION DEBRIS		WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME JOE WATROBA

DRIVER SIGNATURE *Chris Lyons* 93 PRINT NAME CHRIS LYONS

SPECIAL INSTRUCTIONS:
Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____		
CONSIGNEE SIGN HERE (NO INITIALS) _____		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM	

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

206839

Ontario County Solid Waste
30' CO. COMPLEX DR.
Candaigua NY 14425

Ticket No :000142514
Date :07/06/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20174
Miles :
Tons : 296391.92

93 Truck Out-bound
CONSTRUCTION & DEM
ANDFILL
rice/tn

Gross	69400 lb	Scale	1 Inbound	09:36
Tare	27780 lb	Scale	1 Outbound	09:50
Net	41620 lb			
	20.8100 tn			

EIGH MASTER (CIS)

RIVER

EMARKS MANIFEST #206839

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

11/19/99 1, 2 & 3

206840

0000206840

TRI-AXLE Dump

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> P.O. Box 6418 SYRACUSE, N.Y. 13217 # 1800-863-2732		DATE 7/6/99	TIME IN 7:15	OUT 7:50
		EWS # ~~XXXX~~ 5285		
TRUCK #	TRAILER #			

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4482	SHIPPER CITY OF ROME ROME, NY # 315-336-6313
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NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD ~~CONSTRUCTION & DEMOLITION DEBRIS~~ CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME Joe WATROBA
DRIVER SIGNATURE *James Musarechio* PRINT NAME JAMES Musarechio

SPECIAL INSTRUCTIONS:
Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____		
CONSIGNEE SIGN HERE (NO INITIALS) _____		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	

200040

Chenango County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No :000142515
Date :07/06/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20175
Miles :
Tons : 296412.89

R80 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	71060 lb	Scale	1 Inbound	09:37
Tare	29120 lb	Scale	1 Outbound	09:52
Net	41940 lb			
	20.9700 tn			

WEIGH MASTER (CIS)

DRIVER

WORKS MANIFEST #206840

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

Blodg. 7 CED #24

206841

0000206841

TRI AXLE Dump

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER Riccelli P.O. Box 6418 SYRACUSE, N.Y. 13217 # 1800-863-2732	DATE		TIME IN / OUT	
	7/6/99			
	EWS # ~~5285~~ 5285			
TRUCK # 9C	TRAILER #			

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 716-396-4482 PHONE #	SHIPPER CITY OF ROME ROME, NY # 315-336-6313
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NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD ~~CONSTRUCTION & DEMOLITION DEBRIS~~ CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE <u>Joe Watroba</u>	PRINT NAME <u>Joe WATROBA</u>
DRIVER SIGNATURE <u>M. T. T...</u>	PRINT NAME <u>M. T. T...</u>

SPECIAL INSTRUCTIONS: Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed. The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ JAM _____ J PM _____	

206071

Ticket No : 000142519
Date : 07/06/99

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20176
Miles :
Tons : 296433.32

R90 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	68980 lb	Scale
Tare	28120 lb	Scale
Net	40860 lb	
	20.4300 tn	

1 Inbound 09:4
1 Outbound 10:0

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

WEIGH MASTER (CIS)

DRIVER

REMARKS MANIFEST #206841

206842

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000206842

2. DUMP TRAILER

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y. 13217</i>	<i># 1800-863-2732</i>		DATE		TIME IN / OUT	
			<i>7/6/99</i>			<i>8:30 AM</i>
TRUCK # <i>150</i>		TRAILER #				

CONSIGNEE		SHIPPER	
ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14661		CITY OF ROME ROME, NY	
PHONE # 716-396-4482		# 315-336-6313	
NO. PIECES	ARTICLES OR DESCRIPTION		WEIGHT
1	TRUCKLOAD ~~XXXXXXXXXXXXXXXXXXXXX~~		WEIGHT IN
	CONSTRUCTION & DEMOLITION DEBRIS		WEIGHT OUT
			BILLED WEIGHT

SHIPPER SIGNATURE <u>Joe Watroba</u>	PRINT NAME <u>JOE WATROBA</u>
DRIVER SIGNATURE <u>[Signature]</u>	PRINT NAME <u>Corey J. Smith</u>

SPECIAL INSTRUCTIONS:	Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).
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FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ ☐ AM ☐ PM _____	

206842

Ontario County Solid Waste
CO. COMPLEX DR.
Andaigua NY 14425

Ticket No : 000142529
Date : 07/06/99

Customer : EARTH
WATCH WASTE SYSTEMS, INC.
527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20178
Miles :
Tons : 296468.12

50 Truck Out-bound
CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	80160 lb	Scale	1 Inbound	10:10
Tare	33440 lb	Scale	1 Outbound	10:43

Net	46720 lb			
	23.3600 tn			

IGH MASTER (CIS)

IVER *Kub*

MARKS MANIFEST #206842

	Material	\$
	Delivery	\$
	Misc	\$
	Tax	\$
	Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

BLDG. 1 CED

206843

0000206843

TRI AXLE

Dump

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER Riccelli P.O. Box 6418 SYRACUSE, N.Y. 13217	# 1800-863-2732	DATE		TIME IN / OUT	
		7/6/99		8:30 AM	
		EWS # ~~5285~~ 5285			
TRUCK # 40		TRAILER #			

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 716-396-4482 PHONE #	SHIPPER CITY OF ROME ROME, NY # 315-336-6313
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NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD ~~CONSTRUCTION & DEMOLITION DEBRIS~~ CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME JOE WATROBA

DRIVER SIGNATURE *Henry Seet* PRINT NAME HENRY SEET

SPECIAL INSTRUCTIONS:

landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:

CONSIGNEE PRINT NAME _____

CONSIGNEE SIGN HERE (NO INITIALS) _____

RECEIVED
ABOVE
MATERIAL IN
GOOD
CONDITION

FIRM _____ DATE _____

BY _____ TIME _____ AM _____ PM _____

Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.

The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

Ontario County Solid Waste
CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No :000142530
Date :07/06/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20179
Miles :
Tons : 296488.82

R40 Truck Out-bound
CONSTRUCTION & DEM
LANDFILL
price/tn

Gross	68940 lb	Scale	1 Inbound	10:17
Tare	27540 lb	Scale	1 Outbound	10:44

Net	41400 lb			
	20.7000 tn			

WEIGH MASTER (CIS)

RIVER

EMPKS MANIFEST #206843

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

BLDG. 1 CED - 27

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

206844

0000206844

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER Riccelli P.O. Box 6418 SYRACUSE, N.Y. 13217 # 1800-863-2732	DATE		TIME IN / OUT	
	7/6/99		11 ³⁰	11 ³⁸
	EWS # ~~5285~~ 5285			
TRUCK # 32	TRAILER #			

CONSIGNEE: ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4482	SHIPPER: Y OF ROME ROME, NY # 315-336-6313
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD ~~CONSTRUCTION & DEMOLITION DEBRIS~~ CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE [Signature] PRINT NAME Joe WATROBA

DRIVER SIGNATURE [Signature] 32 PRINT NAME Kentichu

SPECIAL INSTRUCTIONS:

Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____		
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No : 000142596
Date : 07/06/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20184
Miles :
Tons : 296565.71

R32 Truck Out-bound

1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	67140 lb	Scale	1 Inbound	13:3
Tare	27900 lb	Scale	1 Outbound	13:5
Net	39240 lb			
	19.6200 tn			

WEIGH MASTER (CIS)

DRIVER

REMARKS MANIFEST # 206844

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

DLVY - 1 CED - 25

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

206845

0000206845

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER # 1800-863-2732 RICCELLI P.O. Box 6418 SYRACUSE, N.Y. 13217	DATE		TIME IN / OUT	
	7/6/99		12 NOON	12 ¹⁰ pm
	EWS # ~~5285~~ 5285			
TRUCK #	TRAILER #			

CONSIGNEE: ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD: ROUTE 5 & 20 STANLEY, NY 14561 PHONE # 716-396-4482	SHIPPER: CITY OF ROME ROME, NY # 315-336-6313
--	---

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD NON-HAZARDOUS CONTAMINATED SOILS CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SHIPPER SIGNATURE [Signature] PRINT NAME J. WATKINSDRIVER SIGNATURE [Signature] PRINT NAME John T. [Signature]

SPECIAL INSTRUCTIONS:

landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____		
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

1st Copy - Earthwatch

2nd Copy - Driver

3rd Copy - Land Fill

4th Copy Shipper

Ontario County Solid Waste
CO. COMPLEX DR.
Canandaigua NY 14425

206075
Ticket No : 000142603
Date : 07/06/99

Customer : EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No : 1
PUT/PAY CONTRACT
Loads : 20188
Miles :
Tons : 296634.24

190 Truck Out-bound
CONSTRUCTION & DEM
ANDFILL
rice/tn

Gross	72360 lb	Scale	1 Inbound	13:52
Tare	27780 lb	Scale	1 Outbound	14:11
Net	44580 lb			
	22.2900 tn			

EIGH MASTER (CIS)

RIVER

EMARKS MANIFEST #206845

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0606. 1. C. FD - 27

206846

0000206846

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>SYRACUSE, N.Y.</i>		# <i>1800-863-2732</i>	DATE <i>7/6/99</i>	TIME IN	OUT
			EWS # ~~527~~ <i>5285</i>		
TRUCK # <i>93</i>			TRAILER #		

CONSIGNEE ONTARIO COUNTY LANDFILL DEPARTMENT OF SOLID WASTE POST LANE ROAD; ROUTE 5 & 20 STANLEY, NY 14561 PHONE # <i>716-396-4482</i>	SHIPPER Y OF ROME ROME, NY <i># 315-336-6313</i>
---	---

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD ~~CONSTRUCTION & DEMOLITION DEBRIS~~ <i>CONSTRUCTION & DEMOLITION DEBRIS</i>	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE <i>Joe Watroba</i>	PRINT NAME <i>Joe WATROBA</i>
DRIVER SIGNATURE <i>OREN Lyons</i>	PRINT NAME <i>OREN Lyons</i>

SPECIAL INSTRUCTIONS: <i>Landfill hours are 7:00 a.m. to 4:30pm Monday thru Friday (last truck in at 3:45pm). Saturday hours are 7:00am to 3:30pm (last truck at 2:45pm).</i>
--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE (NO INITIALS) _____	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

Ontario County Solid Waste
3019 CO. COMPLEX DR.
Canandaigua NY 14425

Ticket No :000142599
Date :07/06/99

Customer :EARTH
EARTHWATCH WASTE SYSTEMS, INC.
3527 HARLEM ROAD
BUFFALO NY 14225

Order No :1
PUT/PAY CONTRACT
Loads : 20185
Miles :
Tons : 296583.53

R93 Truck Out-bound
1E CONSTRUCTION & DEM
LANDFILL
Price/tn

Gross	63220 lb	Scale	1 Inbound	13:45
Tare	27580 lb	Scale	1 Outbound	14:03
Net	35640 lb			
	17.8200 tn			

WEIGH MASTER (CIS)

DRIVER

REMARKS MANIFEST # 206846

Material	\$
Delivery	\$
Misc	\$
Tax	\$
Total	\$

Earthwatch

WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

BLDG. 7 222029

0000222029

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER # 1800-863-2732 Riccelli P.O. Box 6418 Syracuse, N.Y.		DATE 8/11/99	TIME IN / OUT
		EWS # 1505520	
TRUCK # 150	TRAILER #		

CONSIGNEE: HYLAND ASH LANDFILL 6663 HERDMAN ROAD ANGELICA, NY 14709 PHONE # 716-466-7271	SHIPPER GENERAL CABLE ROME, NY # 315-336-6313
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE <i>J. Watroba</i>	PRINT NAME J. WATROBA
DRIVER SIGNATURE <i>Kirby Bartholomew</i>	PRINT NAME KIRBY BARTHOLOMEW

SPECIAL INSTRUCTIONS: MON - FRI 7:30 AM - 3:30 PM

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	
FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

Ticket: 8129
Date: 8/12/99

Hyland Facility Associates
6653 Herdman Rd
Angelica NY 14709-
W02A17

Time In: 12:36:36 PM
Time Out: 1:11:01 PM

Customer: Earth Watch Waste Site #:
Truck: RE150

Carrier: Riccelli Enterprise
Container: NONE
Origin: RO Rome
Vehicle Lic#:

Gross: 90460
Tare: 38480 PB

Net: 51980 Tons: 25.99
Material(s)

Units

COND Construction Debris

25.99 Tons

Have a nice day :)
License NO: 020068

Material Cost:

Driver's Signature:

Weighmaster's Signature:

Kirk
Ben Hearn

BLDG. 1 CED # 31
222030

Earthwatch
WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000222030

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>#1860-863-2732</i> <i>Riccelli</i> <i>P.O. Box 6418</i> <i>SYRACUSE, N.Y.</i>	DATE	TIME IN / OUT	
	<i>8/11/99</i>		
	EWS # <i>5520</i>		
TRUCK # <i>129</i>	TRAILER # <i>T129</i>		

CONSIGNEE: HYLAND ASH LANDFILL 6653 HERDMAN ROAD ANGELICA, NY 14709 PHONE # <i>716-466-7271</i>	SHIPPER GENERAL CABLE ROME, NY <i>#315-336-6313</i>
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NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT		
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN		
		WEIGHT OUT		
		BILLED WEIGHT		

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *JOE WATROBA*
DRIVER SIGNATURE *Charles E. Deane* PRINT NAME *Charles E. Deane*

SPECIAL INSTRUCTIONS: MON - FRI 7:30 AM - 3:30 PM

FOR APPROVAL:		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
CONSIGNEE PRINT NAME _____		
CONSIGNEE SIGN HERE _____ (NO INITIALS)		
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

T. Met: 8131
Date: 8/12/99

Hyland Facility Associates
6653 Herdman Rd
Angelica, NY 14709-
W02A17

Time In: 12:39:10 PM
Time Out: 1:13:17 PM

Customer: Earth Watch Waste Site #:
Truck: RE129

Carrier: Riccelli Enterprise
Container: NONE
Origin: RO Rome
Vehicle Lic#:

Gross: 80840
Tare: 35080 PB

Net: 45760 Tons: 22.88

Material(s)

Units

COND

Construction Debris

22.88 Tons

Have a nice day :)
License NO: 020068

Material Cost:

Driver's Signature:

Weighmaster's Signature:

[Handwritten Signature]
[Handwritten Signature]

DL09. 1 CF0 222031

Earthwatch
WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000222031

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i># 1800 - 863 - 2732</i> <i>Riccelli</i> <i>P.O. Box 6418</i> <i>SYRACUSE, N.Y.</i>	DATE	TIME IN / OUT	
	<i>8/11/99</i>	<i>7:00</i>	
	EWS # <i>6620</i>		
TRUCK # <i>130</i>	TRAILER # <i>130</i>		

CONSIGNEE: HYLAND ASH LANDFILL 6653 HERDMAN ROAD ANGELICA, NY 14709 PHONE # 716-466-7271		SHIPPER GENERAL CABLE ROME, NY <i># 315 - 336 - 6313</i>	
NO. PIECES	ARTICLES OR DESCRIPTION		WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS		WEIGHT IN
			WEIGHT OUT
			BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *Joe WATROBA*
DRIVER SIGNATURE *Jim Hill* PRINT NAME *Jim Hill*

SPECIAL INSTRUCTIONS: MON - FRI 7:30 AM - 3:30 PM	
--	--

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	

Ticket: 8130
Date: 8/12/99

Hyland Facility Associates

6653 Herdman Rd

Angelica

NY 14709-

W02A17

Time In: 12:37:30 PM
Time Out: 1:12:27 PM

Customer: Earth Watch Waste Syst #:
Truck: RE130

Carrier: Riccelli Enterprise

Container: NONE

Origin: RO

Rome

Gross: 75760
Tare: 34900 PB

Vehicle Lic#:

Net: 40860 Tons: 20.43

Material(s)

Units

COND

Construction Debris

20.43 Tons

Have a nice day :)
License NO: 020068

Material Cost:

Driver's Signature:

Weighmaster's Signature:

Jim Full
Bert Koons

Earthwatch
WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

BLOG: 7 CED T 33

222032

0000222032

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> P.O. Box 6418 SYRACUSE, N.Y.	DATE <i>8/16/99</i>		TIME	IN	/	OUT
	EWS # <i>5520</i>					
	TRUCK #					
TRAILER #						

CONSIGNEE: HYLAND ASH LANDFILL 6653 HERDMAN ROAD ANGELICA, NY 14709 PHONE # 716--466-7271		SHIPPER GENERAL CABLE ROME, NY <i># 315-336-6313</i>	
NO. PIECES	ARTICLES OR DESCRIPTION		WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS		WEIGHT IN
			WEIGHT OUT
			BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *JOE WATROBA*
DRIVER SIGNATURE *Arthur* PRINT NAME *KIMBY BARNETT HOLMES*

SPECIAL INSTRUCTIONS: MON - FRI 7:30 AM - 3:30 PM

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)		Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	
		The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

Ticket: 8196
Date: 8/16/99

Hyland Facility Associates
6653 Herdman Rd
Angelica, NY 14709--
W02A17

Time In: 1:30:55 PM
Time Out: 1:45:35 PM

Customer: Earth Watch Waste Syst #:
Truck: RE150

Carrier: Riccelli Enterprise
Container: NONE
Origin: RO Rome
Vehicle Lic#:

Gross: 78420
Tare: 38580 PB

Net: 39840 Tons: 19.92
Material(s)

Units

COND Construction Debris

19.92 Tons

Have a nice day :)
License NO: 020068

Material Cost:

Driver's Signature:

Weighmaster's Signature:

[Handwritten Signature]
[Handwritten Signature: Sherry Miller]

BLDG: 7 CED 34

222033

Earthwatch
WASTE SYSTEMS, INC.

4950 Genesee Street
Suite 170
Buffalo, NY 14225
(716) 681-6433
Fax (716) 681-6165

0000222033

NON-HAZARDOUS SOLID WASTE MANIFEST

TRANSPORTER <i>Riccelli</i> <i>P.O. Box 6418</i> <i>Syracuse, N.Y.</i>	#1800-863-2732	DATE	TIME IN / OUT	
		<i>8/16/99</i>		
		EWS # 5520		
TRUCK # <i>129</i>		TRAILER # <i>T129</i>		

CONSIGNEE: HYLAND ASH LANDFILL 6653 HERDMAN ROAD ANGELICA, NY 14709 PHONE # 716-466-7271	SHIPPER GENERAL CABLE ROME, NY #315-336-6313
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
1	TRUCKLOAD CONSTRUCTION & DEMOLITION DEBRIS	WEIGHT IN WEIGHT OUT BILLED WEIGHT

SHIPPER SIGNATURE *Joe Watroba* PRINT NAME *Joe Watroba*
DRIVER SIGNATURE *Charles E. Dean* PRINT NAME *Charles E. Dean*

SPECIAL INSTRUCTIONS: MON - FRI 7:30 AM - 3:30 PM

FOR APPROVAL: CONSIGNEE PRINT NAME _____ CONSIGNEE SIGN HERE _____ (NO INITIALS)	Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste materials which is not a radioactive volatile, highly flammable explosive toxic or hazardous nature as listed.
RECEIVED ABOVE MATERIAL IN GOOD CONDITION FIRM _____ DATE _____ BY _____ TIME _____ AM _____ PM _____	The transporter herein named agrees to hold harmless and to indemnify EWS against all losses and claims as a result of shipment of any material not listed on this manifest.

Ticket: 8198
Date: 8/16/99

Hyland Facility Associates
6653 Herdman Rd
Angelica, NY 14709-
W02A17

Time In: 2:34:15 PM
Time Out: 2:50:50 PM

Customer: Earth Watch Waste Syst #:
Truck: RE129

Carrier: Riccelli Enterprise
Container: NONE
Origin: RO Rome
Vehicle Lic#:

Gross: 74440
Tare: 35100 PB

Net: 39340 Tons: 19.67
Material(s)

Units

COND

Construction Debris

19.67 Tons

Have a nice day :)
License NO: 020063

Material Cost:

+1 Time

Driver's Signature:

Weighmaster's Signature:

[Handwritten Signature]
[Handwritten Signature]

Section 9

Asbestos Waste Manifests

ACM Contaminated Demolition Debris

BLDG. # 7 ACm # 1

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278
5. Description of Waste Material:	R.Q. - Asbestos, 9, N. A. 2212 P. G. III
6. Containers:	No. Type One Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one YES NO Estimated Volume 50 cy	
8. Special Handling Instructions and Additional Information:	Waste Approval M99-1206 Building Demolition Emergency Response Phone 716-773-7625
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year Joe WATROBA, Joe Watroba FOR City of Rome, SUPERINTENDENT 8/10/99	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature Month/Day/Year
11. Discrepancy Indication Space:	
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title	Signature Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/10/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: 2010

TRANSACTION #: TK-925777-0
TRUCK #: pf31
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI

Phone : 716-998-3016

1800-443-1803

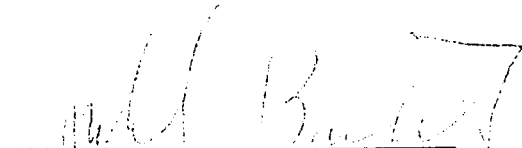
COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

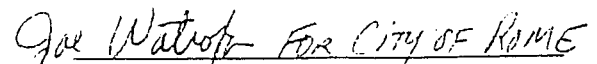
DT

CONTAINER # IN: _____

CONTAINER # OUT: _____

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

0209. 1, 1111 2

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:		
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - Asbestos, 9, FN.A. 2212 P.C. III		
6. Containers:	No.	Type	
		One Dump Trailer	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO 50cy Estimated Volume		
8. Special Handling Instructions and Additional Information:	Waste Approval M99-1206 Building Demolition Emergency Response Phone 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year			
JOE WATROBA, JR. WATROBA FOR CITY OF ROME, SUPERINTENDENT 8/10/99			
10. Transporter (Acknowledgment of receipt of materials)	Print Name, Address and Telephone Number DON WILLIAMS Signature Month/Day/Year 08/10/99		
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator:	Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year		

BLDG. 9 ACM #2



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/10/90
SITE TIME IN: 7:15
SITE TIME OUT:
ROUTE: X010

TRANSACTION #: TK-925771-0
TRUCK #: 1234
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

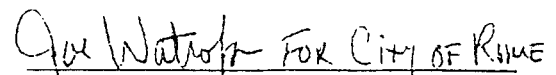
Contact: PIERRE MASCELLI
Phone : 1800-443-1803

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT CONTAINER # IN: 507
CONTAINER # OUT: 11

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4740 MOORE CITY ROAD, PO BOX 100
MOORE CITY, NY 11074-0100
1-800-855-0012 716-764-8228
Modern Disposal Services, Inc.



DATE: 02/10/93
TIME IN: 7:15
TIME OUT: 1:15
ROUTE: X015

TRANSACTION #: TK-525771-0

TRUCK #: 1234
PREPARED BY: RALF MODERN LANDFILL
DUMP SITE

SERVICE SITE:

1005.0028
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME

Contact: PIERRE ASSOCIATES
Phone: 1/800-442-1813

CONTAINER # BY: 507

CONTAINER # OUR: 15

COMMODITY: TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 6.00

Service Code: TRACTOR TRAILER SERVICE
TONG (M09-1235) FRANK'S ASSOCIATES (20 TON LIMIT)

DOUBLE LINERS (2)

Signature: _____



MODERN CORPORATIONS
P.O. BOX 200 MOORE CITY, NEW YORK 11074
LAWRENCE LATE-HAROLD & PETERSON RD.
LEWISTON, NEW YORK

TICKET #: 542558
DATE IN: 08/10/99 15:49:20
DATE OUT: 08/10/99 15:49:52
TRUCK #1234-587
HAULER R/L LEWISTON TRUCKING
REVERSE/DR: 1865-008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO: 616-1-000

LY LEWISTON TRUCKING
COMMODITY: 1000-0000 ASBESTOS WASTE
GROSS WEIGHT: 91,000
TARE WEIGHT: 35,000
NET WEIGHT: 56,000
TONS: 26.00

HAULER TICKET: TK925771-000

WEIGHMASTER: _____

To the best of my knowledge, the waste stream(s) indicated on this ticket contained no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and liability arising from that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions of statements indicated on reverse.

Signature: _____
CUSTOMER SIGNATURE

PLEASE NOTE INDENTIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or loss of claim to person or property arising out of the Contractor's use, operation or possession of the equipment or facility of the Contractor or any subcontractor or employee of the Contractor. The Customer shall not overstate the weight of the waste for verification purposes or make alterations to the scale or any other equipment used for verification purposes.

BILLING COPY

0209. / 10/10/99

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator: NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:	
2. Work Site Name and Address: City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440	
3. Waste Disposal Site: Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214	
4. Name and Address of Responsible Agency: United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278	
5. Description of Waste Material: R.Q. - Asbestos, 9, N.A. 2212 P. G. III	
6. Containers: No. Type 9 One Dump Trailer	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one 50.4 Estimated Volume YES NO	
8. Special Handling Instructions and Additional Information: Waste Approval M99-1206 Building Demolition	Emergency Response Phone 716-773-7625
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year KE WATROBA, JR. Waste For City of Rome, SUPERINTENDENT 8/10/99	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number DAVID HETALING	Signature Month/Day/Year David Hetaling 8/10/99
11. Discrepancy Indication Space:	
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title	Signature Month/Day/Year

1204. 1 ALM 3



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/10/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X018

TRANSACTION #: TK-925775-0
TRUCK #: 986
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1005.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone: 1800-443-1863

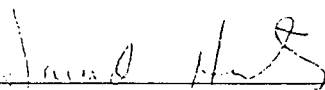
COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: _____

CONTAINER # OUT: 472

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (30 TON LIMIT)


DRIVER SIGNATURE


JOE NATROBA FOR CITY OF ROME
CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



TICKET : 54825
 DATE IN : 08/10/99 15:50:52
 DATE OUT : 08/10/99 15:50:52
 TRUCK : 1385-472
 HAULER : HDS MODERN DISPOSAL
 GENERATOR : 1805.000
 MODERN CORPORATION
 P.O. BOX 200, WOODLAWN, NEW YORK 11793
 LUDWIG WITTE, HAROLD & FLETCHER RD.
 LUDWIG, NEW YORK

FRANK'S VACUUM TRUCK SERVICE
 481 MILL STREET
 BRL TO : 6162.000
 HDS MODERN DISPOSAL
 COMMODITY: 0470-0000 ASBESTOS WASTE
 GROSS WEIGHT: 94,820.
 TARE WEIGHT: 35,940.
 NET WEIGHT: 58,880.
 TONN: 29.44

HAULER TICKET: TXS25775-000

VEIKHMASTER:

To the best of my knowledge, the waste described on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this load assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____

4746 10001 CMT KNOX, PO BOX 200
 WOODLAWN, NY 11793-0000
 1-800-368-0012 716-754-8208
 Modern Disposal Services, Inc.



TRANSACTION #: TX-925775-0
 TRUCK #: 9166
 PREPARED BY: PATW
 DUMP SITE: NLF MODERN LANDFILL

DATE: 08/10/99
 SITE TIME IN: 7:12
 SITE TIME OUT: 7:40
 ROUTE: 12/4/99

OK

1805-028
 FRANK'S VACUUM TRUCK SERVICE
 401 MILL STREET
 CITY OF ROME

Contact: PIERRE MARCELLI
 Phone: 1800-443-1863

COMMODITY: FRIABLE ASBESTOS (100 TON LIMIT)
 CONTAINER SIZE: 0.00
 CONTAINER # IN: 472
 CONTAINERS OUT: 472

Service Code: TRACTOR TRAILER SERVICE
 TONS (N:99-1206) FRIABLE ASBESTOS (100 TON LIMIT)

2 Trailer Lours

Joe Watterba
 Joe Watterba For City of Rome
 CUSTOMER SIGNATURE

David H. S.
 DRIVER SIGNATURE

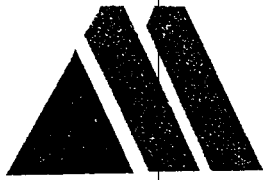
PLEASE NOTE: MODERN CORPORATION AGREEMENT
 The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability of any or each of persons or entities claiming damages or property arising out of the Contractor's use, operation or maintenance of the equipment or arising out of the Contractor's breach of any warranty, standard, limitation by the Contractor. The customer shall not void the equipment, not use it for construction purposes or make alterations without the Contractor's written approval.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:	
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440	
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214	
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278	
5. Description of Waste Material:	R.QQ - Asbestos, 9, N. A. 2212 P. G. III	
6. Containers:	No.	Type One Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES ☒ NO ☐ 50 yd Estimated Volume	
8. Special Handling Instructions and Additional Information:	Waste Approval M99-1206 Building Demolition Emergency Response Phone 716-773-7625	
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year		
Joe WATROBA, Jr. Watroba For City of Rome, SUPERINTENDENT 8/10/99		
10. Transporter (Acknowledgment of receipt of materials)	Signature	Month/Day/Year
Print Name, Address and Telephone Number	Ken Lewis	08/10/99
11. Discrepancy Indication Space:		
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year		

15106.7 HCM 4



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/10/99
SITE TIME IN: 7:15
SITE TIME OUT:
ROUTE: X018

TRANSACTION #: TK-925774-0
TRUCK #: 1233
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1005.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: 506

CONTAINER # OUT: 1

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1200) FRIABLE ASBESTOS (20 TON LIMIT)

KEA LEWIS
DRIVER SIGNATURE

John Watson For City of Rome
CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13440 PHONE: 315-339-7643		
2. Work Site Name and Address:	CITY OF ROME EAST ROME BUSINESS PARK 401 MILL ST. ROME, N.Y. 13440		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III		
6. Containers:	No.	Type	
		ONE DUMP TRAILER	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES	NO	
ESTIMATED VOLUME	50 CY		
8. Special Handling Instructions and Additional Information:	WASTE APPROVAL M99-1206 BUILDING DEMOLITION EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
Michael S. Burnett		Michael S. Burnett	8/11/99
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
Joe WATROBA, Joe Watroba For CITY OF ROME, SUPERINTENDENT			8/11/99
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year

0109. / HCM



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 06/11/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X019

TRANSACTION #: TK-926463-0
TRUCK #: PF31
PREPARED BY: patw
DUMP SITE: RLF MODERN LANDFILL

SERVICE SITE:

1805.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

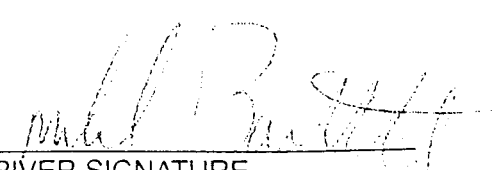
COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

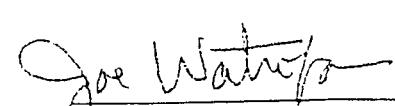
DT

CONTAINER # IN: _____

CONTAINER # OUT: _____

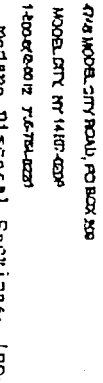
Service Code: TRACTOR TRAILER SERVICE
TONE (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



MODERN CORPORATION
100 FORT PING WOODS CTRY, NEW YORK 11101

MODERN PUBLISHING CO.
Rt. 1, Box 799, Model City, New York 14111
LADONIL STR. • HA HOLD & F LETCHER CO.
LEWISTON, NEW YORK

TICKET 1 348578
DATE IN 09/11/99 13:15:36
DATE DLT 09/11/99 13:50:47
TRUCL 12P31
MODERN DISPOSAL
HULLER 1M08
MOTOR 1M08
WHEEL 1M08

DATE	08/11/93	TRANSACTION #:	TK-25463-0
SITE THEIN:		TRUCK #	DF31
TE TIME OUT:		PREPARED BY:	PJEM
ROUTE	XOLD	DUMP SITE	ALF MODERN LANDFILL
SERVICE SITE:			

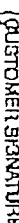
FULLER TICKET, TR026 463-200,
 COMUDITY 14-00-0004 HERBERTS WASTE
 BILL TO : 6163.000
 421 MILL STREET
 MC3 MODERN DISPOSAL
 FRANK'S VALUON TRUCK BEHAVIOR

1975. 009
FRANK'S WRECKING TRUCK SERVICE
401 MILL STREET
CITY OF ROCK
R0006
Contact: PIERRE MARCELLI
Phone :

COMMODITY: CONTAINER # 14-02222
MANUFACTURE TYPE/STYL: D1
CONTAINER SIZE: 0.03 CONTAINER # OUT: 03430
Service Code: TRACTOR TRAILER SERVICE
TONE: 1W39-12065 FRIGIBLE-ABEOSTOS 420 TON LIMIT

176927

no pm

POLYMER SIGNATURE: 
 CUSTOMER SIGNATURE: 

4. Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, liabilities, penalties, fines and costs of any kind or amount that it incurs or is held liable for in connection with the performance of the equipment by any and all its Customers in the use of any services, devices, hardware or the Contractor. The customer shall not overload the equipment beyond its technical capacity or make alterations without the Contractor's written approval.

TO THE BEST OF MY KNOWLEDGE, THE WASTE STREAM(S) INDICATED ON THIS TICKET CONTAIN(S) NO HAZARDOUS OR UNACCEPTABLE WASTE AND HAS BEEN PACKAGED AND TRANSPORTED IN ACCORDANCE WITH ALL APPLICABLE STATE AND FEDERAL REGULATIONS. ANY PERSON RECEIVING THIS TICKET ASSUMES ALL RISK OF ACCIDENT AND EXPRESSLY AGREES THAT MODERN LANDFILL INC. SHALL NOT BE LIABLE UNDER ANY CIRCUMSTANCES FOR ANY INJURY TO PERSON, PROPERTY AND ALSO AGREES TO INDEMNIFY AND HOLD HARMLESS MODERN LANDFILL INC. AND ITS EMPLOYEES. ADDITIONALLY, I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND CONDITIONS OF STATEMENT INDICATED ON THIS TICKET.

Signature: _____

DATE: _____

TIME: _____

Arthur J. Felt

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: <u>CITY OF ROME</u> ADDRESS: <u>198 NORTH WASHINGTON ST.</u> CITY: <u>ROME, N.Y. 13446</u> PHONE: <u>315-339-7643</u>		
2. Work Site Name and Address:	<u>CITY OF ROME</u> <u>EAST ROME BUSINESS PARK</u> <u>401 Mill St. ROME, NY 13440</u>		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	<u>R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III</u>		
6. Containers:	No.	Type	<u>ONE DUMP TRAILER</u>
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	<u>YES</u> NO <u>ESTIMATED VOLUME</u> <u>50 cy</u>		
8. Special Handling Instructions and Additional Information:	<u>WASTE APPROVAL M99-1206</u> <u>BUILDING DEMOLITION</u> <u>EMERGENCY RESPONSE</u> <u>716-773-7625</u>		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title Signature Month/Day/Year		<u>Robert G Jacobs Jr</u> <u>Robert Jacobs Jr</u> <u>8-11-99</u>	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
<u>Joe WATROBA, Joe Watroba For City of Rome, SUPER.</u>		<u>[Signature]</u>	<u>8/11/99</u>
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year

BLDG. 7 HCM # 6



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/11/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: 2010

TRANSACTION #: TR-926486-0
TRUCK #: PFM
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: _____

CONTAINER # OUT: _____

Service Code: TRACTOR TRAILER SERVICE
20NS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

1740 MODEL CITY ROAD, PO BOX 208
MODEL CITY, IN 46060
1-800-824-0012 716-744-6008
Modern Disposal Services, Inc.



DATE: 08/11/99
SITE TIME IN: 13:16:32
SITE TIME OUT: 13:51:42
ROUTE: 401 MILL STEEL
REFUSE SITE: 401 MILL STEEL
TRANSACTION #: TK-926486-0
TRUCK #: PFH7
PREPARED BY: MCF MODERN LANDFILL
DUMP SITE: 401 MILL STEEL
CONTACT: PIERRE MASCELLI
Phone: 716-744-6008
CONTAINER # IN: 34.82
CONTAINER # OUT: 34.82
COALMODITY: WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 34.82
Service Code: TRACTOR TRAILER SERVICE
2019 (1999-1999) FRANK'S VACUUM TRUCK SERVICE



MODERN CORPORATIONS
P.O. BOX 208 MODEL CITY, NEW YORK 14067
LANDFILL SITE: 401 MILL STEEL
LEWISTON, NEW YORK

TICKET: 1 546579
DATE IN: 08/11/99 13:16:32
DATE OUT: 08/11/99 13:51:42
TRUCK: PFH7
HAULER: MDS MODERN DISPOSAL
GENERATOR: 1845-048
FRANK'S VACUUM TRUCK SERVICE
401 MILL STEEL

BILL TO: 6163-0008
MODERN DISPOSAL
COMMUNITY: 0400-0008
GRUBB HEIGHT: 106, 180.
TARE WEIGHT: 38, 540.
NET WEIGHT: 69, 640.
TARE: 34.82

HAULER TICKET: TK926486-000

WEEKMASTER

To the best of my knowledge, the waste stream(s) indicated on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions of statements indicated on reverse.

Signature: _____

DRIVER SIGNATURE: *[Signature]*
CUSTOMER SIGNATURE: *[Signature]*
PLEASE NOTE: INFORMATIONAL AGREEMENT
The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or other or costs or damages to property arising out of the Contractor's use, operation or possession of the equipment or service provided by the Contractor, whether or not caused in whole or in part by the negligence of the Contractor. The customer shall not be liable for any damage or loss of equipment or property caused by the Contractor's use, operation or possession of the equipment or service provided by the Contractor, whether or not caused in whole or in part by the negligence of the Contractor. This agreement shall be binding on the Contractor's system approval.
BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:		NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:
2. Work Site Name and Address:		City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440
3. Waste Disposal Site:		Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214
4. Name and Address of Responsible Agency:		United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278
5. Description of Waste Material:		R. Q. - Asbestos, 9, N.A. 2212 P. G. III
6. Containers:	No.	Type One Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one YES NO Estimated Volume 50 CY		
8. Special Handling Instructions and Additional Information: Waste Approval Building Demolition		Emergency Response Phone 716-773-7625
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year DONALD H. WILLIAMS [Signature] 08/11/99		
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature Month/Day/Year Joe WATROBA, Joe Watroba FOR CITY OF ROME, SUPERINTENDENT 8/11/99
11. Discrepancy Indication Space: (SIGNATURES on 9 & 10 REVERSED)		
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title		Signature Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/11/99
SITE TIME IN: 7:30
SITE TIME OUT:
ROUTE: X018

TRANSACTION #: TK-926468-0
TRUCK #: 1234
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1005.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: 507

CONTAINER # OUT: 2

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment or use it for incineration purposes or make alterations without the Contractor's written approval.

BLDA 7 7-11-99
 748 MODEL CITY ROAD, PO BOX 208
 MODEL CITY, NY 14107-0208
 1-800-852-6012 716-704-0728
 Modern Disposal Services, Inc.
 Modern Disposal Services, Inc.



DATE: 08/11/99
 SITE TIME IN: 7:30
 SITE TIME OUT: 10:15
 ROUTE:

SERVICE SITE:

1835.008
 FORD'S VACUUM TRUCK SERVICE
 401 MILL STREET
 CITY OF ROME
 FONE

COMMODITY: TRANSACTIONS TYPE/STYLE: LOAD ON SITE
 CONTAINER SIZE: 0.25
 CONTAINER # IN: 507
 CONTAINER # OUT: 2

Service Code: TRACTOR TRAILER SERVICE
 TONE (M99-1205) FRIABLE ASBESTOS (20 TON LIMIT)

+ 2 LINES



MODERN CORPORATIONS
 NO. 803 34 MODEL CITY NEW YORK 14107
 LANDFILL SITE - HANDED OVER TO LEASHER, NO.
 LEWISTON, NEW YORK

TICKET: 540739
 DATE IN: 08/11/99 17:15:54
 DATE OUT: 08/11/99 17:14:15
 TRUCK: 11234-507
 HAULER: LT LEWISTON TRUCKING
 GENERATOR: 1805.808
 FORD'S VACUUM TRUCK SERVICE
 401 MILL STREET
 BILL TO: 6161.840
 LT LEWISTON TRUCKING
 COMMODITY: 0430-0090 ASBESTOS WASTE
 BRUSH HEIGHT: 1103.000
 TARE WEIGHT: 36.160
 NET WEIGHT: 66.840
 TONS: 33.42

HAULER TICKET: TK926468-0430

WEIGHMASTER:

To the best of my knowledge, the weight(s) indicated on this ticket is/are (s) no hazardous or unschedule waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and agrees to agree that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss of damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions of statement indicated on reverse.

Signature: _____

DRIVER SIGNATURE: *[Signature]*
 CUSTOMER SIGNATURE: *[Signature]*
 PLEASE NOTE NO EMERGENCY AGREEMENT
 The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or loss or damage to property arising out of the Contractor's use, operation or possession of the equipment or facility or any of them in connection with or in consequence of any warranty created hereunder by the Contractor. The customer shall not be liable for any loss or damage to property or equipment of the Contractor or any of them without the Contractor's written approval.
 BE LUNG COPY

BLDG. 7 ACM + 8

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:		
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R. Q. - Asbestos, 9, N.A. 2212 P. G. III		
6. Containers:	No.	Type: Dump Trailer	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES	NO	
Estimated Volume			
8. Special Handling Instructions and Additional Information:	Waste Approval M99-1206 Building Demolition Emergency Response Phone 716-773-8625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year Joe WATROBA, Joe Watroba For City of Rome, super. 8/11/99			
10. Transporter (Acknowledgment of receipt of materials)	Print Name, Address and Telephone Number	Signature	Month/Day/Year
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator:	Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year		

BLDG. 9 Acm # 8



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/11/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: 7019

TRANSACTION #: TK-986472-0
TRUCK #: 986
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: _____

CONTAINER # OUT: 47

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

Joe Watson
CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



MODERN CORPORATIONS
P.O. BOX 200 MOORE CITY, NEW YORK 14107
LANDFILL SITE - HAROLD B. PLETCHER RD.
LEWISTON, NEW YORK

4740 MOORE CITY ROAD, P.O. BOX 200
MOORE CITY, NY 14107-0020
1-800-622-0012 716-764-4200
Modern Disposal Services, Inc.



DATE: 09/11/99
SITE TIME IN: 7:30
SITE TIME OUT: 11:30
ROUTE: 11

SERVICE SITE

1905.008

FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

TRANSACTION #: TK-526472-0
TRUCK #: 556
DATE: 09/11/99
PREPARED BY: ALF MODERN LANDFILL
DUMP SITE:

COMMODITY: ASBESTOS
TRANSACTION ID: 500
CONTAINER SIZE: 472

CONTAINER # IN: 472
CONTAINER # OUT: 472

Service Code: TRACTOR TRAILER SERVICE
TONS (409-1200) FRIABLE ASBESTOS (20 TON LIMIT)

No pay (w)
2 Trailer Lines

TICKET : 548680
DATE IN : 03/11/99 14:27:20
DATE OUT: 09/11/99 14:27:21

TRUCK : 1905-472
HAULER : MODERN DISPOSAL
GENERATOR: 1005.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

STILL TO : 6163.000
MODERN DISPOSAL
COMMODITY: 0400-0000
GROSS WEIGHT: 101,900.
TARE WEIGHT: 25,940.
NET WEIGHT: 66,040.
TONS: 33.02

HAULER TICKET: TK926472-000

EA

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDENTIFICATION AGREEMENT

This Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death or property or loss or damage to property arising out of the Contractor's use, operation or maintenance of the equipment or acting out of the Contractor's branch of any liability caused hereunder by the Contractor. The customer shall not voided the equipment not used for backhaul purpose or make alterations without the Contractor's written approval.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington St CITY: Rome NY 13440 PHONE: 315-337-7643		
2. Work Site Name and Address:	City of Rome East Rome Business Park 4161 Mill St. Rome NY 13440		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. Asbestos, 9, NA 2212 PG 3		
6. Containers:	No.	Type	
	1	Drum/Tanker	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO 50 cubic yards		
8. Special Handling Instructions and Additional Information:	EMERGENCY RESPONSE 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
Joe WATROBA, Joe Watroba		For City of Rome, SUPER.	8/11/99
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
Ken Lewis		Ken Lewis	8-11-99
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year

BLDG. 9 ACM ++ 7



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/11/99
SITE TIME IN: 7:15
SITE TIME OUT:
ROUTE: X018

TRANSACTION #: TK-926470-0
TRUCK #: 1233
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

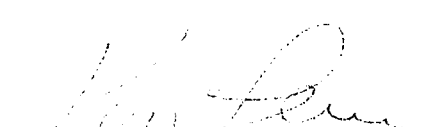
COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

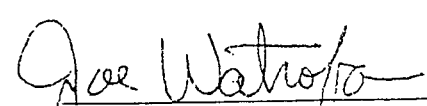
DT

CONTAINER # IN: 506

CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4145 MOORE COTT ROAD, PO BOX 220

MOORE CITY, NY 14127-0208

1800-422-0012 716-764-0028

Modern Disposal Services, Inc.

TRANSACTION #: TR-925470-0

TRUCK #: 1233

PREPARED BY: PAM
PUMP SITE NLF MODERN LANDFILL

DATE: 28/11/99

TIME IN: 7:15

TIME OUT: 1:15

ROUTE: X016

SERVICE SITE

1803.008

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

CITY OF ROME

ROME

Contact: PIERRE MASCELLI

Phone :

COMMODITY:

TRANSACTION TYPE: SITE, LOAD ON SITE

CONTAINER SIZE: 2.56

Service Code: TRACTOR TRAILER SERVICE

TOWS (M99-1265) FRANK'S ASBESTOS (20 TON LIMIT)

CONTAINER # IN: 506

CONTAINER # OUT: 506

2T

TICKET : 548698
DATE IN : 08/11/99 13:49:02
DATE OUT : 08/11/99 13:49:02

TRUCK : 1233-506
HAULER : LT LEVISTON TRUCKING
GENERATOR : 1803.008

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

BILL TO : 6161.008

LT LEVISTON TRUCKING

COMMODITY: 0400-0002 ASBESTOS WASTE

58088 WEIGHT: 97,780.

TARE WEIGHT: 34,680.

NET WEIGHT: 63,040.

TOWS: 31.02

WEIGHMASTER:

To the best of my knowledge, the waste described is indicated on this ticket contains no hazardous or unacceptable waste and has been properly packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes the risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees.

Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____



No pay (signature)

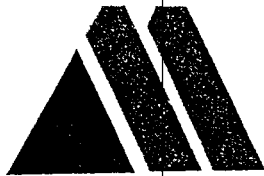
(signature)
CUSTOMER SIGNATURE

(signature)
DRIVER SIGNATURE

PLEASE NOTE INDENTIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or loss or cost or expense to properly arising out of the Contractor's use, operation or possession of the equipment or vehicles, etc. of the Customer's branch of any warranty created hereunder by the Contractor. The customer shall not void the equipment nor use for any other purpose or make alterations without the Contractor's written approval.

BILLING COPY



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/12/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X01B

TRANSACTION #: TK-927011-0
TRUCK #: pf31
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

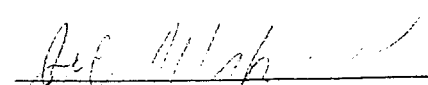
DT

CONTAINER # IN: 0730

CONTAINER # OUT: _____

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4740 MOORE CITY ROAD, PO BOX 207
MOORE CITY, NY 14107-0009
1-800-666-1012 716-764-0036
Modern Disposal Services, Inc.



DATE: 08/12/99
SITE TIME: 13:28:02
TIME OUT: 13:52:12
ROUTE: X018

TRANSACTION #: TK-927011-0
TRUCK #: P231
PREPARED BY: PAK
DUMP SITE: WCF MODERN LANDFILL

SERVICE SITE

1805.003
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

CONTACT: PIERRE NASCELLI
PHONE: 1

COMMODITY: TRACTOR TRAILER SERVICE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 6.05

CONTAINER # IN: 2230
CONTAINER # OUT: 0937

Service Code: TRACTOR TRAILER SERVICE
TOLLS (M99-1206) FRANK'S ASBESTOS (20 TON LIMIT)

* WENT FOR ③ RICCIELLI C/D TRAILERS TO
head FIRST
07:30 : 08:45
OK (20)

DRIVER SIGNATURE
Michael Bantel

CUSTOMER SIGNATURE
Pierre Nascelli

PLEASE NOTE INDENTIFICATION AGREEMENT
By Customer's signature to this document, the Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, costs, judgments, penalties, fines and other liability or injury or death to persons or property arising out of the Contractor's use, operation or possession of the equipment or service provided by the Contractor, whether or not caused in whole or in part by the Contractor's negligence. The customer shall not overboard the equipment nor use it for any other purpose or make any modification without the Contractor's written approval.

BILLING COPY



MODERN CORPORATIONS
P.O. BOX 207 MOORE CITY, NEW YORK 14107
LANDFILL SITE - HAYHOLE - PLEISTOCENE DO.
LEWISTON, NEW YORK

TICKET : 548976
DATE IN : 08/12/99 13:28:02
DATE OUT : 08/12/99 13:52:12
TRUCK : P231
HAULER : MODERN DISPOSAL
GENERATOR : 1805.003
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO : 5162.002
COMMODITY: 0490-0000 ASBESTOS WASTE
GROSS WEIGHT: 107,320.
TARE WEIGHT: 27,250.
NET WEIGHT: 80,070.
TOLLS: 34.00

HAULER TICKET: TK927011-000

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions of statements indicated on reverse.

Signature: _____

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278
5. Description of Waste Material:	R. Q. - Asbestos, 9, N.A, 2212 P. G. III
6. Containers:	No. Type One Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one YES NO	Estimated Volume
8. Special Handling Instructions and Additional Information:	Emergency Response Phone 716-773-7625
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year Robert E Jacobs Tr Robert E Jacobs 8-12-99	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number Signature Month/Day/Year Joe N. N. 8-12-99	
11. Discrepancy Indication Space: Signature Reversed #9 + #10	
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year	



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 03/12/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: 2019

TRANSACTION #: TK-927012-0
TRUCK #: pfm
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1905.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

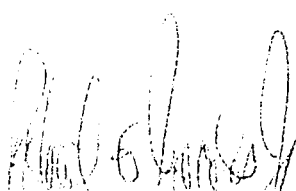
COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

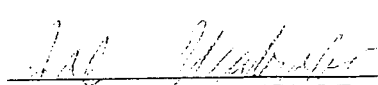
DT

CONTAINER # IN: _____

CONTAINER # OUT: _____

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4744 MOORE CITY ROAD PO BOX 280

MOORE CITY, NY 1107-0289

1-800-832-0012 715-754-8338

Modern Disposal Services, Inc.

DATE:

08/12/99

TIME IN:

ESTIMATE OUT:

ROUTE:

TRANSACTION #:

714-927012-0

TRUCK #:

1045

PREPARED BY:

PAUL

DUMP SITE

SERVICE SITE:

1805.008

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

CITY OF ROSE

RD#E

Contact: PIERRE MASCELLI

Phone :

COMMODITY:

WASTE TO LOAD

TYPE/STYLE:

LOAD ON SITE

DT

CONTAINER #:

CONTAINER # OUT:

Invoice Code: TRACTOR TRAILER SERVICE

TONS (1199-1206) PRIABLE ASBESTOS (20 TON LIMIT)

Wait To Load 7:50 - 8:45

Free @ Local Trailers

OK (20)



MODERN CORPORATIONS

PO BOX 280 MOORE CITY, NEW YORK 1107

LANDFILL SITE - HARDUO & FLETCHER RD

LEWISTON, NEW YORK

TICKET : 548977

DATE IN : 08/12/99 13:28:58

DATE OUT : 08/12/99 13:53:09

TRUCK : 1045

HAULER : MODERN DISPOSAL

GENERATOR: 1805.008

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

BILL TO : 6163.040

MODERN DISPOSAL

COMMUNITY: 0400-0000

ASBESTOS WASTE

GROSS WEIGHT: 96,618.

TARE WEIGHT: 32,430.

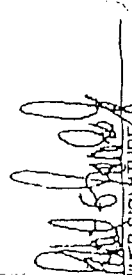
NET WEIGHT: 56,188.

TONS: 29.09

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss of damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on receipt.

Signature:

DRIVER SIGNATURE: 

CUSTOMER SIGNATURE: 

PLEASE NOTE INDENTIFICATION AGREEMENT

Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or loss resulting from or caused by the Contractor's use, operation or possession of the equipment or services provided by the Contractor to the Customer. The Customer shall release the Contractor from all liability for the Contractor's use, operation or possession of the equipment or services provided by the Contractor to the Customer.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:		
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R. Q. - Asbestos, 9, N.A. 2212 P. G. III		
6. Containers:	No.	Type	
			One Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO Estimated Volume 50 cubic Yards		
8. Special Handling Instructions and Additional Information:	Waste Approval Building Demolition Emergency Response Phone 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
<i>Bill Malt...</i>		<i>[Signature]</i>	8-12-99
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number			
<i>Ken Lewis</i>		<i>[Signature]</i>	8-12-99
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/12/99
SITE TIME IN: 7:00
SITE TIME OUT:
ROUTE: X018

TRANSACTION #: TK-927059-0
TRUCK #: 1233
PREPARED BY: patw
DUMP SITE: NLF MODERN LANDFILL

SERVICE SITE:

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: 506
CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4740 MOORE CITY ROAD, PO BOX 100
MOORE CITY, NY 14107-0100
1-800-868-0012 714-754-8226

Modern Disposal Services, Inc.

TRANSACTION #: TK-927059-0
TRUCK #: 1233
PREPARED BY: PCH
DUMP SITE: ELF MODERN LANDFILL

DATE: 08/12/99
SITE TIME IN: 7:30
SITE TIME OUT: 10:30
ROUTE: X0:8
SERVICE SITE: OK

1035.000
FRANK'S VACUUM TRUCK SERVICE
461 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE PASCELLI
Phone :

CONTAINER # IN: 506
CONTAINER # OUT: 506

COMMODITY: LARD ON BITE
CONTAINER SIZE: 0.60

Service Code: TRACTOR TRAILER SERVICE
TONS (N99-1226) FRIABLE ASBESTOS (20 TON LIMIT)



MODERN CORPORATION
P.O. BOX 248 MOORE CITY, NEW YORK 14107
LANDFILL SITE - MARSHALL FLETCHER RD.
LEWISTON, NEW YORK

TICKET : 549017
DATE IN : 08/12/99 14:29:34
DATE OUT : 08/12/99 14:29:34
TRUCK : 1233-506
HAULER : LT LEWISTON TRUCKING
GENERATOR: 1000.000

FRANK'S VACUUM TRUCK SERVICE
461 MILL STREET
BILL TO : 6161.000

LT LEWISTON TRUCKING

COMMODITY: 0400-0000 ASBESTOS WASTE
GROSS WEIGHT: 96, 840.
TARE WEIGHT: 36, 600.
NET WEIGHT: 60, 240.

WEIGHMASTER:

TONS: 30.10

To the best of my knowledge, this waste stream(s) indicated on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions of statements indicated on reverse.

Signature: _____

DRIVER SIGNATURE

CUSTOMER SIGNATURE

"PLEASE NOTE INDENIFICATION AGREEMENT"
Customer agrees to indemnify Modern and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death or damage to property arising out of the Contractor's use, operation or possession of the equipment or any of the Contractor's equipment or any liability created hereunder by the Contractor. The customer shall not withhold the equipment nor use the Contractor's equipment for any other purpose without the Contractor's written approval.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13440 PHONE: 315-339-7643		
2. Work Site Name and Address:	EAST ROME BUSINESS PARK 401 Mill ST. ROME, N.Y. 13440		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.G. - ASBESTOS, 9, N.H. 2212 P.G. III		
6. Containers:	No. 1 Type DUMP TRAILER		
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO ESTIMATED VOLUME 50 cy		
8. Special Handling Instructions and Additional Information:	WASTE APPROVAL 11199-1206 BUILDING DEMOLITION EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year ICE WATERBURY, Joe Waterbury FOR CITY OF ROME, SUPERINTENDENT 8/12/99			
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
DAVID HOTALING		David Hotaling	8/12/99
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year			



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/12/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X010

TRANSACTION #: TK-927060-0
TRUCK #: 986
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1905.000
FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: _____

*CONTAINER # OUT: 470

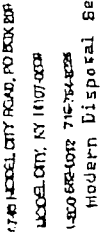
Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT) /

DRIVER SIGNATURE

[Signature]
CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



1745 MODEL CITY ROAD, PO BOX 288
MODEL CITY, NY 1607-0028
1-800-682-0072 716-764-8228
Modern Disposal Services, Inc.

09/12/99 11:01

TRANSACTION #: 157200
TRUCK #: 157200
PREPARED BY: 157200
DUMP SITE: 157200

956
 2787
 7714 MONTELLA
 1K-52/4000-0

1925.1229
FRANCIS VAGUJA TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

CONTACT: PIERRE MASCELLI
PHONE :

TYPESTYLE LORD ON BITE
: 0.00

CONTAINER # IN: 1
CONTAINER # OUT: 1

RYIDE CDD; TRACTOR TRAILER SERVICE
TONE (N99-12C5) FRABLE ASBESTOS (20 TON UNIT)

Dr. T. W. L.

Handwritten Signature
RIVER SIGNATURE

Customer Signature _____

[illegible]

REALISING CCBY



MODERN CORPORATIONS
P.O. BOX 208 MODEL CITY, NEW YORK 1107
LANDFILL SITE - HAROLD & FLETCHER RD.
LEWISTON, NEW YORK

TICKET : 549806
DATE IN : 08/12/99 14:17:42
DATE OUT: 08/12/99 14:17:43

TRUCK, '98-472
HAULER, AIDS MODERN DISPOSAL
GENERATOR, 1985-008

FRANK'S VACUUM TRUCK SERVICE
4911 MILL STREET

BILL TO : 6163.000

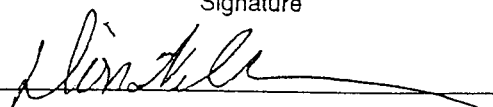
HAULEN TICKET: TK327065-030

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket compli(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person receiving this ticket assumes all risk of student and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

উপস্থাপনাঃ

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: <i>CITY OF ROME</i> ADDRESS: <i>198 NORTH WASHINGTON ST.</i> CITY: <i>ROME, N.Y. 13440</i> PHONE: <i>315-339-7643</i>		
2. Work Site Name and Address:	<i>EAST ROME BUSINESS PARK</i> <i>401 Mill St.</i> <i>ROME, N.Y. 13440</i>		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	<i>R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III</i>		
6. Containers:	No. /	Type	<i>Dump TRAILER</i>
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	<i>ESTIMATED VOLUME 50 CY</i> YES NO		
8. Special Handling Instructions and Additional Information:	<i>WASTE APPROVAL 1199-1206</i> <i>BUILDING DEMOLITION</i> <i>EMERGENCY RESPONSE</i> <i>#716-773-7625</i>		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year			
<i>JOE WATROBA, Joe Watroba - For City of Rome, SUPERINTENDENT 8/12/99</i>			
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
<i>DON WILLIAMS</i>			<i>08/12/99</i>
11. Discrepancy Indication Space:			
2. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year			



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/12/99
SITE TIME IN: 2:15
SITE TIME OUT:
ROUTE: 3010

TRANSACTION #: TK-927057-0
TRUCK #: 1234
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1005.008
FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: ~~529~~ 529
CONTAINER # OUT: 11

Service Code: TRACTOR TRAILER SERVICE
TONE (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4144 MODEL CITY ROAD, PO BOX 88
MODEL CITY, NY 1407-0088
1-800-688-0012 714-744-8200
Hindern Disposal Services, Inc.



DATE: 08/12/99
TIME IN: 12:15
TIME OUT: 12:18
ROUTE: 2018
DUMP SITE: OK

TRANSACTION #: TH-927657-0
TRUCK #: 1234
PREPARED BY: PAF
DUMP SITE: SELF SERVICE LANDFILL

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
ROME

Contact: PIERRE HASCELLI
Phone :

MODITY:
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

CONTAINER # IN: 529
CONTAINER # OUT: 11

Service Code: TRACTOR TRAILER SERVICE
TONE (N93-1206) FRIABLE ASBESTOS (20 TON LIMIT)



MODERN CORPORATION
PO BOX 281 MODEL CITY, NEW YORK 1407
LANDFILL SITE - MAROLD & FLETCHER RD.
LEWISTON, NEW YORK

TICKET / 549000
DATE IN: 08/12/99 14:13:07
DATE OUT: 08/12/99 14:12:06
TRUCK: 1234-529
HAULER: LT LEWISTON TRUCKING
GENERATOR: 1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO: 6141.000
LT LEWISTON TRUCKING
COMMODITY: 0400-1000 ASBESTOS WASTE
GROSS WEIGHT: 89,880.
TARE WEIGHT: 37,000.
NET WEIGHT: 52,880.
TONS: 26.44

HAULER TICKET: TH927657-000

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____

OVER SIGNATURE
CUSTOMER SIGNATURE

PLEASE NOTE NO REMINIFICATION AGREEMENT

Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or harm or death to persons or loss or damage to property arising out of the Contractor's use, operation or possession of the equipment or material owned or used by the Contractor's person or any person employed by the Contractor. This statement shall not be voided by the equipment not being used for intended purposes or under conditions without the Contractor's written approval.

BILLING COPY

BLDG. 7 ACM # 15

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: <i>CITY OF ROME</i> ADDRESS: <i>198 NORTH WASHINGTON ST.</i> CITY: <i>ROME, N.Y. 13440</i> PHONE: <i>315-339-7643</i>		
2. Work Site Name and Address:	<i>EAST ROME BUSINESS PARK</i> <i>401 Mill ST.</i> <i>ROME, N.Y. 13440</i>		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	<i>R.Q. - ASBESTOS, 9, N.A. 2212 P. 6. III</i>		
6. Containers:	No. <i>1</i> Type <i>DUMP TRAILER</i>		
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	<i>ESTIMATED VOLUME 50 CY</i> ☒ YES ☐ NO		
8. Special Handling Instructions and Additional Information:	<i>WASTE APPROVAL IN 99-1206</i> <i>BUILDING DEMOLITION</i> <i>EMERGENCY RESPONSE</i> <i># 716-773-7625</i>		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	Printed/Typed Name & Title Signature Month/Day/Year <i>JOE WATKINS, Joe Watkins FOR CITY OF ROME, SUPERINTENDENT</i> <i>[Signature]</i> <i>8/16/99</i>		
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature Month/Day/Year <i>Robert G Jacobs Jr</i> <i>Robert G Jacobs Jr</i> <i>8-16-99</i>		
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.	Printed/Typed Name & Title Signature Month/Day/Year _____ _____ _____		



4746 MODEL CITY ROAD, PO BOX 209 .

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/16/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: 2015

TRANSACTION #: TK-920311-0
TRUCK #: pfm5
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1800.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

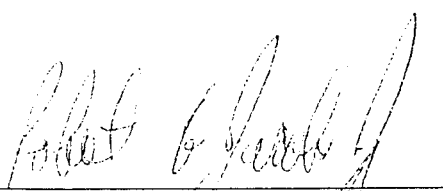
asbestos
COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

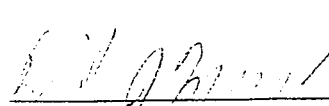
DT

CONTAINER # IN: _____

CONTAINER # OUT: _____

Service Code: TRACTOR TRAILER SERVICE
TONE (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

CUSTOMER'S COPY



MODERN CORPORATIONS
P.O. BOX 100 MODEL CITY, NEW YORK 14100
LAKESHORE RD. - HURON - PLEASANT HILL
LEWISTON, NEW YORK

6740 MODEL CITY ROAD, P.O. BOX 280
MODEL CITY, NY 14107-0028
1-800-862-0012 716-754-1825
Modern Disposal Services, Inc.



TICKET : 5A9856
DATE IN : 08/16/99 13:04:36
DATE OUT : 08/16/99 12:33:31

TRUCK : 1995
HAULER : 1995
GENERATOR : 1995

FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET

BILL TO : 6163.000
COMMODITY : 0400-0000 ASBESTOS WASTE

HAULER TICKET : TH928311-000

GROSS WEIGHT : 104,940.
TARE WEIGHT : 34,430.
NET WEIGHT : 62,040.
TOLLS : 31.27

WEIGHMASTER: *[Signature]*

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and have been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss of damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions of statements indicated on reverse.

Signature: _____

TRANSACTION #: TK-928311-0
TRUCK #: 1995
PREPARED BY: P.M.
DUMP SITE: 1/2 MODERN LANDFILL

Contact: PIERRE WAGDELLI
Phone : _____

CONTAINER # IN: _____
CONTAINER # OUT: _____

08/16/99
X015

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET
CITY OF ROCHESTER

ASBESTOS
COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE: TYPICAL LOAD IN SITE
CONTAINER SIZE: 0.00

Service Code: TRACTOR TRAILER SERVICE
TONS (MS9-1255) PORTABLE ASBESTOS (20 TON LIMIT)

[Signature]
DRIVER SIGNATURE

[Signature]
CUSTOMER SIGNATURE

PLEASE NOTE INDENIFICATION AGREEMENT
The Customer agrees to indemnify, defend and hold harmless the Company against all claims, damages, suits, judgments, penalties, fines and other liability in full or in part, or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or facility, and of the Company's branch of any liability caused by the Customer. The customer shall not entitle the equipment to use for transportation purposes or for use elsewhere without the Company's written approval.

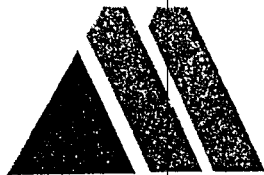
BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

10209. 1 10/16/99

16

1. Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13440 PHONE: 315-339-7643		
2. Work Site Name and Address:	EAST ROME BUSINESS PARK 401 MILL ST. ROME, N.Y. 13440		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III		
6. Containers:	No. 1 Type DUMP TRAILER		
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO ESTIMATED VOLUME 50 CY		
8. Special Handling Instructions and Additional Information:	WASTE APPROVAL 1199-1206 BUILDING DEMOLITION EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year ICE WATKINS, G. Watkins - FOR CITY OF ROME, SUPERINTENDENT 8/16/99			
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title		Signature	Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 00/16/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: 3015

TRANSACTION #: TK-928289-0
TRUCK #: pf31
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1005.008
FRANK'S VACUUM TRUCK SERVICE
481 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

asbestos

COMMODITY: 0000-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

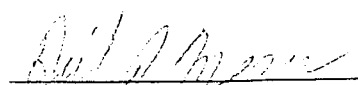
DT

CONTAINER # IN: 0200

CONTAINER # OUT: _____

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1205) FRIGIBLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



MODERN CORPORATIONS
P.O. BOX 209 WOODLUTCH, NEW YORK 14024
LAWOFFICE SUITE - 1000 1000 W. PLECHER RD.
LEXINGTON, NEW YORK

TRUCK : pf31
HAULER : MDS MODERN DISPERAL
GENERATOR: 1505.0008

TRANSACTION # _____
TRUCK # _____
PREPARED BY: _____
DUMP SITE _____

PREPARED BY: WLF RODGER LANDFILL
DUMP SITE

1805.008
FRANK'S VACUUM TRUCK SERVICE
Contact: PIERRE MARCELLI
Phone :

CONTAINER # IN: 0288
CONTAINER # OUT:

TRACTOR TRAILER SERVICE
TONE (409-1205) FRIBLE ASBESTOS (20 TON LIMIT)

To the best of my knowledge, the waste stream(s) identified on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage to property, or any other claim, demand, or cost, including reasonable attorneys' fees, and its employees.

Summary

JUSTICE SIGNATURE

201 ELSE NOTE / NOEL / IFFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or loss of or damage to property arising out of the Contractor's use, operation or possession of the equipment, not including any property owned or leased by the Contractor. The Customer shall not consider this equipment for financing or all of the Customer's branch of any security involved hereunder by the Contractor. The Customer will not consider this equipment for financing or all of the Customer's branch of any security involved hereunder by the Contractor. The Customer will not consider this equipment for financing or all of the Customer's branch of any security involved hereunder by the Contractor. The Customer will not consider this equipment for financing or all of the Customer's branch of any security involved hereunder by the Contractor.

BILING COPY

BLDG. 7 ACM # 11

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:		NAME: <i>CITY OF ROME</i> ADDRESS: <i>198 NORTH WASHINGTON ST.</i> CITY: <i>ROME, N.Y. 13440</i> PHONE: <i>315-339-7643</i>	
2. Work Site Name and Address:		<i>EAST ROME BUSINESS PARK</i> <i>401 Hill ST.</i> <i>ROME, N.Y.</i>	
3. Waste Disposal Site:		<i>Modern Landfill, Inc.</i> <i>P.O. Box 209</i> <i>Harold & Pletcher Roads</i> <i>Model City, NY 14107</i> <i>(716) 754-8226, Ext. 214</i>	
4. Name and Address of Responsible Agency:		<i>United States Environmental Protection Agency</i> <i>Region II</i> <i>26 Federal Plaza</i> <i>New York, NY 10278</i>	
5. Description of Waste Material:		<i>R.O. - ASBESTOS, 9, N.A. 2212 P.G. III</i>	
6. Containers:		No. <i>1</i> Type <i>DUMP TRAILER</i>	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one		<i>ESTIMATED VOLUME 50 CY</i> ☒ YES ☐ NO	
8. Special Handling Instructions and Additional Information:		<i>WASTE APPRAVAL IN 99-1206</i> <i>BUILDING DEMOLITION</i> <i>EMERGENCY RESPONSE</i> <i># 716-773-7625</i>	
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
<i>JOE LINTROBA, Joe Watson</i>		<i>For City of Rome, SUPERINTENDENT</i>	
10. Transporter (Acknowledgment of receipt of materials)		Signature	Month/Day/Year
Print Name, Address and Telephone Number			
<i>DAVID HOTALING</i>		<i>David Hotaling</i>	<i>8-16-99</i>
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator:			
Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 05/16/99
SITE TIME IN: 7:15 AM
SITE TIME OUT:
ROUTE: 7015

TRANSACTION #: TK-928370-0
TRUCK #: 906
PREPARED BY: patw
DUMP SITE: RLF MODERN LANDFILL

SERVICE SITE:

1885.000
FRANK'S VACUUM TRUCK SERVICE
481 HILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: _____

CONTAINER # OUT: 472

Service Code: TRACTOR TRAILER SERVICE
1005 (MS9-1236) FRIABLE ASBESTOS (20 TON LIMIT)

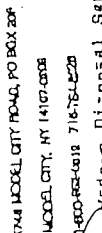
2 Trailer Liners

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor the Contractor without written approval.



570X
915
715
66/18/99

625.209

FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME.

Contact: PIERRE MARCELLE
06088

COMMUNITY:	0430-0000 ASBESTOS WASTE	ASBESTOS
TRANSACTION TYPE:	LOAD ON SITE	50553750
CONTAINER SIZE:	0.00	RDME

CONTAINER # IN:	CONTAINER # OUT:
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98	98
99	99
100	100

Service Code: TRACTOR TRAILER SERVICE
TMS (MUR-1206) FRIABLE

TRACTOR TRAILER SERVICE (20 TON LIABTY)

2 Trailer
Lovers

22

GENERAL SIGNATURE

THE NEW YORK PUBLIC LIBRARY

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liabilities of any kind or nature, including reasonable attorneys' fees, that may be asserted against or incurred by the Contractor in connection with the performance of the Contract, whether or not such claims, damages, suits, judgments, penalties, fines and other liabilities are caused in whole or in part by the negligence, active or passive, of the Contractor. This obligation shall not be limited by any limitation on the amount or type of damages, recovery or compensation payable by or for any third party under workers' compensation acts, disability benefit acts or other employee benefit acts. This obligation shall not be limited by any limitation on the amount or type of damages, recovery or compensation payable by or for any third party under workers' compensation acts, disability benefit acts or other employee benefit acts. This obligation shall not be limited by any limitation on the amount or type of damages, recovery or compensation payable by or for any third party under workers' compensation acts, disability benefit acts or other employee benefit acts.

BILLING COPY



MODERN CORPORATIONS
P.O. BOX 204 MOBEL CITY, NEW YORK 11057
LANDFILL SITE - HAROLD & FLETCHER RD.
LEWISTON, NEW YORK

GENEAL
HALL
TRAIL

1985-472
HDS WODM
AC 18925.84

FRANK B VAEJIM TRUCK SERVICE
481 MILL STREET

BILL TO : 5167.2848

MORGAN MODERN UTILITY DESIGNS

[illegible]

31844 501534880 043

WEIGHT: 96, 290.

TARE WEIGHT: 35.94g

1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 1514, 1515, 1516, 1517, 1518, 1519, 1520, 1521, 1522, 1523, 1524, 1525, 1526, 1527, 1528, 1529, 1530, 1531, 1532, 1533, 1534, 1535, 1536, 1537, 1538, 1539, 1540, 1541, 1542, 1543, 1544, 1545, 1546, 1547, 1548, 1549, 1550, 1551, 1552, 1553, 1554, 1555, 1556, 1557, 1558, 1559, 1560, 1561, 1562, 1563, 1564, 1565, 1566, 1567, 1568, 1569, 1570, 1571, 1572, 1573, 1574, 1575, 1576, 1577, 1578, 1579, 1580, 1581, 1582, 1583, 1584, 1585, 1586, 1587, 1588, 1589, 1590, 1591, 1592, 1593, 1594, 1595, 1596, 1597, 1598, 1599, 1600, 1601, 1602, 1603, 1604, 1605, 1606, 1607, 1608, 1609, 1610, 1611, 1612, 1613, 1614, 1615, 1616, 1617, 1618, 1619, 1620, 1621, 1622, 1623, 1624, 1625, 1626, 1627, 1628, 1629, 1630, 1631, 1632, 1633, 1634, 1635, 1636, 1637, 1638, 1639, 1640, 1641, 1642, 1643, 1644, 1645, 1646, 1647, 1648, 1649, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1663, 1664, 1665, 1666, 1667, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715, 1716, 1717, 1718, 1719, 1720, 1721, 1722, 1723, 1724, 1725, 1726, 1727, 1728, 1729, 1730, 1731, 1732, 1733, 1734, 1735, 1736, 1737, 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753, 1754, 1755, 1756, 1757, 1758, 1759, 1760, 1761, 1762, 1763, 1764, 1765, 1766, 1767, 1768, 1769, 1770, 1771, 1772, 1773, 1774, 1775, 1776, 1777, 1778, 1779, 1780, 1781, 1782, 1783, 1784, 1785, 1786, 1787, 1788, 1789, 1790, 1791, 1792, 1793, 1794, 1795, 1796, 1797, 1798, 1799, 1800, 1801, 1802, 1803, 1804, 1805, 1806, 1807, 1808, 1809, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, 1820, 1821, 1822, 1823, 1824, 1825, 1826, 1827, 1828, 1829, 1830, 1831, 1832, 1833, 1834, 1835, 1836, 1837, 1838, 1839, 1840, 1841, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1851, 1852, 1853, 1854, 1855, 1856, 1857, 1858, 1859, 1860, 1861, 1862, 1863, 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 19

100% ROAD

1

WEDCHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of a claim and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature:

12110. / HCPM 10

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:		NAME: <u>CITY OF ROME</u> ADDRESS: <u>198 NORTH WASHINGTON ST.</u> CITY: <u>ROME, N.Y. 13440</u> PHONE: <u>315-339-7643</u>	
2. Work Site Name and Address:		<u>EAST ROME BUSINESS PARK</u> <u>481 MILL ST.</u> <u>ROME, N.Y.</u>	
3. Waste Disposal Site:		<u>Modern Landfill, Inc.</u> <u>P.O. Box 209</u> <u>Harold & Pletcher Roads</u> <u>Model City, NY 14107</u> <u>(716) 754-8226, Ext. 214</u>	
4. Name and Address of Responsible Agency:		<u>United States Environmental Protection Agency</u> <u>Region II</u> <u>26 Federal Plaza</u> <u>New York, NY 10278</u>	
5. Description of Waste Material:		<u>R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III</u>	
6. Containers:		No. <u>1</u> Type <u>DUMP TRAILER</u>	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one		<u>ESTIMATED VOLUME 50 CY</u> ☒ YES ☐ NO	
8. Special Handling Instructions and Additional Information:		<u>WASTE APPROVAL IN 99-1206</u> <u>BUILDING DEMOLITION</u> <u>EMERGENCY RESPONSE</u> <u># 716-773-7625</u>	
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
<u>JOE WATROBA, Joe Watropa</u>		<u>For City of Rome, SUPERINTENDENT</u>	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
<u>BILL ANITUCH</u>		<u>Bill Anituch</u>	<u>8-16-99</u>
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/16/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: 2015

TRANSACTION #: TK-928359-0
TRUCK #: 523
PREPARED BY: patw
DUMP SITE: HLF MODERN LANDFILL

SERVICE SITE:

1005.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

asbestos
COMMODITY: 6400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT
CONTAINER # IN: _____
CONTAINER # OUT: 529

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

Bill
DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4740 MOORE CITY ROAD, PO BOX 259
MOORE CITY, NY 14106-0259
1-800-665-0012 716-764-6008
Modern Disposal Services, Inc.



DATE: 08/16/93
SITE TIME IN: 13:45:05
SITE TIME OUT: 13:45:06
ROUTE: 1323-529
TRUCK # 523
PREPARED BY: patw
DUMP SITE HLF MODERN LANDFILL

PERMIT # 1203-005

1805.070
FRANK'S VACUUM TRUCK SERVICE
421 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MARCELLI
Phone :

COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE 0.00
CONTAINER # IN: 529
CONTAINER # OUT: 529

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1205) RIABLE ASBESTOS (20 TON LIMIT)

DEIVER SIGNATURE Bill
CUSTOMER SIGNATURE Pierre Marcelli

PLEASE NOTE MODIFICATION AGREEMENT
The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or they or their agents or persons or their employees or their equipment or their property arising out of the Contractor's use, operation or possession of the equipment or trucks out of the Contractor's branch of any liability created by the Contractor. The Contractor shall not be held liable for the equipment or trucks used for purposes other than those stated on the invoice without the Contractor's written approval.

BILLING COPY



MODERN CORPORATIONS
P.O. BOX 201 MOORE CITY, NEW YORK 14107
LANDFILL SITE - HAROLD E. PLATTEN RD.
LEWISTON, NEW YORK

TRUCK 1323-529
HAULER HLT LEWISTON TRUCKING
GENERATOR: 1203-005
FRANK'S VACUUM TRUCK SERVICE
421 MILL STREET

BILL TO : 6161.000
COMMODITY: 0400-0000 ASBESTOS WASTE
GROSS WEIGHT: 91,749.
TARE WEIGHT: 35,848.
NET WEIGHT: 55,900.
TONS: 27.98

HAULER TICKET: TH028369-0408

WEIGHMASTER:

To the best of my knowledge, the weight shown(s) indicated on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions as indicated on reverse.

Signature: _____

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: <i>CITY OF ROME</i> ADDRESS: <i>198 NORTH WASHINGTON ST.</i> CITY: <i>ROME, N.Y. 13440</i> PHONE: <i>315-339-7643</i>		
2. Work Site Name and Address:	<i>ENST ROME BUSINESS PARK</i> <i>401 MILL ST.</i> <i>ROME, N.Y.</i>		
3. Waste Disposal Site:	<i>Modern Landfill, Inc.</i> <i>P.O. Box 209</i> <i>Harold & Pletcher Roads</i> <i>Model City, NY 14107</i> <i>(716) 754-8226, Ext. 214</i>		
4. Name and Address of Responsible Agency:	<i>United States Environmental Protection Agency</i> <i>Region II</i> <i>26 Federal Plaza</i> <i>New York, NY 10278</i>		
5. Description of Waste Material:	<i>R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III</i>		
6. Containers:	No. <i>1</i>	Type	<i>DUMP TRAILER</i>
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	<i>ESTIMATED VOLUME 50 CY</i> ☒ YES ☐ NO		
8. Special Handling Instructions and Additional Information:	<i>WASTE APPROVAL M99-1206</i> <i>BUILDING DEMOLITION</i> <i>EMERGENCY RESPONSE</i> <i># 716-773-7625</i>		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
<i>ICE WATROBA, Joe Watson FOR CITY OF ROME, SUPERINTENDENT</i>		<i>[Signature]</i>	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
<i>Ken Lewis</i>		<i>[Signature]</i>	<i>8-16-99</i>
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 09/16/99
SITE TIME IN: 7:00
SITE TIME OUT:
ROUTE: X015

TRANSACTION #: TK-928368-0
TRUCK #: 1233
PREPARED BY: pat
DUMP SITE: ALF MODERN LANDFILL

SERVICE SITE:

1005.000
FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

asbestos

COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 3.00

CONTAINER # IN: 506
CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (1000-1200) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4745 MOORE CITY ROAD, PO BOX 207
MOORE CITY, NY 14407-0039
1-800-662-0012 716-764-8298

Modern Disposal Services, Inc.

DATE: 08/15/99
SITE TIME IN: 7:00
SITE TIME OUT: 9:30
ROUTE: X015
SERVICE SITE: 716-764-8298

TRANSACTION #: 74-928368-0

TRUCK #: 1333

PREPARED BY: PMH

DUMP SITE: HLF MODERN LANDFILL

1005.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROSE
ROSE

Contact: PIERRE WARELLI
Phone :

COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE: LOAD ON SITE
CONTAINER SIZE: 6.00

CONTAINER # IN: 506
CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (M19-1206) FRIBBLE ASBESTOS (20 TON LIMIT)

No pay



MODERN CORPORATION
P.O. BOX 207 MOORE CITY, NEW YORK 14407
LANDFILL SITE: HAROLD G. FLETCHER JR.
LEWISTON, NEW YORK

TICKET IN: 08/15/99 13:41:31
DATE OUT: 08/16/99 13:41:32
TRUCK : 1233-506
HAULER : LT LEWISTON TRUCKING
GENERATOR: 1233-506
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
LEWISTON, NY 14407

BILL TO : 6161-000
LT LEWISTON TRUCKING
COMMODITY: 0400-0000 ASBESTOS WASTE
GROSS WEIGHT: 94,180.
TARE WEIGHT: 36,610.
NET WEIGHT: 57,570.
TONS: 28.75

HAULER TICKET: TRK-28368-000

WEIGHMASTER:

To the best of my knowledge, the weight(s) indicated on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT
The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or loss or death to persons or things or damage to property arising out of the Contractor's use, operation or maintenance of its equipment in the performance of its services at the Customer's location. The Contractor shall not be liable for any damage or loss to the Customer's property or equipment without the Contractor's written approval.

BILLING COPY

DDG. / HCM 20

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13440 PHONE: 315-339-7643		
2. Work Site Name and Address:	EAST ROME BUSINESS PARK 401 Mill St. ROME, NY		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9. NA. 2212 PG. III		
6. Containers:	No.	Type	Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO ESTIMATED VOLUME 50 CY		
8. Special Handling Instructions and Additional Information:	WASTE Approval 199-1206 Building Demolition EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
JOE WATRODA, Joe Watroda		For City of Rome, SUPERINTENDENT	8/23/99
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
DAVID HETALING, Modern Original 4146 Modus City Rd 754-8224 Model City, NY 14107		David Hetaling	8/23/99
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest.			
Printed/Typed Name & Title		Signature	Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/23/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X015

TRANSACTION #: TK-928565-0
TRUCK #: 996
PREPARED BY: patur
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY: asbestos
0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

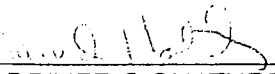
BT

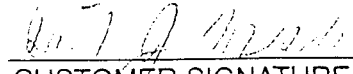
CONTAINER # IN: _____

CONTAINER # OUT: 472

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

2 Trailer Lines


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



MODERN CORPORATION
P.O. BOX 209, MODERN CITY, NEW YORK 11117
LANDFILL SITE: HANCOCK & FLETCHER RD.
LEWISTON, NEW YORK

TICKET IN: 05/23/99 12:15:06
DATE OUT: 05/23/99 12:15:06

TRUCK: 1985-472
HAULER: MODERN DISPOSAL
BONEWORTH: 1885, 808

FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET

BILL TO: 6163, 048
MODERN DISPOSAL

COMMODITY: 048-0000 HBBBIDE WASTE
GROSS WEIGHT: 95, 218.

TARE WEIGHT: 25, 940.
NET WEIGHT: 59, 280.
TOL: 18.64

HAULER TICKET: TR928565-008

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____

4744 MODERN CITY ROAD, PO BOX 807
MODERN CITY, NY 11107-0088
1-800-662-0312 718-784-8220

Modern Disposal Services, Inc.

TRANSACTION# TR-928565-0

TRUCK #: 9106

PREPARED BY: pntw

LANDFILL SITE: PLF MODERN LANDFILL

DATE: 08/23/99

SITE TIME IN:

ROUTE: X015

SERVICE SITE:

1805, 008

FRANK'S VACUUM TRUCK SERVICE

401 HILL STREET

CITY OF ROME

ROME

abestos

COMMODITY: 0480-0000 ASBESTOS WASTE

TRANSACTION TYPE: SERVICE LAND ON SITE

CONTAINER SIZE: 0.00

CONTAINER # IN: 412

CONTAINER # OUT: 412

PT

Service Code: TRACTOR TRAILER SERVICE

TOL (MT-1206) FR: ABLE ASBESTOS (20 TON LIMIT)

No pay
2 Tailor Lines

Out of order
CUSTOMER SIGNATURE

PLEASE NOTE REDEMPTION AGREEMENT

James H. H.
DRIVER SIGNATURE

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or death or injury or loss or damage to property arising out of the Contractor's use, operation or possession of the equipment or property, out of the Contractor's branch of any warranty thereof, incurred by the Contractor. The customer shall not withhold the equipment for use or for other reason purposes or make alterations without the Contractor's written approval.

3 DUPLICATE COPY

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington, St. CITY: Rome, NY 13440 PHONE: 315-339-7643		
2. Work Site Name and Address:	EAST Rome Business Park 401 Mill St. Rome, NY		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9. NA. 2212 P.G. III		
6. Containers:	No.	Type	Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO Estimated Volume 50 cu		
8. Special Handling Instructions and Additional Information:	Waste Approval 1999-1206 Building Demolition EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name & Title		Signature	Month/Day/Year
JOE WATROB, Joe Watroba		FOR CITY OF ROME	SUPERINTENDENT 8/23/99
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number		Signature	Month/Day/Year
Ken Lewis		Ken Lewis	8-23-99
11. Discrepancy Indication Space:			
2. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title		Signature	Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/23/99
SITE TIME IN: 7:15
SITE TIME OUT:
ROUTE: X015

TRANSACTION #: TR-929524--0
TRUCK #: 1233
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

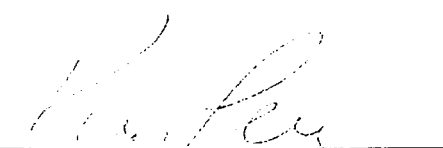
1805.008
FRANK'S VACUUM TRUCK SERVICE
401 HILL STREET
CITY OF ROME
ROME

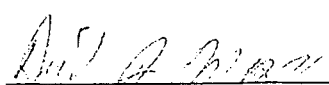
Contact: PIERRE MASCELLI
Phone :

asbestos
COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT
CONTAINER # IN: 506
CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1205) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or, make alterations without the Contractor's written approval.

4766 MODEL CITY ROAD, PO BOX 830
MODEL CITY, NY 14107-0830
1-800-552-0012 716-764-4208

Modern Disposal Services, Inc.

TRANSACTION # TK-929524-0

TRUCK #: 1233

PREPARED BY: patu

DUMP SITE: MLF MODERN LANDFILL

DATE:

TIME IN:

TIME OUT:

ROUTE:

TRUCK:

1805.003

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

CITY OF ROME

ROME

asbestos

COMMODITY: 0400-0000 ASBESTOS WASTE

TRANSACTION TYPE: SITE

CONTAINER SIZE: 0.00

TRUCK CODE: TRACTOR TRAILER SERVICE

TONS (1199-1206) FRAGILE ASBESTOS (20 TON LIMIT)

Contact: PIERRE HASCCELLI

Phone :

CONTAINER # IN: 506

CONTAINER # OUT: 506

No PAY



MODERN CORPORATIONS
P.O. BOX 203 MODEL CITY, NEW YORK 14107
LANDFILL SITE: HAROLD G. FLETCHER INC.
LEWISTON, NEW YORK

TICKET : 551958
DATE IN : 08/23/99 12:48:52
DATE OUT: 08/23/99 12:48:52

TRUCK : 11233-506

TRUCK : 11233-506

GENERATOR: 1805.003

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

BILL TO : 6161.000

LT LEWISTON TRUCKING

COMMODITY: 0400-0000 ASBESTOS WASTE

GROSS WEIGHT: 86,250.

TARE WEIGHT: 36,530.

NET WEIGHT: 51,098.

TONS: 25.79

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss of damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE VERIFICATION AGREEMENT

Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury to third parties or loss of property arising out of the Contractor's use, operation or possession of the equipment or services provided by the Contractor's business, whether or not caused by the Contractor. The Contractor shall not be liable for equipment or services provided by the Contractor's business, whether or not caused by the Contractor.

BILLING COPY

0009. 1 HCM 22

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13440 PHONE: 315-339-7643		
2. Work Site Name and Address:	EAST ROME BUSINESS PARK 401 MILL ST. ROME, N.Y.		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III		
6. Containers:	No. 1 Type DUMP TRAILER		
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO ESTIMATED VOLUME 50 CY		
8. Special Handling Instructions and Additional Information:	EMERGENCY RESPONSE WASTE APPROVAL M 99-1206 BUILDING DEMOLITION # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year KE WATROBA, Jr. Water For City of Rome, SUPERINTENDENT 8/23/99			
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature	Month/Day/Year	
Michael J. Burnett	Michael J. Burnett	8/23/99	
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year			

BLDG. 9AC17 # 22



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/23/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X015

TRANSACTION #: TK-929526-0
TRUCK #: PF31
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1803.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: 0700

CONTAINER # OUT:

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereby or by any subcontractor. The Contractor shall not be liable for any equipment or

BLOG. YALIN 22

4718 MOORE CITY ROAD, PO BOX 201
MOORE CITY, NY 11007-0201
1-800-662-0062 718-744-0201



Modern Disposal Services, Inc.

TRANSACTION #: 78-72526-0
TRUCK #: PF31
PREPARED BY: pfw
PUMP SITE: MLF MODERN LANDFILL

DATE: 08/23/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X015

SERVICE SITE

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MOSCELLI
Phone :

COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE: LOAD ON SITE
CONTAINER SIZE: 0.00
CONTAINER IN: 0200
CONTAINER OUT: 0200

Service Code: TRACTOR TRAILER SERVICE
TQNB (197-1800) FRIBBLE ASBESTOS (20 TON LIMIT)



MODERN CORPORATIONS
201 201 MOORE CITY, NEW YORK 11007
ALDILL SITE - JAROLD O FLETCHER RD.
LEWISTON, NEW YORK

TICKET : 531948
DATE IN : 08/23/99 12:38:10
DATE OUT: 08/23/99 13:04:07
TRUCK : PF31
HAULER : MODS MODERN DISPOSAL
GENERATOR: 1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO : 5163.000
MODS MODERN DISPOSAL
COMMODITY: 0400-0000 ASBESTOS WASTE
GROSS WEIGHT: 126,720.
TARE WEIGHT: 27,508.
NET WEIGHT: 99,228.
TONS: 44.61

ER TICKET: 78-72526-000

REKINGMASTER:

to the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or
interceptable waste and has been picked up and transported in accordance with all applicable state and
federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees
that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss of
wage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees
additionally, I hereby acknowledge that I have read and understand conditions of statements
indicated on reverse.

Signature: _____

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDENTIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other
liability, or death or injury to persons or loss or damage to property arising out of the Contractor's use, operation or possession of the equipment or
vehicle of the Contractor's branch of any liability created hereunder by the Contractor. The Customer shall not void the agreement for
indemnification purposes or make alterations without the Contractor's written approval.

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13440 PHONE: 315-		
2. Work Site Name and Address:	EAST ROME BUSINESS PARK 401 MILL ST. ROME, NY		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9, NA. 2212 PG. III		
6. Containers:	No. / Type	Dump Trailer	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	ESTIMATED VOLUME 80 CY ☒ YES ☐ NO		
8. Special Handling Instructions and Additional Information:	WASTE APPROVAL M99-1206 Building Demolition EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year			
JOE LUATROBA, Joe Luatroba For City of Rome, SUPERINTENDENT 8/23/99			
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature		Month/Day/Year
DON WILLIAMS	Don Williams		08/23/99
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title	Signature		Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 00/23/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X015

TRANSACTION #: TK-930422-0
TRUCK #: 1234
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

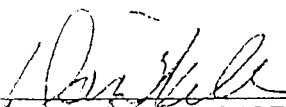
Contact: PIERRE MASCELLI
Phone :

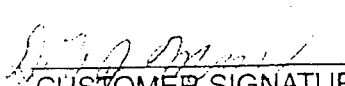
COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

CONTAINER # IN: 507

CONTAINER # OUT: 1

Service Code: TRACTOR TRAILER SERVICE
TONS (N99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



MODERN CORPORATION
P.O. BOX 200 MODERN CITY, NEW YORK 11007
LANDFILL SITE - JAWOLD & FLETCHER RD.
LEWISTON, NEW YORK

TICKET IN 1-550057
DATE IN 1-08/23/99 14:43:00
DATE OUT 08/23/99 14:45:01

TRUCK 1234-507
HAULER LT LEWISTON TRUCKING
GENERATOR 1995-008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO 6161-000
LT LEWISTON TRUCKING
COMMUNITY 0400-0000 ASBESTOS WASTE
GROSS WEIGHT 36,112.
NET WEIGHT 25,868.
TONS 17.83

HAULER TICKET 17K32042E-000

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) described on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature: _____

4700 MODERN CITY ROAD, P.O. BOX 200
MODERN CITY, NY 11007-0000
1-800-682-0018 716-754-3285

Modern Disposal Services, Inc.

TRANSACTION #: 711-730422-0

TRUCK #: 1234

PREPARED BY: pslw

LANDFILL SITE: SELF MODERN LANDFILL

CONTACT: PIERRE HASCELLI

Phone: _____

1805-008

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

CITY OF ROME

ROUTE

ASBESTOS

0400-0000 ASBESTOS WASTE

TYPE: LOAD ON SITE

CONTAINER SIZE 0.00

CONTAINER # IN: 1507

CONTAINER # OUT: 1

Service Code: TRACTOR TRAILER SERVICE

TONS (159-1205) FRANK'S ASBESTOS (20 TON LIMIT)

DATE: 08/23/99

SITE TIME IN: 14:43

DATE TIME OUT: 14:45

ROUTE: 4015

SERVICE SITE

COMMUNITY

TRANSACTION

CONTAINER SIZE

NO PAY (signature)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDENTIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or claim to property or loss or damage to property arising out of the Contractor's use, operation or possession of the equipment or truck or out of the Contractor's business of any warranty created hereunder by the Contractor. The customer shall not void the equipment nor use it for purposes not intended or misuse, alter, modify, or otherwise use the Contractor's written approval.

BILLING COPY

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ASBESTOS WASTE SHIPMENT MANIFEST

Waste Generator: NAME: <i>CITY OF ROME,</i> ADDRESS: <i>198 NORTH WASHINGTON ST.</i> CITY: <i>ROME, N.Y. 13440</i> PHONE: <i>315-339-7643</i>		
2. Work Site Name and Address: <i>EAST ROME BUSINESS PARK</i> <i>401 MILL ST.</i> <i>ROME, N.Y.</i>		
3. Waste Disposal Site: <i>Modern Landfill, Inc.</i> <i>P.O. Box 209</i> <i>Harold & Pletcher Roads</i> <i>Model City, NY 14107</i> <i>(716) 754-8226, Ext. 214</i>		
4. Name and Address of Responsible Agency: <i>United States Environmental Protection Agency</i> <i>Region II</i> <i>26 Federal Plaza</i> <i>New York, NY 10278</i>		
5. Description of Waste Material: <i>R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III</i>		
6. Containers: No. <i>1</i> Type <i>DUMP TRAILER</i>		
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one <u>YES</u> NO <i>ESTIMATED VOLUME 50 CY</i>		
8. Special Handling Instructions and Additional Information: <i>WASTE APPROVAL M99-1206</i> <i>BUILDING DEMOLITION</i> <i>EMERGENCY RESPONSE</i> <i># 716-773-7625</i>		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year <i>JOE WATROBA, Joe Watroba. For City of Rome, SUPERINTENDENT</i> <i>8/24/99</i>		
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number Signature Month/Day/Year <i>DON WILLIAMS</i> <i>Don Williams</i> <i>08/24/99</i>		
11. Discrepancy Indication Space:		
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year		



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE:
SITE TIME IN: 08/24/99
SITE TIME OUT:
ROUTE:

ROUTE:
X015
SERVICE SITE:

TRANSACTION #:
TRUCK #: TK-932467-0
PREPARED BY: 1234
DUMP SITE: pete
HLF MODERN LANDFILL

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

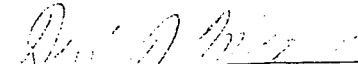
Contact: PIERRE MASCELLI
Phone :

COMMODITY: asbestos
TRANSACTION TYPE/STYLE: 000 ASBESTOS WASTE
CONTAINER SIZE: LOAD ON SITE
0.00

CONTAINER # IN: 507
CONTAINER # OUT: "

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4700 MODERN CITY ROAD, PO BOX 200
MODERN CITY, NY 11007-0200
1-800-668-0016 710-774-8200

Modern Disposal Services, Inc.

TRANSACTION #:

TRUCK #:

PREPARED BY:

PUMP SITE

HLF MODERN LANDFILL

DATE:

TIME IN:

TIME OUT:

ROUTE:

WEIGHT:

1805.008

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

CITY OF ROME

ROME

COMMODITY: ASBESTOS

TRANSACTION: 1500-0000

REMARKS: 1500-0000

LOAD ON SITE

CONTAINER SIZE: 6.00

CONTAINER # IN: 107

CONTAINER # OUT: 107

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Contact: PIERRE MASCELLI

Phone :

CONTAINER # IN: 107

CONTAINER # OUT: 107

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Service Code: TRACTOR TRAILER SERVICE

TONE (1115-1205) FRAGILE ASBESTOS (20 TON LIMIT)

NO PAY

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDENTIFICATION AGREEMENT

BILLING COPY

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and especially agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature:

[Signature]

HAULER TICKET # TR932467-000

BILL TO : 6101.000

LT LEWISTON TRUCKING

COMMODITY: 1800-0000

BR358 HEIGHT: 106, 000.

TARE WEIGHT: 36, 140.

NET WEIGHT: 63, 860.

TD#8: 31.95

FRANK'S VACUUM TRUCK SERVICE

401 MILL STREET

LT LEWISTON TRUCKING

COMMODITY: 1800-0000

BR358 HEIGHT: 106, 000.

TARE WEIGHT: 36, 140.

NET WEIGHT: 63, 860.

TD#8: 31.95

TRUCK

HAULER

GENERATOR: 1800, 000

LT LEWISTON TRUCKING

MODERN CORPORATION

P.O. BOX 200, MODERN CITY, NEW YORK 11007

LANDFILL SITE - HANCOCK & PLASTER RD.

LEWISTON, NEW YORK

TICKET # : 953497

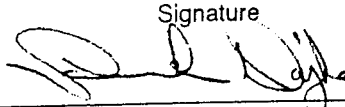
DATE IN : 08/24/99 12:45:26

DATE OUT : 08/24/99 12:45:35

11234-007

LT LEWISTON TRUCKING

ASBESTOS WASTE SHIPMENT MANIFEST

Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13440 PHONE: 315-339-7643		
2. Work Site Name and Address:	EAST ROME BUSINESS PARK 401 MILL ST. ROME, N.Y.		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III		
6. Containers:	No. 1	Type	DUMP TRAILER
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	ESTIMATED VOLUME 50 CY ☒ YES ☐ NO		
8. Special Handling Instructions and Additional Information:	WASTE APPROVAL M 99-1206 BUILDING DEMOLITION EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year			
Use WATROBA Joe Watroba For City of Rome, SUPERINTENDENT 8/24/99			
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature		Month/Day/Year
FRANK DOTTA			8/24/99
11. Discrepancy Indication Space:			
12. Waste disposal site owner, or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year			

BLVD. 1 AC 7 4 25



4746 MODEL CITY ROAD, PO BOX 209
MODEL CITY, NY 14107-0209
1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE:
SITE TIME IN: 08/24/99
SITE TIME OUT: 7:00
ROUTE:
SERVICE SITE: X015

TRANSACTION #:
TRUCK #: TK-932483-9
PREPARED BY: 897
DUMP SITE: pats
MLF MODERN LANDFILL

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY: asbestos
TRANSACTION TYPE/STYLE: 120 ASBESTOS WASTE
CONTAINER SIZE: 0.00
LOAD ON SITE

CONTAINER # IN: 2711
CONTAINER # OUT: 2711

Service Code: TRACTOR TRAILER SERVICE
TONS (1099-1206) FRIABLE ASBESTOS (20 TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

4714 MOORE CITY ROAD, PO BOX 299
MOORE CITY, NY 14107-0299
1-800-962-0012 718-754-8235

Modern Disposal Services, Inc.

TRANSACTION #:
TRUCK #:
PREPARED BY: 837
DUMP SITE:
NLP MODERN LANDFILL

DATE:
SITE TIME IN:
TIME OUT:
ROUTE:
SERVICE SITE:

1805, 026
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
HOME

1805, 026
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
HOME

CONTAINER # 837
CONTAINER # OUT: 837

COMMODITY:
TRANSACTION TYPE: ASBESTOS WASTE
CONTAINER SIZE: 30.00

Service Code: TRACTOR TRAILER SERVICE
TONE (NPS-1206) FRIDLE ASBESTOS (10 TON LIMIT)

TICKET # 858458
DATE IN: 08/24/99 14:00:22
DATE OUT: 08/24/99 14:00:21
TRUCK # 897-241
HAULER # LT LEMINGTON TRUCKING
GENERATOR: 1805, 008

MODERN CORPORATIONS
P.O. BOX 200 MOORE CITY, NEW YORK 14107
LANDFILL SITE - HAROLD S. FLETCHER RD.
LEWISTON, NEW YORK

FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
BILL TO: 6161, 000
LT LEMINGTON TRUCKING
COMMODITY: 0408-0004 ASBESTOS WASTE
GROSS WEIGHT: 37, 810.
TARE WEIGHT: 36, 230.
NET WEIGHT: 61, 580.
TORG: 38.79

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contains no hazardous or
unacceptable waste and has been packaged and transported in accordance with all applicable state and
federal regulations. Any person accepting this ticket assumes all risk of negligent and expressly agrees
that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or
damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees.
Additionally, I hereby acknowledge that I have read and understand conditions of statements
indicated on reverse.

Signature: _____

DRIVER SIGNATURE _____
CUSTOMER SIGNATURE _____
PLEASE NOTE: INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Corporation against all claims, damages, suits, judgments, penalties, fines and other
liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or
services provided by the Corporation, whether or not caused in whole or in part by the negligence of the Corporation or its employees, agents or
contractors, and to the extent permitted by law, the Corporation shall not be liable for any such claims, damages, suits, judgments, penalties, fines and other
liability or injury or death to persons or loss or damage to property arising out of the use of the equipment or services provided by the Corporation.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

1. Waste Generator:	NAME: CITY OF ROME ADDRESS: 198 NORTH WASHINGTON ST. CITY: ROME, N.Y. 13446 PHONE: 315-339-7643		
2. Work Site Name and Address:	EAST ROME BUSINESS PARK 401 MILL ST. ROME, N.Y.		
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214		
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278		
5. Description of Waste Material:	R.Q. - ASBESTOS, 9, N.A. 2212 P.G. III		
6. Containers:	No. 1 Type DUMP TRAILER		
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO ESTIMATED VOLUME 50 CY		
8. Special Handling Instructions and Additional Information:	WASTE APPROVAL M 99-1206 BUILDING DEMOLITION EMERGENCY RESPONSE # 716-773-7625		
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year Ken Waters, For City of Rome, Superintendent 8/24/9			
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature Ken Lewis		Month/Day/Year 8-21-99
11. Discrepancy Indication Space:			
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year			

DL 60 - 17611 - 20
4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/24/99
SITE TIME IN: 7:15
SITE TIME OUT: 7:15
ROUTE: X015
SERVICE SITE:

TRANSACTION #: TRUCK #: TK-932464-W
PREPARED BY: 1233
DUMP SITE: patw
MLF MODERN LANDFILL

1885.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STEET
CITY OF ROME
ROME

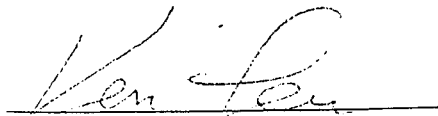
Contact: PIERRE MOSCELLI
Phone :

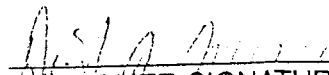
COMMODITY: asbestos
TRANSACTION TYPE/STYLE: 1885.000 ASBESTOS WASTE
CONTAINER SIZE: 0.00
LOAD ON SITE

CONTAINER # IN: 506

DT CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

1714 MODEL CITY ROAD, PO BOX 201
MODEL CITY, NY 14107-0201
1-800-368-0012 716-761-0011
Modern Disposal Services, Inc.



DATE: 08/25/99
TIME IN: 13:02:19
TIME OUT: 13:02:19
ROUTE: 1233-506

TRANSACTION # TK-532985-0
TRUCK # 1233
PREPARED BY MLF MODERN LANDFILL
PUMP SITE:

INVOICE SITE

1803-005
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE WACCELLI
Phone:

COMMODITY: 0400-0000 ASBESTOS WASTE
LOAD ON SITE
CONTAINER # IN: 506
CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (100-120) FRIABLE ASBESTOS (20 TON LIMIT)



MODERN CORPORATIONS
PO BOX 201 MODEL CITY, NEW YORK 14107
1400 MILL SITE, HUNTERDON PLANTERS RD
HUNTERDON, NEW YORK

TICKET # 532985
DATE IN: 08/25/99 13:02:19
DATE OUT: 08/25/99 13:02:19

TRUCK #1233-506
HAULER #LT LEWISTON TRUCKING
GENERATOR: 1803-005

FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO: 6161-006

LT LEWISTON TRUCKING

COMMODITY: 0400-0000 ASBESTOS WASTE

GROSS WEIGHT: 98,304

TARE WEIGHT: 36,588

NET WEIGHT: 53,620

TONS: 21.81

21.81

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to persons, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or stipulations indicated on reverse.

Signature: _____

Customer Signature
Customer Signature

PLEASE NOTE INFORMATION AGREEMENT

The Customer hereby certifies that it has read and understands the conditions, terms and obligations of this contract and agrees to be bound by the terms and conditions of this contract. The customer shall not be held responsible for any damage or loss of equipment or property of the customer or any third party caused by the use of the equipment or property of the customer or any third party. The customer shall not be held responsible for any damage or loss of equipment or property of the customer or any third party caused by the use of the equipment or property of the customer or any third party.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

Waste Generator:	NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278
5. Description of Waste Material:	R. Q. - Asbestos, 9, N.A. 2212 P. G. III
6. Containers:	No. Type One Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one	YES NO Estimated Volume 50 CY
8. Special Handling Instructions and Additional Information:	Waste Approval Building Demolition Emergency Response Phone 716-773-7625
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year	
JOE WATROSA, Joe Watrosa For City of Rome, SUPERINTENDENT 8/24/99	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature Month/Day/Year DAVID HETTINGER MODERN DISPOSAL 14107 4746 M. AD City Rd Model City NY 716-754-8226 8/24/99
11. Discrepancy Indication Space:	
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title	Signature Month/Day/Year

BLDV 1111 # 27



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE:
SITE TIME IN: 00/24/99
SITE TIME OUT: 7:15
ROUTE:
X015

SERVICE SITE:

TRANSACTION #:
TRUCK #: TK-932470-0
PREPARED BY: 986
DUMP SITE: patw
MLF MODERN LANDFILL

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

COMMODITY: asbestos
TRANSACTION TYPE/STYLE: 100 ASBESTOS WASTE
CONTAINER SIZE: 0.00
LOAD ON SITE

CONTAINER # IN: _____

CONTAINER # OUT: 472

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20-TON LIMIT)

DRIVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



1700 MODERN CITY ROAD, PO BOX 203
 LUDLOW, NY 14107-0203
 1-800-558-0012 718-754-8229

Modern Disposal Services, Inc.

TRANSACTION # TR-932470-0
 TRUCK # 985
 PREPARED BY: palw
 DUMP SITE: WLF MODERN LANDFILL

DATE: 08/24/93
 TIME IN: 7:15 PM
 TIME OUT: 7:40 PM
 ROUTE: 2-10
 DUMP SITE: 1305-008

FRANK'S VACUUM TRUCK SERVICE
 401 MILL STREET
 CITY OF ROCK
 ROCK

CONTACT: PIERRE MARDELLI
 PHONE: 1305-008

COMMODITY: asbestos
 TRANSACTION TYPE: ASBESTOS WASTE
 LOAD ON SITE
 CONTAINER SIZE: 0.00

Service Code: TRACTOR TRAILER SERVICE
 TONS (4000-12000) ERIABLE ASBESTOS (20 TON LIMIT)

NO PAY

TICKET # 558457
 DATE IN: 08/24/93 13:59:05
 DATE OUT: 08/24/93 13:59:05
 TRUCK 1305-472
 HAULER MODERN DISPOSAL
 GENERATOR: 1005,000
 FRANK'S VACUUM TRUCK SERVICE
 401 MILL STREET
 ROCK
 MODERN DISPOSAL
 401 MILL STREET
 ROCK
 BRIDGE WEIGHT: 91,200
 TARE WEIGHT: 35,940
 NET WEIGHT: 55,260
 TONS: 17.63

WEIGHMASTER: [Signature]

To the best of my knowledge, the waste stream(s) indicated on this ticket contained no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on invoice.

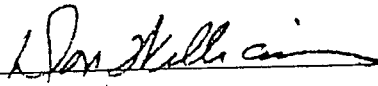
Signature: _____

DRIVER SIGNATURE: [Signature]
 CUSTOMER SIGNATURE: [Signature]

PLEASE NOTE INDENTIFICATION AGREEMENT
 The Customer agrees to indemnify, defend and hold harmless the Operator against all claims, damages, suits, judgments, penalties, fines and other liability of third parties or claims to property arising from the use, operation or possession of the equipment of the Customer, and of the Customer's employees, agents, subcontractors or other persons, arising from the use, operation or possession of the equipment of the Customer. The customer shall not withhold the equipment for use for any reason whatsoever or make alterations or modifications without written approval.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

Waste Generator: NAME: City of Rome ADDRESS: 198 North Washington Street Rome, NY 13440 CITY: 315-339-7643 PHONE:	
2. Work Site Name and Address: City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440	
3. Waste Disposal Site: Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214	
4. Name and Address of Responsible Agency: United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278	
5. Description of Waste Material: R. Q. - Asbestos, 9, N.A. 2212 P. G. III	
6. Containers: No. Type One Dump Trailer	
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one YES NO 50 CY Estimated Volume	
8. Special Handling Instructions and Additional Information: Waste Approval M990-1206 Building Demolition	Emergency Response Phone 716-773-7625
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year He WATROBA for Water For City of Rome SUPERINTENDENT 8/25/99	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number DON WILLIAMS	Signature Month/Day/Year  08-25-99
11. Discrepancy Indication Space:	
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title Signature Month/Day/Year	

DL04-7 ACM 4 28



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

DATE: 08/25/99
SITE TIME IN: 7:00
SITE TIME OUT:
ROUTE: X015

TRANSACTION #: TK-932983-0
TRUCK #: 1234
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

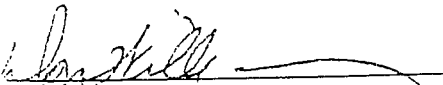
Contact: PIERRE NASCELLI
Phone :

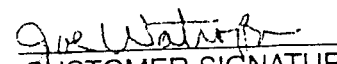
COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

DT

CONTAINER # IN: 507
CONTAINER # OUT:

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.

7146 MOORE CITY ROAD, PO BOX 201
MOORE CITY, NM 87004
1-800-824-0012 714-754-2274
Modern Disposal Services, Inc.



DATE: 08/25/99
TIME: 7:00 PM
ROUTE: 101

TRANSACTION #: 1234
TRUCK #: 1234
PREPARED BY: PLE
DUMP SITE

WEBSITE

1600 S. STEET
PACIFIC VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MARCELLI
Phone:

COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE: STYLE LOAD ON SITE
TRAILER SIZE: 20.00

CONTAINER # IN: 527
CONTAINER # OUT: 1

Vehicle Code: TRAILER TRAILER SERVICE
TONE (1999-1999) FRIGIBLE ASBESTOS (20 TON LIMIT)



MODERN CORPORATIONS
P.O. BOX 900 MOORE CITY, NEW YORK 1407
LANDFILL SITE - HAYDOL & PLETHUR RD.
LEWISTON, NEW YORK

TICKET: 1502832
DATE IN: 08/25/99 13:01:03
DATE OUT: 08/25/99 13:01:03
TRUCK: 1234-507
HAULER: 1234-507
GENERATOR: 1905-000
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO: 6161.000
LT LEWISTON TRUCKING
COMMODITY: 0400-0000 ASBESTOS WASTE
TARE WEIGHT: 38,198
NET WEIGHT: 55,018
TONS: 27.51

HOLLER TICKET: TK32983-000

WEIGHMASTER:

To the best of my knowledge, the waste described on this ticket contains no hazardous or unacceptable waste and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions or statements indicated on reverse.

Signature:

NO PAY (signature)

INVER SIGNATURE

CUSTOMER SIGNATURE

PLEASE NOTE INDENTIFICATION AGREEMENT
Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or loss, or death to persons or loss or damage to property arising out of the Contractor's use, operation or possession of the equipment or use of the Contractor's equipment or any equipment owned, leased, hired or otherwise obtained by the Contractor. The Contractor's written approval is required for any modification or other changes without the Contractor's written approval.

BILLING COPY

ASBESTOS WASTE SHIPMENT MANIFEST

Waste Generator:	NAME: City of Rome 198 North Washington Street ADDRESS: Rome, NY 13440 CITY: 315-339-7643 PHONE:
2. Work Site Name and Address:	City of Rome East Rome Business Park 401 Mill Street Rome, NY 13440
3. Waste Disposal Site:	Modern Landfill, Inc. P.O. Box 209 Harold & Pletcher Roads Model City, NY 14107 (716) 754-8226, Ext. 214
4. Name and Address of Responsible Agency:	United States Environmental Protection Agency Region II 26 Federal Plaza New York, NY 10278
5. Description of Waste Material:	R. Q. - Asbestos, 9, N.A. 2212 P. g. III
Containers:	No. Type One Dump Trailer
7. Total Quantity: (Cubic Yards - C.Y.) Is Container full? Circle one YES NO Estimated Volume	
8. Special Handling Instructions and Additional Information: Waste Approval Building Demolition	Emergency Response Phoen 716-773-7625
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Printed/Typed Name & Title Signature Month/Day/Year Joe WATBBA Joe Watson For City of Rome, SUPERINTENDENT 8/25/99	
10. Transporter (Acknowledgment of receipt of materials) Print Name, Address and Telephone Number	Signature Month/Day/Year Ken Lewis 8-25-99
11. Discrepancy Indication Space:	
12. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest. Printed/Typed Name & Title	Signature Month/Day/Year



4746 MODEL CITY ROAD, PO BOX 209

MODEL CITY, NY 14107-0209

1-800-662-0012 716-754-8226

Modern Disposal Services, Inc.

BLDG. 1 HCM - 27

DATE: 08/25/99
SITE TIME IN:
SITE TIME OUT:
ROUTE: X015

TRANSACTION #: TK-932986-0
TRUCK #: 1233
PREPARED BY: patw
DUMP SITE: MLF MODERN LANDFILL

SERVICE SITE:

1805.008
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF ROME
ROME

Contact: PIERRE MASCELLI
Phone :

asbestos

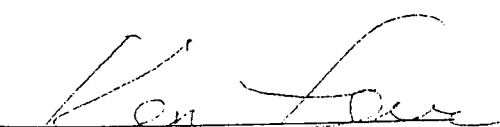
COMMODITY: 0400-0000 ASBESTOS WASTE
TRANSACTION TYPE/STYLE: LOAD ON SITE
CONTAINER SIZE: 0.00

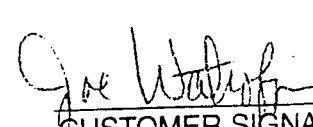
DT

CONTAINER # IN: 506

CONTAINER # OUT: 506

Service Code: TRACTOR TRAILER SERVICE
TONS (M99-1206) FRIABLE ASBESTOS (20 TON LIMIT)


DRIVER SIGNATURE


CUSTOMER SIGNATURE

PLEASE NOTE INDEMNIFICATION AGREEMENT

The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death to persons or loss or damage to property arising out of the Customer's use, operation or possession of the equipment or arising out of the Customer's breach of any warranty created hereunder by the Customer. The customer shall not overload the equipment nor use it for incineration purposes or make alterations without the Contractor's written approval.



MODERN CORPORATIONS
40 BOXER MOORS CITY, NEW YORK 11411
CAMPBELL BTL - HAROLD S. FLETCHER JR.
LEWISTON, NEW YORK

TICKET IN : 1233-384
DATE IN : 08/24/99 12:46:32

TRUCK : 1233-384
TRUCKER : LT LEWISTON TRUCKING
GENERATOR : 1889-008

FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET

BILL TO : 6161-8800
LT LEWISTON TRUCKING
COMMODITY: 0400-0000 ASBESTOS WASTE
GROSS WEIGHT: 91,562.
TARE WEIGHT: 34,682.
NET WEIGHT: 56,880.
TONS: 27.44

WEIGHMASTER:

To the best of my knowledge, the waste stream(s) indicated on this ticket contain(s) no hazardous or toxic materials and has been packaged and transported in accordance with all applicable state and federal regulations. Any person accepting this ticket assumes all risk of accident and expressly agrees that Modern Landfill Inc. shall not be liable under any circumstances for any injury to person, loss or damage and also agrees to indemnify and hold harmless Modern Landfill Inc. and its employees. Additionally, I hereby acknowledge that I have read and understand conditions of statements indicated on reverse.

Signature: _____

4740 MOORE CITY ROAD, PO BOX 280
MOORE CITY, NC 1410-4024
1-800-522-4012 716-744-0286

Modern Disposal Services, Inc.

TRANSACTION #: 716-744-0286
TRUCK #: 1233
PREPARED BY: PATH
DUMP SITE: NLF MODERN LANDFILL

Contact: PIERRE WRSDELLI
Phone :

CONTAINER # IN: 506
CONTAINER # OUT: 506

1005, 078
FRANK'S VACUUM TRUCK SERVICE
401 MILL STREET
CITY OF RUHE
ROUTE 0.00
COMMODITY: ASBESTOS WASTE
TRANSACTION TYPE: 0400-0000
DUMPER BIL: 0.00

Invoice Code: TRACTOR TRAILER SERVICE
TOWS (0199-1266) FRANK'S ASBESTOS (23 TON LIMIT)

DRIVER SIGNATURE _____
CUSTOMER SIGNATURE _____

PLEASE NOTE MODERNIFICATION AGREEMENT
The Customer agrees to indemnify, defend and hold harmless the Contractor against all claims, damages, suits, judgments, penalties, fines and other liability or injury or death, or loss or damage to property arising out of the Contractor's use, operation or possession of the equipment or service provided by the Contractor, or breach of any warranty created hereunder by the Contractor. The customer shall not exceed the explained net use for transportation purposes or other operations without the Contractor's written approval.

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